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A RE-FORMULATION OF THE CONCEPT OF PROJECTIVE IDENTIFICATION

*City University of New York*

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A RE-FORMULATION OF THE CONCEPT OF  
PROJECTIVE IDENTIFICATION

by

ABRAHAM NUTKEVITCH

A dissertation submitted to the  
Graduate Faculty in Psychology in  
partial fulfillment of the  
requirements for the degree of  
Doctor of Philosophy, The City  
University of New York.

1985

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This manuscript has been read and accepted for the Graduate Faculty in Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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## ACKNOWLEDGEMENTS

I wish to express my deep gratitude to my wife Ilana. Without her help and love this work would never have taken its present form. Not only do I want to thank her for her valuable criticisms, encouragement, patience, and many hours of typing, but chiefly for her outstanding editing of this work.

As I believe that this dissertation is somewhat provocative in its conceptualizations, I wish to thank Dr. Laurence Gould, the chairman of my dissertation committee, who enabled me through his long-standing trust of my capacities, to dare, develop, and present this paper.

I owe a particular debt to Dr. Kenneth Eisold for his generosity in following closely the development of my thinking and writing, and for providing stimulating criticisms and much encouragement throughout our numerous discussions.

I also wish to thank Mr. Seymour Slovik, and Dr. William King, for their willingness to share their valuable time reading and commenting upon my dissertation. Special

thanks to Dr. Harold Bernard for his helpful editing  
comments.

Lastly, I would like to take this opportunity to thank  
Mr. Joel Mausner for his encouragement and help in the  
development of my ideas.

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**CHAPTER ONE:**

**INTRODUCTION**

In 1946 Melanie Klein introduced the concept of projective identification. Almost forty years later Rosenfeld, a noted Kleinian, referring to projective identification stated: "We can no longer imagine how an analyst could work before 1946." (Rosenfeld, 1983, p. 262) Indeed, among psychoanalysts who subscribe to the Kleinian tradition the concept has become a cornerstone of their theoretical conceptualization of development, psychopathology, and clinical material, as well as of technique in the analytic situation. However, the concept of projective identification has been widely and perhaps loosely used by Kleinians in their description of clinical phenomena (e.g. Grotstein, 1981). This concept has been more cautiously referred to and employed by those who although not identified as Kleinians could nevertheless accept some of Klein's theories (e.g. Kernberg, 1975). Yet, as many other Kleinian formulations, this concept has been shunned by a large segment of the psychoanalytic community, and especially by those considered "orthodox."

Generally, and especially among young practitioners, projective identification has been treated with both awe and suspicion, with much curiosity and yet with a certain sense of helplessness regarding actually understanding its hidden meaning. The task of comprehending the theoretical nature and clinical implications of projective

identification based on existing psychoanalytic literature seems formidable indeed. Discussing this issue Horwitz, in his recent article Projective Identification in Dyads and Groups, raised the question: "How may we understand the failure of projective identification to gain wide currency as a basic explanatory concept in psychotherapy literature?" (Horwitz, 1983, p. 260) Horwitz pointed to two different factors for this failure. He stated: "One possible explanation may be that it usually refers to early preverbal phases of development, when self and object are still relatively undifferentiated. Hence, the contents may be archaic and bizarre and often evoke deep-seated reactions against regression to primary process modes." (p. 260) This explanation could be conceived as a "process interpretation" directed at the psychoanalytic community as a whole. The second source of the concept's failure to gain wider use lies, according to Horwitz, in genuine conceptual unclarities in the writings dealing with it. He stated:

"But even for those prepared to accept the discomforting reactions associated... with projective identification... there are genuine conceptual unclarities that emerge in formulating the process. During several years of studying and teaching the concept, I have found it more elusive and confusing than any other psychodynamic concept I have encountered. Despite their extensive writings on the subject and their intramural understanding of the complex processes involved, the Kleinians have failed to make a comprehensive and lucid explanation of the concept." (p. 261)

In my view the difficulties and unclarities regarding

projective identification are based on several major factors:

a. Unlike projection, which involves the expulsion of unwanted parts of self, projective identification involves also installment of the expelled parts in the external object in an aggressive or controlling way. Yet if projective identification is viewed as a defense mechanism aimed at ridding the self of unwanted parts, then it is not clear why this additional aspect of the process is required. In fact it isn't clear in general what the difference between projection and projective identification is. Thus while Grotstein (1981) claims that there is no distinction between projection and projective identification, Ogden (1982) claims that such a distinction exists.

b. The nature of the "identification" in projective identification has also remained unclear. Klein viewed the "identification" aspect of projective identification as related to the projector identifying the object with the projected parts of the self. Others referred to the recipient of the projection identifying with the projected mental contents; and still others seemed to understand "identification" as the projector's re-internalization of his projected parts.

c. Projective identification is generally associated with a

state of blurred ego boundaries between self and object. Yet, one is unclear whether this state is an antecedent of projective identification, as Klein (1946) seemed to imply, or is it a result and a goal of the process as Rosenfeld (1971) claimed.

d. Projective identification is described as stemming from a variety of motivations such as: to rid oneself of unwanted parts, to devalue and damage an object, to fuse parasitically with an object, to communicate nonverbally, to defend specifically against envy. This has contributed to much confusion as to the basic function and nature of projective identification: is projective identification an expression of aggressive impulses, a mode of communication, a defense mechanism, or perhaps all of the above? Possibly projective identification is essentially a defense mechanism, with by-products which have been misconstrued as primary motivators. Clearly, the multiplicity of motivations and functions attributed to projective identification has not contributed to a clearer understanding of the concept.

e. Projective identification includes the fantasy of affecting a transformation in an external object. Whereas some (e.g. Klein, 1948; Grotstein, 1981) have emphasized the intrapsychic aspect of projective identification, others (e.g. Ogden, 1982) have emphasized the interpersonal

transaction that involves transformation in both the projector and the external object. Moreover, Ogden (1982) claimed that projective identification does not exist without an interaction between projector and recipient. If indeed projective identification should include a transformation in the recipient, and also serve a defensive function, then it is an uncommon type of defense. None of the other known defense mechanisms (e.g. projection, reaction formation, denial) requires an actual transformation of an external object. Thus, being both an intrapsychic and an interpersonal process presents us with a complicated clinical phenomenon that contributes significantly to its conceptual unclarity.

f. Because the concept of projective identification was introduced in the context of early development, it was investigated primarily as a primitive mechanism employed by severely disturbed patients. This mechanism has usually been linked to a pathological process or to a profound regressive state which in turn elicits a primitive mode of object relationship. Manifestations of projective identification in everyday life outside the therapeutic setting have not been duly recognized, hence not integrated into formulations of projective identification. Most writers then, failed to consider projective identification as a universal phenomenon that could be employed similarly

by well integrated persons as well as by psychotics.

The present work is aimed at exploring and elucidating the nature of projective identification in order to provide much needed conceptual clarity. This exploration led to the discovery of the central role played by envy in the process of projective identification. Case examples presented by Klein, Bion, Rosenfeld, Ogden and others to elucidate the clinical manifestations of projective identification almost universally reveal that envy underlies its use. A most noticeable example of envy as a force motivating projective identification is found in Klein's paper On Identification (1955), her only paper devoted almost exclusively to the elucidation of projective identification.

Klein's (1957) discovery of the role envy plays in early development, in psychopathology, and in the vicissitudes of the therapeutic situation, contributed to an understanding of the nature of envy. Yet, her formulations of envy remain unclear and especially so with regard to the nature of pain and aggression inherent in it. Because of this, and because of the central role that I believe envy plays in projective identification, a significant portion of this work will be devoted to an exploration of the nature of envy, and to the development of an alternative formulation of this phenomenon. It will be postulated that envy is associated with self directed

hate and aggression which pose a threat to good internal parts as well as to the integrity of the self as a whole. The anxiety and pain inherent in this experience set a defensive process in motion.

The present work will suggest that the mechanism employed by the ego to defend against envy, reducing it or eliminating it, is projective identification. It will be claimed that projective identification does not defend against envy by projecting the envious part of the self outside, as done by projection proper, but by projecting parts of the self "into" the envied object. The object then is either spoiled or is idealized in a controlling manner, and hence need not be envied anymore. Thus, I consider projective identification as a defense mechanism, specifically defending against envy. Unlike other defenses it is more specific in terms of the psychic content it defends against, yet it is highly common, as envy and its derivatives or associated phenomena such as jealousy, competitiveness and rivalry are highly prevalent in our everyday, normal and pathological, life. Other functions attributed to projective identification such as projective identification as a mode of communication, or a mechanism leading to psychological growth, are to be considered only as by-products or secondary functions of a mechanism whose primary function is to defend against envy.

As stated before, projective identification has been conceptualized by psychoanalysts in widely differing ways. Consequently, a wide range of behavioral and clinical phenomena have been referred to as projective identification. Delineating its descriptive and experiential referents as well as its theoretical parameters, psychoanalysts usually failed to explore and meaningfully integrate the conceptual origins of the concept as formulated by M. Klein. Chapter Two will therefore be devoted to a detailed review of Klein's views on projective identification. This review will be placed in the context of her general developmental theories, and especially her formulations of the paranoid-schizoid position.

In chapter Three other major contributors to the concept will be reviewed. Also a statement will be made regarding the central role envy seems to play in the dynamics of projective identification. Following that, chapter Four will explore the present status of envy in the psychoanalytic literature, focusing primarily on the Freudian and Kleinian positions.

In Chapter Five an alternative formulation regarding the nature of envy will be presented, elaborating particularly on the nature of the pain and the aggression associated with the concept.

In the last chapter, Chapter Six, a new formulation of projective identification as a defense mechanism against envy will be presented. In light of this formulation problematic aspects of the concept such as the difference between projection and projective identification, the meaning of projective identification of good parts, as well as the everyday use of projective identification will be discussed.

CHAPTER TWO:

MELANIE KLEIN:  
ON PROJECTIVE IDENTIFICATION

The concept of projective identification was first introduced and discussed by M. Klein in 1946 in her seminal paper Notes on Some Schizoid Mechanisms, and was placed in the context of her theories regarding the emotional life of the infant in the first 3-4 months of its life. Some knowledge of these theories is needed in order to understand her view of projective identification; thus a synopsis of Klein's theories on early development will be presented.

#### The Paranoid Schizoid Position

M. Klein, who considered herself a follower of Freud's basic tenets regarding the functioning of the human psyche, adopted his dual instinct postulate as the cornerstone of her theories. She stated that from the beginning of life there is a struggle between the life and death instincts. The death instinct, the object of which is the organism itself, is countered by a variety of measures: a portion of it is deflected outwards in the form of aggressive and sadistic wishes; another portion is projected into external objects who become terrifying persecutors; a portion is bounded and neutralized by the libido. The major source of anxiety from the very beginning of life is derived from the death instinct, which is experienced as a fear of annihilation, often taking the form of fear of persecution that comes from an object. Two other early sources of

anxiety are separation anxiety -which is derived from the trauma of birth- and anxiety resulting from the frustration of bodily needs. All these anxieties are experienced as caused by objects, external objects which get introjected so that the source of anxiety is experienced as laying both without and within the object.

The first object, or rather part object, which is both a source of great satisfaction as well as a source of much anxiety, is the mother's breast. As much as it is gratifying, the breast is loved and "felt to be good;" and as much as it is frustrating, the breast is hated and "felt to be bad." However, this does not mean that the infant's attitude toward the breast is determined by external reality (i.e. by the availability or unavailability of the breast to a hungry infant). According to Klein reality is just a minor determinant in the infant's psychic reality. Psychic reality is determined to a larger extent by the instincts and their expression in the form of fantasies, and by defenses, especially projection and introjection. Thus from the beginning both oral-libidinal and oral-aggressive impulses are directed towards the breast. In addition, the infant projects his love and attributes it to a gratifying and idealized breast. Simultaneously, through introjection a good and bad breast are established inside. In the infant's mind the bad breast acquires the

destructive qualities of the infant's own impulses. At the beginning, the most powerful impulses are oral-destructive, with the associated fantasies to bite up the breast, devour it and annihilate it. Later, when urethral and anal-sadistic impulses gain in strength, the fantasies are to attack the breast with poisonous urine and feces. The good breast, both internal and external, becomes the prototype of all helpful and gratifying objects, while the bad breast becomes the prototype of all internal and external persecutory objects. The overwhelming nature of the anxieties experienced by the infant (e.g. fear of annihilation and persecution by internal and external objects, separation anxiety, and anxiety due to the frustration of bodily needs) necessitates the usage of a series of mechanisms of defense. These defense mechanisms are all a function of the ego: Klein asserts that the ego exists from birth, and its main function, similar to that of the later ego as described by Freud, is that of dealing with anxiety. The early ego lacks cohesion and alternates between a tendency towards integration, and a defensive tendency towards disintegration (going to pieces) when faced with anxiety.

Probably the first defense mechanisms to be used are introjection and projection. The ego strives to introject a good object with the hope that it will be a protection

against the bad ones, and to project, hence ridding itself of the bad which is inside. In addition, the ego projects good parts of the self in order to keep them safe from the overwhelming badness inside; yet it also introjects bad objects as the means to control and contain the terrifying external object. However, although a thorough analysis of introjection and its defensive use is beyond the scope of this presentation, it should be stated that an alternative view of the defensive function of introjection is, as already suggested by Freud (1917), to defend against anxiety caused by separation: any instance of separation from the mother is followed by introjection of the mother or of her breast as it was felt to be at the time of separation, in order to preserve the lost object. The quality of the introject is then colored both by the reality of its availability in fulfilling the various infant's needs, and by the infant's projection of either good or bad parts of self.

An additional major defense used by the immature ego is that of splitting. Apart from the ego's tendency to passively split and fragment in the face of extreme anxiety, it also actively employs splitting for defensive purposes. Thus, the primary object -the breast- is split into the bad persecutory breast and the good, at times idealized breast. Correspondingly, the ego splits itself

into good and idealized internal objects on the one hand, and bad persecutory and punitive internal objects on the other hand. By these means the good qualities of the object are preserved. Splitting is linked with another defense mechanism, idealization of the good object, since idealization assists in keeping the good object far apart from the persecutory object. In addition to its defensive nature, idealization is also a product of the infantile desire for unlimited libidinal gratification. The process of idealization which assists splitting may use denial, which is an extreme form of splitting: the bad object is not only kept apart (split) from the good object, but its very existence is denied as is the whole situation of frustration and pain. Moreover, it is not only the bad object which is denied (unconsciously annihilated), but also that part of the ego having feelings toward the object is obliterated in fantasy. Such denial is possible only through strong feelings of omnipotence. We can thus see that splitting, idealization and denial are all interrelated processes.

We are now in a position to clarify the term paranoid-schizoid position, using for that purpose a quote from Segal (1964). She stated:

"The leading anxiety in the Paranoid-Schizoid position is that the persecutory object or objects will get inside the ego and overwhelm and annihilate both the ideal object and the self.

These features of the anxiety and object relationship experienced during this phase of development led M. Klein to call it Paranoid position, since the leading anxiety is paranoid, and the state of the ego and its objects is characterized by splitting, which is schizoid." (p. 26)

Only late in her life did M. Klein (1957) come to fully appreciate the role of envy in development. She considered the feelings of envy to exist from very early, hence constituting a major factor in the constellation of anxieties and defenses in the paranoid-schizoid position. Klein regarded envy as an angry feeling triggered by another person possessing and enjoying something desirable, and the envious impulse is to take the good possessions away or to spoil them. The breast, which is experienced as an object containing all that is desirable, is the first object of envy, and thus the object of oral-sadistic and anal-sadistic attacks aimed at spoiling and controlling it. The strength of envy and of the consequent attacks (mainly in fantasy) on the mother's breast are highly related to the infant's ability to establish a secure internal good object: excessive envy increases the intensity and duration of the sadistic attacks on the mother, and impedes the successful outcome of splitting -the internalization of a good object. Related to envy is the capacity for gratitude and love: the more intense the envy, the less able is the infant to love, to enjoy the gratification of his needs,

and to experience and express gratitude. The balance between envy and gratitude affects the ego's capacity for integration of the good and bad object, and hence its general course in development.

To summarize, M. Klein depicts a matrix of terrifying persecutory and all-gratifying idealized objects, both external and internal; oral, urethral and anal sadistic attacks which generate much anxiety in return; an immature ego which attempts to reduce or eliminate anxiety by actively splitting, idealizing, projecting, introjecting and denying; and painful envious feelings bound with much aggression. From within this matrix M. Klein introduced the concept of projective identification. Projective identification is connected with the expulsion of urethral and anal substances into the mother; together with these substances split-off parts of the ego are also projected. The mother then becomes identified with the projected parts of the self, and is experienced by the infant as the "bad self," or alternately as the "good self."

Before proceeding into an extensive analysis of Klein's writings regarding projective identification, it should be emphasized that while in some ways the defenses described above (splitting, projection, introjection, idealization, omnipotence and denial) impede the process of integration, they are essential for the development of the

ego, for they relieve the infant's anxieties. This is achieved predominantly by the persecutory object being kept apart from the good ones. Successful splitting, not hindered by excessive aggression, envy and projective identification, facilitates the introjection, hence the feeling of possessing a secure internal good object, a prerequisite for achieving the integration of the ego. When the ego is able to integrate even briefly the bad and good objects, depressive feelings, guilt and an urge for reparation are elicited. These feelings can be felt towards a part object, being thus part of the paranoid schizoid position. However, as the infant begins to experience the mother as a whole person, when its ego's ability for integration is increased, and splitting processes diminish in power, a new source of anxiety becomes predominant. This anxiety -depressive anxiety- is related to the danger of the love object being destroyed by one's aggression and bad object. When depressive anxiety is predominant the infant is considered to be in the depressive position.

#### Projective Identification

From the above synopsis of Klein's theory on the paranoid-schizoid position it becomes clear that Klein depicted the infant as characterized by a rich, though not yet verbal, fantasy life and by early object relations, fueled by libidinal and aggressive impulses, as well as by

elaborate, though primitive, ego maneuvers dealing with primitive anxieties. Out of this matrix of psychic phenomena, and based on Klein's analytic work with children and adults and on her theoretical formulations, evolves the concept of projective identification. During the fourteen years since Klein first introduced "projective identification" in Notes on Some Schizoid Mechanisms and until her death, she did not introduce any major changes in her basic formulations of the concept. Her definition of projective identification as presented in On the Sense of Loneliness (1963), one of the last papers she wrote before her death, though more eloquent and concise, does not deviate in any significant way from her initial presentation. Hence, an analysis of the various aspects of projective identification, using primarily her initial presentation of the concept in Notes on Some Schizoid Mechanisms as a reference point, will faithfully reflect Klein's ideas. Although the projection of good and bad parts of self are both inherent in projective identification, it is clear that Klein viewed the projection of bad parts as the more commonly observed and more commonly employed in the clinical setting. The following analysis therefore deals primarily with the projection of bad parts, keeping in line with Klein's emphasis.

Processes Involved in Projective Identification: An

analysis of projective identification may be simplified by separate descriptions of three aspects or components of the process:

a. Expulsion and Projection: As described above, the early months in the infant's life are characterized by extensive processes of projection and introjection. The infant projects his aggressive impulses, persecutory introjects, or any parts of self which produce anxiety or unpleasure. Alongside these projections, violent attacks on the mother or her breast are carried out as derivatives of the outwardly deflected death instinct. The infant employs his oral, anal and urethral functions as vehicles for his sadistic wishes. Within this context Klein (1946) stated:

"The fantasized onslaughts on the mother follow two main lines: one is the predominantly oral impulse to suck dry, bite up, scoop out and rob the mother's body of its good contents... the other line of attack derives from the anal and urethral impulses and implies expelling dangerous substances (excrements) out of the self and into the mother. Together with these harmful excrements, expelled in hatred, split-off parts of the ego are also projected on to the mother, or as I would rather call it, 'into' the mother." (p. 8)

In this quote Klein unified two processes: the expulsion of bad substances and the projection of bad psychic parts. She thus claimed that in projective identification bad parts of self "attach" themselves to fantasized expelled substances and omnipotently enter into

the mother's body. Hence, not only are the bad and painful parts of self expelled but, attached to their carriers -the bad excrements- they participate in sadistic attacks on the mother's body. M. Klein emphasized this additional function of the projected part by preferring projecting "into" to projecting "onto," a preference implying the penetrating and destructive aspects of the projections. She stated: "These excrements and bad parts of the self are meant not only to injure, but also to control and to take possession of the object." (p. 8) In short, "projection" in projective identification was considered by Klein as the expulsion of bad, unwanted parts of the ego (or of the self, she alternated between these two terms) and their omnipotent entry into the mother's body in order to injure, spoil or control her from inside. This process, in which parts of self are not only expelled or externalized in order to reduce inner anxiety and unpleasure, but also in order to harm the object of the projection, does not concur with the more classical Freudian view of projection. Klein did not seem to concern herself with this apparent discrepancy in meaning between the process of projection in the classical sense and the process she termed projection, especially projective identification. This issue will be discussed more fully later on, when dealing with the difference between projection and projective identification.

b. Identification in projective identification: The traditional form of identification is based on introjection: yet Klein suggested another form, one that is based on projection. She claimed that through the expulsion of parts of self and their entry into the mother's body "the ego takes possession by projection of an external object -first of all the mother- and makes it into an extension of the self. The object becomes, to some extent, the representative of the ego and these processes are in my view, the basics of identification by projection or projective identification." (Klein, 1952, pp. 68-69) Thus a part of the ego is split-off, expelled and located in the object; yet this split-off part, usually a bad part, is still identified and experienced as an extension of the self. As a result, hate directed by one part of the self towards the "bad part" is now directed towards the object. But while the object is "not felt to be a separate individual but is felt to be 'the' bad self" (Klein, 1946, p. 8) it is at the same time experienced by the projector as a persecutory object or "the persecutor par excellence, because it has been endowed with all the bad qualities of the subject." (Klein, 1952, p. 62)

The process of projective identification, which establishes the object as a persecutor, is followed by introjection of the object, a process exacerbating the fear

of internal and external persecutors. Thus in much the same way as the experience of an introjected object is colored by processes of splitting, projection and idealization (see above "The paranoid schizoid position"), so it is colored by the process of projective identification.

c. Self-Object Differentiation: An important aspect of the previously described "identification by projection" pertains to the level of differentiation between self and object. Klein (1952) stated: "She (the mother) is not then left to be a separate individual but an aspect of the self." (p. 303) It appears that concomitant to identification by projection, or perhaps a necessary condition for this process to take place, is a lack or low level of differentiation between the self and the object. Unfortunately Klein did not elaborate on this aspect, which I believe to be important especially with regard to manifestations of projective identification in adults; while a low level of differentiation between self and object is considered developmentally appropriate for the young infant with his immature ego who uses projective identification, it would be less consistent with the functioning of a mature ego. Klein does not clarify whether the low level of differentiation implied in projective identification is a precondition for identification by projection to take place, or whether it is a consequence of

it. As we will see later various authors emphasized different possibilities, which resulted in highly divergent formulations of projective identification.

It should be remembered that, as mentioned before , not only bad parts of self are expelled and projected, but so are good parts of the self. Klein (1946) stated: "Not only the bad parts of the self are expelled and projected, but also good parts of the self. Excrements then have the significance of gifts; and parts of the ego which together with excrements are expelled and projected into the other person represent the good i.e. the loving parts of the self." (pp. 8-9)

Thus, the same basic processes presented as applying to bad parts of self apply to good parts as well. Projective identification involving good parts is based too on expulsion of bodily substances to which good, loving parts of self get attached and projected. These parts are installed into an object which becomes idealized. Identification of the object with the idealized parts of the self is assumed to occur, also involving the blurring of boundries between self and object.

So far I have attempted to clarify Klein's views regarding the process involved in projective identification, and for this purpose I have discussed three chief components of projective identification: expulsion

and projection, identification in projective identification, and self-object differentiation. These components are primarily related to the descriptive aspects of projective identification, that is, to what the process actually is. I now turn to the question of "why" does this process take place; I will attempt to clarify Klein's views on the motives for and functions of projective identification, and on the consequences of its usage.

Functions of Projective Identification: In her paper On Identification, Klein (1955) analyzed in detail a novel taken from literature, shading through it more light on the nature of projective identification and on some consequences of its use. The novel, If I Were You by Julian Green, describes a young man, called Fabian, who is deeply dissatisfied with himself, and in particular with his appearance, his poverty, his lack of success with women, and his work. By means of magic he is able to enter into other people and take over their identities. In all his transformations Fabian has to remember the magic formula and his name, so that he can return to the residue of the original Fabian which he had left behind. Klein claimed that the story depicts the process underlying projective identification: a part or almost the whole of a person enters forcefully into an object and submerges in it; at the same time the parts of the self that are not projected

lie dormant until the split-off parts of the personality return. This dormant part represents, in her view, "that component of the ego which patients unconsciously feel they have retained, while other parts are projected into the external world and lost." (p. 166) Thus one consequence of projective identification is the person's feeling (or fantasy) that parts of him are dispersed and perhaps lost, a feeling generating much anxiety. In this context, claustrophobia is, according to Klein, underlied by the fear that part of the self is imprisoned and lost inside the mother's body as a consequence of projective identification.

Fabian first uses his magical powers with his employer, whom he greatly envies for his wealth, power over people and ability to enjoy life. The other objects, or victims, of his magic ability are also persons who possessed qualities that Fabian in his new personalities felt he lacked and greatly desired. Thus we see that at least in the case of Fabian envy is an important motive behind projective identification. Indeed, in a footnote to her paper Envy and Gratitude (1957) Klein stated: "In my paper 'On Identification' (1952) I discussed envy as a very important factor in projective identification." Also Segal (1979) in her discussion of On Identification emphasized the centrality of envy in Fabian's behavior. She stated:

"Fabian represents a fantasy of projective identification in the service of greedy and envious wishes to take over the position and personality of an object seen as enviable." (p. 120) Klein's clinical examples, and especially the analysis of Fabian's character, strongly point to envy as a major motivating force behind projective identification. Yet in spite of Klein's growing awareness of the role envy plays in the dynamics of projective identification, she considered it to be just one factor, however important, behind its process. Klein offered no clear answer, or rather no one answer, to the question regarding the motive behind projective identification. The motivations Klein presented are manifold: according to her, projective identification is used to get rid of unwanted parts of self; to injure an object; to control an object; or to greedily possess and scoop out an object. When projective identification involves good parts of self, then the aim may be to support a process of idealization of the object; to protect good parts that are threatened by a self full of badness by putting them for safe-keeping with another object; and to avoid separation from an object.

This multiplicity of motives is in my view a main reason for the unclarity around projective identification. Projective identification may, of course, serve multiple functions, as most psychic processes do. But focusing on

its multiple functions distracts from and confuses the question of what triggers the use of this specific defense. It will be proposed later that a primary motivator or trigger of projective identification is the anxiety and pain caused by the experience of envy, and that most of the functions of projective identification stated by Klein do in fact serve the purpose of dealing with this experience.

CHAPTER THREE:

OTHER CONTRIBUTIONS TO THE CONCEPT OF  
PROJECTIVE IDENTIFICATION

Although projective identification contains the fantasy of affecting an external object (e.g. injuring, damaging) Klein described it mainly as an intrapsychic process, with little mention of its possible impact upon the recipient of the projection. While Klein might have used her own experience as an analyst, and hence as the recipient of projective identification, to infer the nature of the patient's wishes and fantasies, she nonetheless did not mention this source of data. Whereas some contributors to the exploration of projective identification follow the above intrapsychic line of emphasis (e.g. Rosenfeld, Grotstein), others made the experience of and the impact on the recipient of the projection the cornerstone of their conceptualizations (e.g. Bion, Ogden). This difference in emphasis which is in my view crucial to the understanding of the phenomenon, is just one dimension of the concept on which various authors differ. The different conceptualizations stem at times from dissimilar tenets regarding basic aspects of human functioning; this despite the fact that most contributors are adherents of Klein's theories. At other times the divergency in conceptualizations is related to the particular and idiosyncratic theories and concepts developed by the different authors. For the sake of clarity, I will present each contributor in relative isolation from the others, and

focus mainly on what is unique to each rather than what is common among them.

### Bion's Contribution

W.R. Bion adopted Klein's theories on the paranoid-schizoid and depressive positions, and used them both as the context for conceptualizing his patients' verbal and nonverbal behavior, and as the subject matter of his interpretations. Yet his theoretical use of projective identification, as well as its incorporation into his analytic technique, far exceeded that of Klein, and in fact became the cornerstone of his theories. Bion wrote extensively on the psychodynamics of psychotic disorders, on the development of thought, and on technical aspects of psychoanalytic work with schizophrenics. Based on Klein's theories he developed his own, which are original yet complex and expressed in somewhat idiosyncratic terms.

As mentioned above, the central concept in his theories is projective identification. He defined the concept as follows: "By this mechanism the patient splits off a part of his personality and projects it into the object where it becomes installed sometimes as a persecutor, leaving the psyche, from which it has been split off, correspondingly impoverished." (Bion, 1957, p. 266) As can be seen Bion's definition of the concept does not deviate in any way from Klein's writings. He also

regarded projective identification as a process that involves the transfer of a part of the personality and its installment into an object. However, Bion expanded on Klein's application of projective identification, considering the process the most important factor in the understanding of and work with patients, especially the more disturbed ones.

Bion worked with his most severely disturbed patients in an analytic mode, relying exclusively on interpretations, and applying Kleinian concepts to the understanding of the material. Based on his clinical work he developed his theories. A short synopsis of some of his theories is necessary in order to appreciate and understand his ideas regarding projective identification.

Bion proposed that a person's personality has a psychotic part (the psychotic personality) and a non-psychotic part. The psychotic personality is not a psychiatric diagnosis, but designates a way of mental functioning that co-exists with other ways of functioning (e.g. the functioning of the non-psychotic part). The psychotic personality manifests itself in behavior, in language, and in the effect it has on the observer (e.g. a specific type of countertransference in the analytic situation). Its most outstanding feature is the violent hatred it exhibits towards internal and external reality.

Moreover, hatred is extended to those psychic elements that are used to establish contact with internal and external reality. Thus hostility is directed also towards the apparatus of consciousness and its associated functions (e.g. sight, hearing, etc.). A major distinction between the psychotic and non-psychotic parts of the personality is that the former uses projective identification and splitting defenses, substituting for repression, which is the main defense used by the non-psychotic personality. Bion regarded projective identification as performing a defensive function of "cutting off certain trends in the mind both from consciousness and from other forms of manifestation and activity." (Bion, 1957) Moreover, projective identification attempts to rid the personality of the apparatus on which the psyche depends to carry out the adaptive defense of repression. In short, the psychotic part of the personality can be considered as a destructive mental state, a violent force, resembling an object who is greedy, envious, cruel and murderous. The targets of the hatred, internal and external reality and the mental apparatus in contact with them, are split and omnipotently expelled via projective identification into external objects, both animate and inanimate. In the psychotic personality the splitting of parts of the ego is severe, and results in a multiplicity of minute fragments which are

projected into an object. This process, which is considered by Bion as pathological projective identification, creates "bizarre objects." A bizarre object is composed of a fragment of the personality and an object in a relation that strips both of vitality and meaning. Bizarre objects are those that populate the world of the psychotic patient.

Bion made a distinction between a theory and a model. He preferred to present models of functioning rather than theories, since he felt that a model, as a descriptive analogy of a certain process, leaves the observer-analyst-theoretician less constricted in understanding material of a patient, and more flexible in establishing specific theories that can, if needed, be discarded later while the model remains adequate. I will present two of his more important models: "container-contained," and "alpha-function."

The model of the relationship container-contained is one of the more known Bionian concepts. According to this model the person projects a part of self (the contained) into the object (the container). This relationship of container-contained, which is basically associated with the process of projective identification, can be "developmental," i.e. leading to psychological growth; or it can be "non-developmental," i.e. inhibiting and obstructing psychological development. The nature of the

relationship container-contained is determined in part by the emotion that triggers projective identification. If the emotion is envy, the union container-contained suffers spoiling attacks, populating the person's psychic reality with bizarre objects, in which case the relationship container-contained is stripped of its vitality and this process is therefore an antithesis of growth. As will be explained later, this hinders the development of thought and the establishment of a good internal object. Yet the relationship container-contained can be developmental when the infant projects the contained into the breast-container, only to receive it back "detoxified" and in a more tolerable form.

A second relevant model Bion termed "alpha-function." Bion introduced this model as relating to thought processes as they manifest themselves in their end products such as gestures and words. The model alpha-function postulates the existence of a function of the personality which operates on sense impressions and on perceived emotional experiences, transforming them into alpha-elements. Alpha-elements, which are the transformed internal and external impressions or stimuli, are used for conscious thinking, dream thoughts, memories, etc. They are building blocks of a psychological growth process. Correspondingly, Bion postulated the concept of "beta-elements" which are

those sense impressions and emotional experiences that are not transformed. They are therefore not suitable for thinking, dreaming or remembering. These elements are experienced as things-in-themselves and generally evacuated through projective identification.

Bion correlated the level of functioning of the alpha-function with pathology. Patients who have a serious disturbance in their capacity to think are considered to have an underdeveloped alpha-function that fails to produce alpha-elements. Instead there will be a predominance of beta-elements that is correlated with an incapacity for symbolization and abstraction, resulting in the tendency to act and to use concrete thought. A deficient alpha-function is therefore associated with psychotic disorders.

So far I have presented Bion's general definition of projective identification, his theories (or models) regarding the relationship container-contained, the creation of bizarre objects, alpha-function producing beta-elements, and beta-elements which are the projected parts in projective identification. Our acquaintance with the above concepts enables us to discuss Bion's theory regarding the development of thought, a discussion that will illuminate the central role projective identification plays in thought development, as well as its role in communication and in the process of introjection.

Thinking is a psychic function responsible for the manipulation of thoughts. Bion basically agreed with Freud that the activity we know as thinking was in its origin a procedure for reducing tension created by the accumulation of excessive stimuli. Bion proposed that projective identification is strongly related to the development of thinking, and more specifically to the production of thought. According to Bion all objects that are experienced as needed are also experienced as bad objects, by virtue of their possessing something the infant wishes to possess (an idea originally proposed by Klein). He regarded bad objects as primitive thoughts or proto-thoughts, equivalent to beta-elements, which the infant strives to evacuate. In order for thinking to develop, the proto-thoughts or beta-elements need to be transformed into alpha-elements. This transformation can take place in two ways: a. If the infant's innate level of frustration tolerance is adequate, the proto-thought will not be evacuated, but a mechanism will be set into motion that will attempt to modify the sense of frustration and persecution into alpha-elements, which will constitute thoughts representing the thing-in-itself (the beta-elements). Yet, if the level of frustration tolerance is low, pain and frustration remain things-in-themselves and aimed for expulsion instead of their modification into alpha-elements.

Thus, the capacity to form thoughts largely depends on the infant's tolerance for frustration. b. The real experience the infant has with the feeding breast provides him with the opportunity to get rid of bad objects -beta-elements- and project them into the breast-container. The breast then provides not only food but also a container for the unpleasant feelings of the infant. The dynamic relations between the contained (evacuated beta-elements) and the container (the mother) will determine the faith of the evacuated contents. Under favorable circumstances the mother will respond to the infant's unpleasant feeling, will be open to projected parts, and will accept her role as container. In such a case, the mother will transform the projected parts into alpha-elements ready to be reintroduced by the infant and used for thinking. In other words, the infant uses projective identification in order to project the contained into the container only to receive it back "detoxified" and in a more tolerable form (which is an example of how the relation container-contained can be developmental). In short, the mother's capacity for "reverie" (a term used by Bion), is of primary importance to the development of thought.

Clearly, projective identification is the mechanism that enables the infant to use his mother as an auxiliary ego, presumably equipped with a higher level of frustration

tolerance, in the task of producing alpha-elements which are so important for favorable development. The projective identification of the beta-elements into a real external breast takes place through "realistic projective identification." However, if the real breast is not available for realistic projective identification, the infant can respond in two ways. If he has an innate tolerance for frustration, and envy is not too intense, he will become aware of the absence of the needed breast and of the associated frustration, hence have a thought (the awareness). Yet if the infant has an innate intolerance for frustration (a state always associated with intense envy) he will tend to avoid frustration by a more omnipotent and less realistic projective identification. The infant will not take into account the availability of a real object-container, and will continuously be evacuating, thus using projective identification.

It should be possible at this point to appreciate the great importance that Bion attached to the mechanism of projective identification. The development of thought would be severely handicapped if not for the realistic projective identification enabling the mother to assist her infant in dealing with painful and frightening experiences. Projective identification is also viewed by Bion as constituting a main factor in communication between the

developing infant and the external world (first represented by the mother), as well as the forerunner for the capacity for empathy with another person.

Unlike the above described constructive forms of projective identification, Bion also described a form of pathological projective identification which is employed by the psychotic part of the personality, in which there is predominance of aggression, envy and greed. While pathological projective identification is responsible for the creation of bizarre objects, it is also associated with difficulties in the process of introjection. When pathological projective identification is excessive introjection is experienced as "projective identification reversed," that is, the introjections are felt to be an assault, a retaliation for the violent intrusion into the object. These difficulties gravely affect the establishment of a good internal object during the paranoid-schizoid position.

Bion viewed projective identification as having various functions: that "of ridding the ego of bad parts; of preserving good parts by projecting them from a bad internal world; of attacking and destroying the object." (Grenberg et. al., 1976) Thus, similar to Klein's views, projective identification according to Bion is a process with multiple functions. It, however, should be noted that

a function of projective identification is not inherent in the process, but is determined by the context or circumstances in which projective identification takes place. For instance, the function of realistic projective identification would not be considered to destroy and attack the mother's breast but rather to rid the self of unwanted parts and deposit them in a container-breast. Yet, the attacking and destroying function of projective identification will be manifested when pathological projective identification takes place, performed by the sadistic and envious part of the personality, or the psychotic personality. In sum, it could be derived from Bion's writings that he referred to projective identification as a process or a mechanism performed by the self, that involves the projection of parts of self into an external object. This process is employed by different parts of the personality to fulfill multiple and even divergent functions.

One of Bion's important contributions to the understanding and technical use of projective identification, which I believe is not sufficiently credited, is his emphasis on the interpersonal implications of projective identification. He pointed out the impact projective identification has on the recipient of the projection, and he especially emphasized its impact in the

analytic situation. He often referred in his writings, and particularly in his discussions of case material, to the impact a patient's projections had on him, and to the use he made of it (based on his feelings) in his dynamic conceptualizations of the patient and in his interpretations. He thus implied that the analyst's emotional reactions which could be considered as countertransference, can in several occasions be understood as the result of the analyst being the target and the recipient of the patient's projective identifications. Moreover, the analyst's use of his emotional reactions is indispensable in his work with psychotics. Indeed Bion considered the analysis of projective identification the most important technical tool in psychoanalysis, and especially so with severely disturbed patients. Bion stated that the treatment "will not be successful until the patient's destructive attacks on his ego, and his substitution of projective identification for repression and introjection, have been worked through." (Bion, 1956, p. 346)

I would like to conclude my rather brief presentation of Bion's theories with a short statement regarding his incorporation of the mechanism of projective identification in his theories of group life. Bion claimed that each group member, including the formal group leader, is available and

susceptible to serve as a container for projections made by parts of the group or the group as a whole. He especially elaborated on the impact the group has on the leader via the process of projective identification. Thus he described the members' "component in the therapist's contribution" (Bion, 1961), which are the result of the therapist being on the receiving end of projective identification.

#### Rosenfeld's Contribution

Herbert Rosenfeld, a prominent Kleinian, wrote extensively on the dynamics and treatment of patients with severe psychopathology, and especially those with psychotic disorders. Similarly to other Kleinians (e.g. Bion) he quickly adopted Klein's concept of projective identification, and positioned it at the center of his theoretical formulations and technique. In a very recent article he stated: "In analytic work today the analysis of projective identification into the analyst and also into others in the patient's environment plays such a prominent part that we can no longer imagine how an analyst could work before 1946." (Rosenfeld, 1983, p. 262)

Although Rosenfeld and Bion share similar views regarding projective identification and its functions, Rosenfeld contributed significantly to the expansion and clarification of the relationship between projective identification, narcissistic object relations and envy. A

clue regarding these aspects of projective identification is the word "fusion" found in his otherwise traditional definition. He stated: "Projective identification relates first of all to a splitting process of the early ego, where either good or bad parts of the self are split off from the ego and are as a further step projected in love or in hatred into external objects which leads to fusion and identification of the projected parts of the self with the external object." (Rosenfeld, 1971, p. 115)

Thus, Rosenfeld claimed that the projection of parts of self into an object results in the fusion of self and object. On the other hand, he asserted that "for projective identification to take place some temporary differentiation of 'me' and 'not me' is essential." (Rosenfeld, 1971, p. 117) In my discussion of Klein's views on projective identification I claimed that although Klein asserted the existence of blurred boundaries between self and object in projective identification, an assertion that cannot readily be disputed since it is inherent in the process of projective identification, she nevertheless did not clarify whether this condition is a consequence of the projective process or rather a prerequisite for projective identification to take place. As can be seen, Rosenfeld took a strong position by asserting that differentiation between self and object is a prerequisite for projective

identification to take place, and that non-differentiation or fusion is its consequence. The forthcoming discussion regarding his views on the nature of projective identification will reveal the central role the above assertion (or assumption) plays.

Rosenfeld distinguished between several forms or types of projective identification, which essentially describe a similar process yet with different functions:

a. Projective identification as a method for communication.

Rosenfeld claimed that the infant's use of projective identification in which he projects disturbing parts of self into the mother, only to receive them back "detoxified," is a form of non-verbal communication between the infant and the mother. He related this use of projective identification to the psychotic patient, claiming that the psychotic intensifies this mode of communication which is normal when used by an infant. The patient, thus, projects parts of himself into the analyst in order that the analyst will feel and understand his experiences, and will be able to contain them so that they lose their frightening quality and become meaningful by the analyst verbalizing them through interpretations. Thus it could be inferred that Rosenfeld viewed the patient's wish to communicate as a possible factor triggering projective identification. Despite the fact that an

extensive use of projective identification for communication as can be seen with psychotics is regressive according to Rosenfeld, he nevertheless considered this a "benign" form of projective identification. (Rosenfeld, 1983)

b. Projective identification used for denial of psychic reality. The patient uses projective identification as a means to evacuate unwanted parts of self, thus denying psychic reality. Rosenfeld added that patients who use this type of projective identification expect the analyst "to condone the evacuation and the denial," (Rosenfeld, 1983) and often react with violent resentment to interpretations since they experience them as their own projected parts being pushed back into them by the analyst (this process is similar to what Bion referred to as projective identification reversed). A variant of this type of projective identification is a process in which the patient tries to push unbearable mental contents into the analyst not for the purpose of denial, but to aggressively compel the analyst to share the unpleasant experiences with the patient.

c. Projective identification aimed at controlling the analyst. This form of projective identification in which the patient aims at controlling the analyst's body and mind is based on a very early type of object relationship (see

Klein, 1946). In analysis it is observed as a patient believing that he forced himself omnipotently into the analyst. This form of projective identification leads to fusion or confusion with the analyst and arouses anxieties relating to the loss of self. In addition, since in this form of projective identification, according to Rosenfeld, the projection of the mad parts of the self often predominates, the patient becomes extremely anxious lest the analyst will retaliate and force the madness back into him, depriving him entirely of his sanity.

d. Projective identification as a mechanism to deal with envy. Rosenfeld regarded primitive aggression as a major factor in the psychopathology of psychotic patients. He proposed a direct relationship between envious feelings and differentiation of self and object. That is, as a psychotic patient begins to experience himself and the analyst as separate, violent aggression emerges, aggression that has a distinct envious character. Conversely, in a state of fusion between patient and analyst potential envious feelings are not manifested. Rosenfeld claimed that when a state of separateness exists, a valuable interpretation is a strong catalyst for the envious anger to emerge in full force. The patient then tries to destroy and spoil the analyst's interpretations by ridiculing and making them meaningless. At this point in the process many patients

experience their violent envy, directed at the good qualities of the analyst, as insane and illogical, and the saner part of the patient experiences these envious feelings as unbearable and unacceptable (Rosenfeld postulated a sane part and a mad part of the personality, in a way generally resembling Bion's theory regarding a psychotic and a non-psychotic part of the personality). Hence, defenses against envy are established, mainly projective identification.

The above rationale given by Rosenfeld regarding the person's need to defend against envious feelings raises serious questions which will be fully addressed at a later point. But briefly, one should ask what Rosenfeld means when he claims that the feeling of envy is experienced as "quite insane and illogical." (Rosenfeld, 1971, p. 120) Does he mean that envy is experienced as illogical because it implies a wish to destroy a potentially good object? If so, Rosenfeld is implying a "logic" based on object relations from a "depressive position," i.e. from a position in which a wish to destroy a good object can be felt as "illogical," arouse guilt, and be experienced as unbearable and unacceptable. This would in turn mean that the need to defend against envy would not arise in a patient fixated in the paranoid-schizoid position. Yet I don't believe this to be the case, as I will attempt to

demonstrate later on. I believe that although Rosenfeld's rationale may appropriately apply in some cases, it does not provide an adequate explanation for the observed clinical phenomenon regarding the need most patients, and for that matter people in general, have to defend against the experience of envy. Further exploration of this matter, and of envy in general, will be reserved for Chapters Four and Five. But I would like here to emphasize that in spite of my questions and disagreement regarding Rosenfeld's rationale, I fully agree with his notion regarding the unacceptability of the feeling of envy and the impetus to defend against it.

According to Rosenfeld the mechanism of projective identification deals with envy in a variety of ways. First, it does so by projecting the envious parts of the self into an external object, hence externalizing an unacceptable feeling. Secondly, projective identification can include an omnipotent fantasy of entering the envied object, and in this way actually becoming the envied object and taking over its role (an illustration of this defensive process is found in Klein's article On Identification). A third way in which projective identification eliminates the feeling of envy relates to the fusion between self and object which is the consequence of projective identification, and to "narcissistic object relations." Narcissistic object

relations denote a fusion or confusion between self and object. Any interference with narcissistic object relations, which results in the recognition of separateness, leads to feelings of dependency, creates frustration and stimulates envy. Yet, a restoration of a state of non-separateness (narcissism) eliminates the stimulus for envy. Rosenfeld stated: "The omnipotent narcissistic object relations, particularly omnipotent projective identification, obviate both the aggressive feelings caused by frustration and any awareness of envy." (Rosenfeld, 1964, p. 171) Thus, omnipotent projective identification which results in omnipotent narcissistic object relations defends against envy by eliminating the very context from which envy emerges -the state of separateness. Rosenfeld went further to state that "I believe that in the psychotic patient projective identification is more often a defense against excessive envy, which is clearly bound up with the patient's narcissism, rather than a defense against separation anxiety." (Rosenfeld, 1971, p. 120)

Rosenfeld identified a related phenomenon which he termed "parasitical object relations." In this form of object relations the psychotic patient maintains the belief that he is living entirely inside the analyst, expecting him to function as his ego. The patient usually behaves

extremely passively, demanding everything and giving nothing in return. Parasitical object relations are achieved through projective identification. "Severe parasitism may be regarded as a state of total projective identification. It is, however, not just a defensive state to deny envy or separation but is also an expression of aggression, particularly envy." (Rosenfeld, 1971, p. 120) Thus, Rosenfeld's discussion of parasitic object relations with its close ties to projective identification suggests an important point regarding the function of projective identification. While projective identification and its resulting fused parasitic state defends against envy, it also acts out the aggression bounded up with envy. Therefore, projective identification appears to be used by Rosenfeld not as a defense against envy but rather as a mechanism dealing with envy; that is, dealing not just with the unacceptability of envy but also expressing the aggression inherent in it.

Conceptually Rosenfeld dealt little with the interpersonal aspects of projective identification, and with its impact on the recipient of the projection. Although he recognized the fact that the patient with his envious anger may affect the analyst so that "the analyst may have the distinct experience in his counter transference that he is meant to feel no good and has

nothing of value to give to the patient" (Rosenfeld, 1971, p. 119), he did not relate it conceptually to the process of projective identification, and did not recognize that there might be a connection between the analyst feeling "no good" and the patient not experiencing envy anymore.

#### Grotstein's Contribution

In the preface to his recent book Splitting and Projective Identification, Grotstein (1981) singled out Bion as "the greatest inspiration behind this volume." (p. VIII) Indeed, his views are heavily based, and enthusiastically so, on Bion's formulations regarding projective identification. Yet, Grotstein went beyond Bion and other contributors such as Klein and Rosenfeld, in regarding projective identification as the centerpiece in the understanding of almost every human behavior, both normal and pathological.

Grotstein (1981) defined projective identification as follows: "Projective identification is a mental mechanism whereby the self experiences the unconscious fantasy of translocating itself or aspects of itself into an object for exploratory or defensive purposes." (p. 123) What stands out in his definition is the term "exploratory," which is contrasted with defensive projective identification. Generally, exploratory projective identification seems to be viewed by Grotstein as the

positive function of projective identification; this concept is comparable to Bion's "developmental projective identification" or "realistic projective identification," and to Rosenfeld's benign projective identification for the purpose of communication.

An important pre-requisite for projective identification to take place is the conception of a container into which the projection can be sent. Grotstein proposed two possible impacts projective identification may have, in fantasy or reality, on the container. On the one hand, the projector may believe that the container has effectively transformed the projections (the contained) and yet has itself remained unchanged. In this case the infant or patient feels a greater sense of safety and confidence in the relations with the mother or analyst respectively. (Grotstein based this theoretical formulation on Bion's theory regarding the mother-container transforming the projected beta-elements into alpha-elements which return to the infant and are made available for thinking, dreaming, etc.). On the other hand, the container may be transformed, either in the infant's fantasy or in the actual interpersonal reality, by the projected content. In this case, Grotstein claimed, the transfer of mental contents from the self to the object is relatively permanent, and the container which is

experienced as the victim of the projector has been established as a persecutor.

In this context, Grotstein separated projective identification into two categories: externalization and defensive projective identification. Externalization refers to projective identification into an object without the transformation of the self or the object. This kind of projective identification is associated with growth and maturation. Defensive projective identification, on the other hand, results in the transformation of both the self and the object. The self is transformed in such a way that it experiences confusion, disorientation, emptiness, devitalization, and vulnerability to ideas of reference. Grotstein made a distinction between confusion and disorientation, as they relate to two aspects of projective identification. He thus stated that "confusion is expressed in terms of that aspect of the self which has entered into merger with the object, whereas disorientation is the experience of that aspect which is denuded of the mind, which has been projected and which is left behind." (Grotstein, 1981, p. 137) He claimed that defensive projective identification can be benign if the person wishes, by evacuating a mental content, to postpone internal confrontation with an experience that cannot yet be tolerated. On the other hand defensive projective

identification can result in the destruction and obliteration of the sense of reality.

Grotstein conceived of defensive projective identification as a mechanism that aims at disavowing identification, and therefore suggested that it may be called projective disidentification. One may wonder now if there remains a difference between projection, which involves disavowal of mental contents, and projective identification. This is a question much debated in the literature, yet Grotstein answered it definitively. He stated: "Projection and projective identification are identical and interchangeable. There can be no projection without identification (or disidentification)." (Grotstein, 1981, p. 132) He claimed that all projections are to some extent identificatory: first by its very nature projection disavows identifications, "therefore the basis for projection is negative identification." (p. 133) Secondly, if projection does not establish a true identification with the object, it nevertheless establishes an identification of sorts since the expelled parts still belong to the self despite the denial implicit in projection.

The question regarding the distinction between projection and projective identification is an important one, especially since it deals with the very nature of projective identification, as was already noted in my

discussion of Klein's views regarding the "projection" in projective identification. Though Grotstein contributed little to a meaningful understanding of the complexities involved in this topic, and despite the lack of clarity in his reasoning, his position serves as a catalyst for a much needed discussion. Later (in Chapter Six), when discussing my views on projective identification, I will claim that there is a clear distinction between the two processes.

Grotstein conceived of projective identification as serving multiple functions: a. Projective identification aimed at returning to a fusional undifferentiated state between the self and a nurturing object, which he termed "autistic projective identification." b. Projective identification used to invade an object in order to control it or be controlled by it, thereby eliminating, hence defending against feelings of helplessness. c. Projective identification used to further the aim of splitting, by evacuating aspects of self into an object. He distinguished, like Bion did, between projecting the content of the experience, and projecting the capacity to experience. The latter characterizes psychotic, borderline, narcissistic and addictive disorders. d. Projective identification used to externalize aspects of self so as to "recognize analogous objects as familiar and identify with them." (Grotstein, 1981) e. Projective identification used

for exploration by scanning the environment for objects which link up with aspects of the self. f. Projective identification used for communication between aspects of the self, as well as external objects.

A distinction between neurotic and psychotic projective identification was suggested by Grotstein. Neurotic projective identification is experienced as an extension into an object previously believed to be separate. Psychotic projective identification is characterized by withdrawal of the surviving self (the self without the projected part) from the object and from the ego boundaries that formerly defined the self.

As mentioned before, the conception of an object-container is necessary for projective identification to take place. Thus, projective identification should be understood "as a phenomenon which involves a subject and an object, whether the object is an intrapsychic one or an interpersonal one." (Grotstein, 1981, p. 176) An intrapsychic object is generally regarded as an internal object, yet also an external object is represented intrapsychically by an object representation. Therefore, Grotstein viewed projective identification as essentially an intrapsychic process. Nevertheless, he distinguished between "interpersonal projective identification" and "intrapsychic projective identification." In intrapsychic

projective identification the object is an internal object (could also be a superego object), while in interpersonal projective identification the recipient of the projection is an object representation.

Grotstein viewed transference as a phenomenon highly related to projective identification. He claimed that the infantile neurosis itself is based on the projective identifications of the child's self into his image of the parental object. The oedipus complex is based on multiple projective identifications of the child fantasies about his parents. Hence, the transference in the analytic situation is regarded by Grotstein as a displacement of past projective identifications.

#### Ogden's Contribution

Although projective identification has always been considered a mechanism operating both in the intrapsychic and in the interpersonal realms, the focus of most theoretical and clinical discussions, such as those by Klein, Bion, Rosenfeld and Grotstein, has been mainly the intrapsychic one. Ogden, in his writings, represented an important shift in perspective. In sharp contrast to Grotstein (1981), who claimed that projective identification can operate wholly intrapsychically (e.g. the recipient of the projection is the superego), Ogden asserted in a definitive manner that "projective

identification does not exist where there is no interaction between projector and recipient." (Ogden, 1982, p. 14)

Ogden did not regard projective identification as merely a fantasy of an interaction, but rather as a real and observable interaction between at least two people in which one is the projector and the other a recipient. For him projective identification is not just a fantasy of projecting a part of self "into" an object, but actually a process resulting in a real affective transformation in the recipient.

In his theoretical formulations Ogden remained close to the clinical data and to what he considered to be the clinical manifestations of projective identification, being particularly sensitive to the experiences (thoughts and feelings) of the therapist, who is on the receiving end of projective identification. The clinical phenomenon he referred to as projective identification involves unconscious projective fantasies in association with the evocation of congruent feelings in others. Thus, he used projective identification as a concept with explanatory power in addressing the way in which feeling states corresponding to the personality of one person are engendered and processed by another person.

Ogden viewed projective identification as a psychical event which schematically can be described as consisting of

a sequence of three phases:

"First, there is the unconscious fantasy of projecting a part of oneself into another person and of that part taking over that person from within. Then there is a pressure through the interpersonal interaction such that the recipient of the projection experiences pressure to think, feel and behave in a manner congruent with the projection. Finally, after being 'psychologically processed' by the recipient, the projected feelings are reinternalized by the projector." (Ogden, 1982, p. 12)

Ogden's most original contribution to the understanding of projective identification lies in his highlighting the process of the second phase. Yet his view of the other two phases will also be presented below, since it raises questions pertinent to my later re-formulation of projective identification.

According to Ogden, phase one of projective identification is motivated by a defensive need to rid oneself of unwanted parts, or to safeguard a part of self endangered by other parts by holding the threatened part inside a protective person. He claimed that the projector is operating at least in part at "a developmental level where there is a profound blurring of boundaries between self and object representations." (Ogden, 1982, pp. 13-14) This claim seems to support the view that the blurred boundaries between self and object representations are not a consequence of projective identification (Rosenfeld, 1971), but rather a pre-requisite for projective

identification to take place.

In the second phase of projective identification, which Ogden termed the "induction phase," "the projector exerts pressure on the recipient to experience himself and behave in a way congruent with the unconscious projective fantasy. This is not an imaginary pressure, but rather real pressure exerted by means of a multitude of interactions between the projector and the recipient." (p. 15)

Demonstrating the above Ogden described a psychotic obsessional patient, A., who used projective identification to get rid of parts of self which he experienced as attacking and tormenting, as scolding parents, and as imbued with powerful rage. Ogden claimed that by "kicking the therapist's furniture, repeatedly ringing the waiting room buzzer and ruminating without a pause in a high-pitched whine," (p. 15) the patient induced in his therapist feelings of extreme tension and rage, in effect instilling his projected rage into the therapist.

Interestingly, despite the fact that all those involved with the concept of projective identification (e.g. Klein, Bion, Rosenfeld) discussed explicitly or implicitly the reality of the recipient of the projection being actually affected by projective identification, none of them addressed the crucial question of how this process happens; how does an intrapsychic fantasy of affecting another

person actually achieve its goal? or in broader terms, what bridges between the intrapsychic and the interpersonal? Ogden was the first to grapple with these questions in an open and comprehensive way. As described above, Ogden attributed the transfer of mental contents to real and observable processes, exerted by means of interpersonal interactions. Even if this explanation is incomplete, e.g. even if the transfer of mental contents can occur by means other than by concrete behaviors and actions, his assertions are an important contribution to an intriguing, perhaps somewhat mysterious facet of human functioning.

Ogden highlighted an additional interesting aspect of the clinical phenomena associated with projective identification. In his above case example (the case of A.) Ogden observed that to the extent that the therapist experienced the projected tension and rage, the patient momentarily calmed down and felt relief. Ogden attempted to understand why this process had such an effect on the patient. He asserted that the patient's experience of relief originated in his sensing that the therapist was in fact experiencing the parts that he (the patient) had projected; this provided the patient with the confirmation that the noxious but life-giving agent (i.e. a hateful and threatening introject associated with a much needed parent) had both been extruded (it now appeared in an external

object) and yet was being preserved by another object. Thus if projective identification is aimed at diminishing inner tension and unpleasure, then the combination of the above processes highlighted by Ogden as being involved in projective identification clarifies why this mechanism is so useful and successful. However, one must ask why is the projection sometimes not sufficient in achieving this goal?; why is the attribution of a painful part of self to an external object not sufficient in reducing inner tension?; why is it that in some instances a patient needs to affect an actual and observable change in the object in order to feel relief?. These questions lead one to the broader issue regarding the distinction between projection and projective identification. Unlike Grotstein, who claimed that there is no distinction between projection and projective identification, Ogden claimed that such a distinction exists. Ogden considered projective identification a defensive process adjunct to other defenses (including projection) which are aimed at keeping bad parts apart from what is felt as good. Yet, projective identification enables the projector to feel that he has not lost contact with the projected part. In projective identification, Ogden stated, "the projector experiences feelings of oneness with the recipient with regard to the expelled feeling, idea or self-representation. By contrast

in projection the aspect of the self that is in fantasy expelled is disowned and attributed to the recipient. The projector does not feel the kinship with the recipient: on the contrary, the recipient is often experienced as foreign, strange and frightening." (Ogden, 1982, pp. 34-35) Ogden thus addressed himself to the phenomenological distinction between projection and projective identification (feeling estranged from the object, as opposed to feeling at one with it). Yet the question regarding the functional distinction between the two mechanisms is not fully answered by his description.

A central aspect of the process in phase two (the induction phase) of projective identification involves the compliance exhibited by the recipient in "accepting" the projected parts. One has to ask why the recipient should accept the projection. Ogden provided two possible reasons for this: first, the patient's exertion of real pressure triggers a response from the recipient (e.g. retaliatory anger, annoyance, helplessness, etc.) which actually corresponds to the projected mental content; in addition, Ogden stated that behind the pressure to comply lies the threat of the consequences of lack of compliance, "the 'or else' that looms behind the pressure to comply with the projective identification." (p. 16) Ogden claimed that this is the kind of pressure exerted by a mother on her child to

comply with her projections, or else the child would cease to exist for her. In the same way, in the "therapeutic interaction the therapist is made to feel the force of the fear of becoming nonexistent for the patient if he ceases to behave in compliance with the patient's projective identification."(Ogden, 1982, p. 16)

In Ogden's third phase of projective identification, the recipient of the projection processes the mental contents installed in him, doing so within the context of his own personality structure. Ogden's views on this process are similar to those presented by Bion with regard to the container-contained model (see "Bion's Contribution"). Yet, in line with his emphasis on the therapist being an active part in the process of projective identification, Ogden described the therapist's possible responses which actually correspond to a mother's ways of responding to her infant's projections. The therapist, as the mother, could respond to the induced feelings in two alternate ways: one way the therapist may manage the induced feelings is by understanding and integrating them with more reality based self-representations. This leads to a constructive development in which the projector eventually internalizes the therapist's way of managing the feelings. On the other hand, the therapist may be unable to deal with the induced feelings, and may therefore resort to

denial, projection, omnipotent idealization, projective identification, or to actions such as violent or sexual activity aimed at tension release. In this case the patient could be confirmed in his fantasy that the projected parts were indeed unbearable and dangerous.

Ogden's investigation into the vicissitudes of the therapist's feelings and their relation to the patient's projective identification led him to make a useful attempt at delineating the inter-relationships between transference, countertransference and projective identification. He asserted that projective identification represents an aspect of transference. "Projective identification is that aspect of transference that involves the therapist being enlisted in an interpersonal actualization of a segment of the patient's internal world." (p. 69) Thus, in the context of transferring early modes of functioning and object relations in the psychotherapeutic arena in the form of transference, projective identification, as one of the earliest forms of linkage between mother and infant, is manifested. Ogden claimed that this form of object relations and of nonverbal communication recedes into the background as one matures, yet it nevertheless persists as an unconscious force. In the therapeutic setting, the inherent regression provides the condition for primitive modes of relatedness such as

projective identification to be enacted. Ogden stressed that its appearance is not confined to the psychotic patient only, although it is more prevalent among these, but that under the regressive conditions of the therapeutic setting one encounters projective identification with all patients. Thus, in spite of Ogden's recognition of the appearance of projective identification among patients from the entire spectrum of pathology, he still considered projective identification as a primitive mode of intrapsychic as well as interpersonal functioning that is operative under regressive conditions. In fact, except for Horwitz (1983) all writers on the subject regard projective identification as primarily a manifestation of a primitive mode of functioning which is heavily represented among psychotic and borderline patients (Kernberg, 1975), and which is usually associated with their pathology. Yet as I hope to demonstrate later, there is much evidence to support the view that projective identification is not a mechanism of the "sick," and its appearance is not confined mainly to the regressive therapeutic setting, but rather that projective identification is a mechanism employed by all humans in everyday life.

Being a mechanism that affects the emotional state of the therapist, Ogden regarded projective identification as highly relevant to the subject of countertransference. He

conceived of countertransference as the totality of the therapist's response to the patient. In this sense some of the therapist's countertransference feelings can be regarded as a result of transferential projective identification; such feelings should not be considered as stemming from the therapist's own neurotic conflicts and therefore something to "overcome," but rather the therapist should stay with the induced feelings, understand them and use them as a vehicle for understanding the patient. Ogden stressed that not all of the therapist's experiences are the product of the patient's projective identifications, but that even if the therapist recognizes his responses as countertransference proper, he should still consider that elements in them may possibly be related to the patient's projective identification, and as such his countertransference may be a leverage and not just a hindrance to his work. Thus, projective identification provides us with a clinical level theory that is of value for therapists in organizing the relationship between their own experiences, transference and countertransference.

Like his predecessors in investigating the nature of projective identification, Ogden listed a variety of functions of projective identification. He viewed this mechanism as a defense, as a mode of communication, as a primitive form of object relations, and as a pathway for

psychological growth.

To conclude I would like to focus on Ogden's views on projective identification as a primitive form of object relations. Ogden claimed that projective identification constitutes a primitive type of object relations, a basic way of being with an object that is psychologically only partially separated. Yet he never mentioned the possible aggressive component of this type of object relations: he clearly ignored Klein's assertion that projective identification is a "prototype of an aggressive object relations." (Klein, 1946, p. 8) Although he gave ample clinical examples of projective identification inducing unpleasant feelings such as anger, incompetence, guilt, etc., he failed to recognize this mechanism as a possible aggressive process aimed at attacking and spoiling the good feelings of the object.

Klein's, Bion's and Rosenfeld's contributions suggest that envy is strongly linked to the use of projective identification. As stated in the "Introduction" chapter, central aspects of the nature of envy have remained unclear and problematic, and consequently its link to projective identification could not be well understood. Now, following the above exposition of various conceptualizations of projective identification, one is ready for a fuller exploration and formulation of the concept of envy, as a

basis for its suggested association with the mechanism of projective identification.

CHAPTER FOUR:

THE CONCEPT OF ENVY: A REVIEW  
OF THE PSYCHOANALYTIC LITERATURE

The term envy is widely used in everyday life. It usually denotes a human condition associated with a feeling of humiliation, mortification, or emotional pain, as well as a motivating force for causing physical or emotional harm to the envied person.

The latin root of the word envy is "invidia," which means "to look maliciously upon." The Oxford Dictionary defines envy as "to regard with discontent another's possessions of some superior advantage," and as "mortification and ill will occasioned by the contemplation of another's superior advantage." (Oxford Dictionary, 1959) The dictionary presents several nuances of the hostile component of envy: in addition to "ill will" it also refers to "malice" and "enmity." Translating enmity and mortification into psychoanalytic concepts such as aggression and narcissistic wound respectively, indicates, as will be elaborated later on, the extent to which the intricate and complex formulations of envy in psychoanalytic theories remain close to our everyday use of the term.

In the history of psychoanalytic thinking the importance and centrality of envy in development, in psychopathology, and in the analytic setting steadily gained momentum, culminating in M. Klein's publication of Envy and Gratitude (1957). Yet not all psychoanalysts

joined in the excitement regarding the new and profound light that the concept of envy, as discussed in Envy and Gratitude, seemed to shed on human behavior and on the vicissitudes of the psychoanalytic situation. Those who subscribe to the more traditional Freudian orientation view envy in a more limited way, basically adhering to Freud's formulations regarding penis envy. Thus at present one can identify two main points of view regarding envy in the psychoanalytic community: one, identified with Kleinian theory, regards envy as a primary phenomenon, an innate process which has a constitutional basis, and which possesses a motivating force. The second point of view, which is associated with classical psychoanalysts, regards envy not as a primary phenomenon, but rather as a secondary formation, a consequence of more basic processes such as instinctual activity.

Joffe (1969) in his excellent review of the concept of envy claimed that the Kleinian concept of inborn envy is a product of the general formulations of Kleinian theory and "that it would be almost meaningless to discuss it outside its natural context." (p. 534) Contrasting Freudians' and Kleinians' basic theoretical assumptions as they relate to envy, Joffe (1969) wrote:

"For Freud the instinctual drives were intrinsically unknowable (Freud, 1915) their functioning could only be inferred through the conscious and unconscious ideational contents of

affects. However, for Mrs. Klein the instinctual drives were seen quite early as being knowable. What was for Freud the representation of the drive became for Mrs. Klein an inborn fantasy involving objects or part objects equated with drives (Isaacs, 1948). It is a small step to reach the further conclusion that envy, rather than being a drive derivative, could be regarded as an innate drive in and of itself." (p. 534)

Before plunging into a more detailed examination of major contributions to the concept of envy, and especially those of Klein and Joffe, I would like to comment on the distinction between envy and the associated terms jealousy and rivalry. It is especially important to draw the difference between envy and jealousy since jealousy is used, mainly colloquially, as a synonym for envy.

Klein (1957) claimed that while both envy and jealousy involve the feeling that another person possesses something desirable, jealousy involves a relation to at least two people besides the jealous person. According to her, jealousy is mainly concerned with love that the person feels belongs to him yet has been taken away by another person. Spielman (1978) stated that jealousy is concerned with the loss or threatened loss of a highly valued possession (e.g. love) to a third person. Neubauer (1982), in discussing envy, jealousy and rivalry distinguished among these three: he claimed that the prototypical rivalrous relationship is sibling rivalry, and that jealousy is rivalry with oedipal connotations. He saw

jealousy as an oedipal phenomenon which is connected with the wish to be loved by the opposite-sex object in the positive oedipus complex, and by the same-sex object in the negative oedipus complex. Thus according to him jealousy emerges only when the triadic relationship has oedipal characteristics, that is, when gender identity has been established. In sum, while both rivalry and jealousy can be defined as the striving for the exclusive access to a source of gratification (gratification in the form of love, recognition, attention), jealousy is specifically related to oedipal dynamics.

Envy, according to Neubauer, is a very different phenomenon than jealousy and rivalry. The prototype of envy is penis envy. Neubauer stated that "Envy refers to mental attributes and feelings of discontent with one's own body together with the urge to possess and to identify with the imagined superior achievement and potency of others." (Neubauer, 1982, p. 183) Although Neubauer's definition of envy is markedly different than that of Klein and others, and in spite of his view of envy and jealousy as phallic phenomena (a view not entirely consistent even with Freud's), there is nevertheless a common denominator underlying the positions held by Neubauer and Klein regarding a basic difference between envy and jealousy. Both Neubauer and Klein, as well as others such as Segal

(1964) and Joffe (1969), would agree that envy is defined as a dyadic phenomenon, while jealousy, and perhaps rivalry too, are characterized by triangular dynamics.

Sidestepping for now the issue of the developmental and temporal relationships among envy, jealousy and rivalry, I will concentrate instead on their phenomenology, suggesting that envy plays a key role in both jealousy and rivalry. In examining the prototypical rivalry between siblings one recognizes envy as being an inseparable part of rivalry. Thus, a five year old girl who helped her mother bathe her three-weeks-old brother asked her with sincerity and freshness of which only a little child is capable of, what would happen "if intentionally I dropped the baby on the floor." The girl clearly perceived her newborn brother as a rival for her mother's love and attention. Yet one may also discern her envy of him for possessing the "good feelings" she associates with the attainment of mother's love. Moreover, one can infer that this girl also views her little brother as possessing qualities which she lacks, and which led her mother to give him something (e.g. love) she desired just for herself. The perception that her brother possesses something desirable which she lacks is likely to be a source of much envy.

Also in jealousy, the oedipal expression of rivalry, envy can often be described as being an integral part of

the experience. The oedipal boy or girl perceives the rivalrous parent as possessing attributes that he or she lacks, attributes that make the rivalrous parent preferable for the parent whom the child desires sexually. Thus, in boys for example we encounter the "little penis" complex (Greenacre, 1953) which is a source of painful envy. While the oedipal boy is jealous of his father for having the relationship with his mother that he would like to have, he is at the same time envious of him for possessing attributes that make the father more desirable to his mother than himself.

To sum up, envy is regarded in the present work as an integral component of both rivalry and jealousy; jealousy and rivalry can be thought of as the triangular context in which the dyadic phenomenon of envy constitutes a necessary building block. One cannot therefore investigate rivalry and jealousy without referring to the associated envy; yet envy can stand alone as the subject matter of a theoretical investigation. The following sections focus on envy, investigating major theoretical contributions to the concept.

#### Early Contributions

Already in The Interpretation of Dreams Freud (1900) directed our attention to the intense hostility observed between young siblings, which he attributed to envious or

jealous feelings (using the terms interchangeably). Freud saw this hostility as a universal phenomenon which can be observed in children as young as two years old claiming that the envy between siblings is so strong that death wishes are highly common. In The Interpretation of Dreams Freud linked jealousy and envy to libidinal drives as they manifest themselves in the oedipus complex. He introduced the concept of penis envy as a crucial milestone in the psychosexual development of the girl. As the girl enters into the phallic phase she is subjected to overwhelming envy of the boy, wishing to possess a penis like his. At some point her wish for a penis is given up, and in its place a wish for a child emerges. With this new wish she views the father as a love object, and she becomes jealous of her mother; the girl is now in the oedipal phase.

In his later writings Freud presented a more complex view of penis envy: penis envy was seen not only as a direct product of psychosexual development, but also as a result of the narcissistic blow stemming from the girl's perception of the absent penis. In Some Psychological Consequences of the Anatomical Distinction Between the Sexes (1925) Freud wrote about "the narcissistic sense of humiliation which is bound up with penis envy." (p. 191) Thus penis envy was considered by Freud to arise both from the progression of the libidinal impulse into the phallic

phase, and from the painful injury to the girl's narcissism. Penis envy was seen as giving rise to aggressive responses either towards the envied boy or towards the mother, who is held responsible for the girl's deficiency (Freud, 1918, 1933). As the narcissistic factor in penis envy gained in importance, Freud was able to trace penis envy back to its pre-oedipal roots, especially to factors associated with early narcissistic wounds. Thus he viewed the requirement that the infant renounce his mother's breast as an example of a narcissistic blow, and as one of the earliest precursors of the narcissistic wound associated with penis envy. Yet Freud never associated orality directly with envy, and despite his connecting the narcissistic wound associated with penis envy to oral narcissistic injuries, an explicit connection between penis envy and possible oral envy was not made.

Abraham further elaborated on two aspects of envy: the aggression involved in it, and the developmental roots of envy. In his discussion of the Manifestation of the Female Castration Complex (1920) he categorically asserted that hostile feelings directed at the envied person actually define envy. He stated: "In the narcissistic period of its development the child carefully watches over his possessions and regards those of others with jealousy. It wants to keep what it has and to get what it sees. If

anyone has an advantage over it two reactions occur which are closely associated with each other: a hostile feeling against the other person associated with the impulse to deprive him of what he possesses. The union of these two reactions constitutes envy." (p.340)

At the time of his writing the above paper, Abraham regarded envy as representing "a typical expression of the sadistic-anal developmental phase of the libido." (p. 340) Four years later, in his paper The Influence of Anal Erotism on Character Formation (1924) he shifted the origins of envy from the anal phase to the oral phase of psychosexual development. Abraham (1924) divided the oral phase into two subphases: the first subphase is characterized by sucking and is a preambivalent phase. The appearance of teeth ushers the infant into a second phase, an oral-sadistic phase in which envy and hostility appear. Differing from Freud, who regarded the jealous character of women in adult life as primarily an expression of penis envy, Abraham attributed an "abnormally overdeveloped envy" to a disturbance in the oral-sadistic phase. Glover (1924) too described envy as rooted in the oral phase: he claimed that an oral phase marked by frustration appears later in life in a character marked by grudging feelings, a dislike to share and acute envy.

Joffe (1969) claimed that Freud's, Abraham's and

Glover's writings regarding envy viewed it only as a secondary formation arising from the vicissitudes of infantile instinctual wishes. Thus, he stated that in spite of its having pre-oedipal precursors, envy, whenever mentioned by Freud, was regarded as being a secondary manifestation rather than a primary instinctual motivating force. Whatever the origins of the feeling and attitudes associated with envy, these feelings achieve their final status only towards the end of psychosexual development. In addition, Joffe claimed: "Numerous permutations could result from the interaction of such factors as constitution, the unfolding of component drives at different phases of psychosexual development, environmental influences and narcissistic disturbances. Of all the end results envy was only one among others." (p. 537)

While Joffe included Abraham among those who viewed envy as a secondary formation, Klein had a different view of the implications of Abraham's formulations regarding oral envy. She stated: "I would assume that Abraham's early death prevented his realizing the full implications of his own findings... As I am about to publish 'Envy and Gratitude', three decades after Abraham's death, it is a source of great satisfaction to me that my work has contributed to the growing recognition of the full significance of Abraham's discoveries." (Klein, 1957, p.

177) Whether Abraham would have reached Klein's conclusions regarding the central importance of envy for development, or would have remained Freudian in his view of envy as only a secondary formation is obviously impossible to tell. Joffe nevertheless considered Abraham's views as still within the Freudian tradition, while Klein in her theories, which she claimed realized the full implication of Abraham's findings, considered him as distinctly different.

#### Klein's Formulations of Envy

From the early days of her analytic work M. Klein placed considerable importance on the analysis of envy in her patients. She considered penis envy in girls a complex phenomenon, which is reinforced by two earlier sources: one is the girl's envy of her mother's body, which is felt to contain both babies and the father's penis; the second source of penis envy lies in the frustration of her desire to possess her father's penis in sexual intercourse. Klein considered envy as being important also in the boy; she emphasized his envy of his mother's body as containing the father's penis and babies, considering it an important factor in the boy's negative oedipus complex. However, only later in her life did she come to realize the full importance of envy in development, singling out envy "as one of the fundamental and most primitive emotions." (Segal, 1971, p. 144)

Klein's radical formulations on envy as they appear in her outstanding paper Envy and Gratitude (1957) placed penis envy as well as oedipal jealousy in a new light. In her paper both are regarded not as autonomous phenomena but rather as phenomena rooted in very early and primitive experiences of envy. Thus, excessive penis envy in the oedipal phase or later in life should be traced back to the infant's envy of the mother's breast. In addition, experiences of jealousy and greed frequently serve as defenses against envy, which is more central and also more conflictual than greed and jealousy. Indeed, Klein distinguished among envy, jealousy and greed. The difference between envy and jealousy has been previously discussed in this presentation. To briefly summarize Klein's views: she stated that envy is a dyadic phenomenon involving only the infant and the mother, while jealousy is based on envy but involves at least a third person; jealousy is mainly concerned with love which has been taken away by another person. Greed is more difficult to distinguish from envy. Klein stated:

"Greed is an impetuous and insatiable craving, exceeding what the subject needs and what the object is able and willing to give. At the unconscious level, greed aims primarily at completely scooping out, sucking dry, and devouring the breast: that is to say, its aim is destructive introjection; whereas envy not only seeks to rob in this way, but also to put badness, primarily bad excrements and bad parts of self, into the mother, and first of all into her breast, in order to spoil

and destroy her." (Klein, 1957, p. 181)

The above quote provides the clue to Klein's main contribution to the phenomenology and conceptualization of envy -the urge to spoil. She defined envy as follows: "Envy is the angry feeling that another person possesses and enjoys something desirable -the envious impulse being to take it away or spoil it." (p. 181) This definition identifies two main components of envy: the first component is the recognition that another person possesses something desirable that the subject lacks; the second component consists of an aggressive response to this recognition. Yet, while Joffe viewed this component as reactive aggression without a particular aim, and while Abraham suggested that the hostile aggressive feeling is associated with the impulse to deprive the object of his possessions, Klein added to the "angry feeling" and the impulse "to take it away" also the impulse to spoil. Spoiling the object does not only provide discharge for the aggressive wishes stirred up by envy, but it serves also as a defense against envy. That is, the spoiled object need not be envied anymore, and envy is then reduced or eliminated altogether. Segal (1964), asserting the central role of spoiling, stated: "Spoiling, which I described as an aim of envy, is partly a defense against it, since a spoiled object arouses no envy." (p. 45)

The spoiling component of envy is intricately linked to the various expressions of aggression in the early months of life. Thus, the infant may in fantasy spoil the envied breast at the paranoid-schizoid position; or he may spoil his mother as a whole person when he reaches the depressive position, through oral and anal sadistic means. He may carry spoiling attacks by means of spitting, urinating, and defecating, or by putting into the object bad parts of himself, primarily bad excrements.

Through Klein's discussion of the spoiling impulse inherent in envy, and its links to specific early manifestations of oral and anal sadistic impulses, our understanding of the aggressive aspect of envy has been significantly enhanced. Envy does not just involve a general aggressive response, or a general hostile feeling; the aggressive fantasy has a relatively well defined aim -that of spoiling the good possessions and qualities of the envied object. Hence, the aggression one observes as part of the envied phenomenon is not just a reaction to a painful and frustrating situation (as Joffe suggested -more on this later) but primarily a defensive operation aimed at reducing envy. However, Klein did not clearly adopt the position that the aggression accompanying envy has primarily a defensive aim. In fact it seems that Klein viewed the defensive outcome of the aggression (reducing

envy by spoiling the object) more as a byproduct of the oral and anal sadistic attacks, rather than as the primary goal of the attacks. In addition, envy appears in Klein's writings to be more a drive-linked phenomenon than a narcissistic phenomenon (see Joffe); thus she viewed envy as a feeling state arising from the context of sadistic drives, rather than as a painful state producing sadistic attacks. In this respect Klein stated: "I consider that envy is an oral-sadistic and anal-sadistic expression of destructive impulses." (p. 176)

In the same way as oral and anal aggression operate from the beginning of life, so envy operates from very early on. Klein viewed envy as an inborn feeling state, an innate motivating force in human functioning. Yet it should be emphasized that there is no evidence in her writings that envy was regarded as an instinct or "instinctual drive" as Joffe suggested. Envy was regarded as primary, fundamental, innate, and having a constitutional basis: but so are frustration, disappointment or blissful satisfaction. Although envy is, as stated, highly linked, and at times equated, with sadism and aggressive impulses, it is nonetheless not postulated by Klein as a prime instinct.

The first object of envy is the feeding breast which is perceived by the infant as possessing an unlimited

supply of milk which it basically keeps for its own gratification. This envy of the breast is termed by Klein "primary envy," as distinct from later expressions of envy in which the child envies the mother containing the father's penis, babies, etc. The attacks on the mother's breast can therefore be understood as stemming not only from destructive impulses per se but also from envious anger aimed at spoiling the envied object. A reality of a frustrating breast increases envy since the breast is experienced as retaining its good possessions for itself; yet a feeding breast gives rise to envy as well, since the breast is experienced as possessing a gift so unattainable. According to Klein attacks on the breast determined by envy are longer in duration and greater in intensity than attacks determined by other sources, such as the aggressive drive. This increase in the intensity and duration of attacks interferes with the ability to regain the capacity to experience the mother as a good object, and therefore hinders the ever so important developmental task of establishing an internal good object. The faster the attacks on the mother pass, the more able is the infant to regain a good object and enjoy its ministrations. Moreover, it is the enjoyment and gratitude to which the mother's ministrations give rise that mitigates destructive impulses and envy. Thus Klein postulated an inverse relationship

between envy and gratitude: the more envious is the baby, the stronger are his destructive impulses and persecutory anxiety, and the less is his ability to experience and express gratitude.

One of the important consequences of excessive envy is the early premature onset of guilt. The weak ego, still in the paranoid-schizoid position, is unable to deal with the guilt, and guilt is therefore experienced as persecution, with the object arousing the guilt turning into a persecutor. When the infant then reaches the depressive position carrying this load of premature guilt which he was unable to work through, persecutory anxiety and depressive anxiety become confused with each other, and the infant cannot work through either. Thus, premature guilt increases persecution and disintegration and adversely affects the infant's capacity to work through the depressive position.

Another possible consequence of excessive envy is the early and premature intensification of genital desires. That is, the infant still in the oral phase turns too early towards genital gratification. In normal development oedipal dynamics, both direct and inverted, enter the scene concurrently with the depressive position. Such phase appropriate oedipus complex in both boys and girls is influenced by envy directed toward the primal object. Klein stated: "In both male and female, envy plays a part in the

desire to take away the attributes of the other sex, as well as to possess or spoil those of the parent of the same sex. It follows that paranoid jealousy and rivalry in the direct and inverted oedipus situation are in both sexes, however divergent their development, based on excessive envy towards the primal object, the mother, or rather the breast." (p. 201) Jealousy which marks oedipal rivalries could be seen as a defense against envy: in a way the change from oral desires to genital desires reduces the mother's role as an oral giver, and hence reduces the need for envy since the object of envy is primarily oral. According to Klein jealousy is felt to be much more acceptable and gives rise to much less guilt than envy which basically destroys the first good object. Thus, if premature envy is so strong that it disturbs the early oral relationship with the mother, the oedipus complex may enter prematurely into this relationship. This creates confusion between oral and genital desires and anxieties, negatively affecting later sexual development.

Klein elevated the concept of envy to one of the fundamental determinants in the analytic situation. Primitive envy is revived in the transference situation and underlies the more classical oedipal transference transaction. It reverberates through the analytic process, having a powerful impact on its success. For example,

transferential envy of the analyst is often observed in the form of disparagement and criticism by the patient of a helpful interpretation. Progress and hope in analysis have to be thwarted by the patient out of envy. In fact, envy is considered by Klein as the most powerful determinant in what has been termed "the negative therapeutic reaction." Similar to Freud's conception of transference as both the most formidable obstacle to remembering, but also the indispensable vehicle for the achievement of insight and hence for the success of treatment, so did Klein view envy as a major obstacle in the patient's capacity to utilize what the analyst has to offer, but the analysis of envy and particularly of primary envy is also the main vehicle for progress in treatment.

Envy is regarded by Klein as a painful and anxiety laden experience. She attributed its painful nature to several factors: fear of retaliatory attacks by the envied object; guilt over harming a basically needed object; projection of envy into the object which is then experienced as angrily envious. A more extensive discussion of Klein's views regarding the nature of pain in envy is reserved for the following chapter.

As stated, Klein viewed envy as a source of much pain and anxiety. She enumerated several defensive maneuvers against envy:

a) Idealization.- Idealization of an object is a defense against destructive impulses and persecutory anxiety. The fact that excessive idealization is motivated by persecutory anxiety is easily discerned when the former idealized person is felt as a persecutor, as is often the case. Since envy involves both aggressive impulses and persecutory anxiety, idealization serves also as a defense against it. However, excessive idealization, which is both rigid and unstable, intensifies envy so that eventually envy is bound to be directed against the object, replacing idealization.

b) Confusion.- By becoming confused as to whether the object is good or bad, persecution as well as guilt over spoiling attacks originating in envy is to some extent counteracted.

c) Flight from the mother to other people.- In order to protect the mother from the hate emanating from envy, the infant turns in flight to other people, and primarily to the father (a process responsible for premature oedipal dynamics). The new object to which the infant turns may be idealized; yet envy and hostility will break through, and this mechanism is bound to fail. The flight to others, either in love or in hate, is used for the dispersal of emotions toward the primary object, so that the feelings toward the primary object whom the infant seeks to preserve

are to some extent ameliorated.

d) Devaluation of the object.- Devaluation of the envied object spoils the object, and thus is a defense against envy: the object that has been devalued and spoiled need not be envied anymore. As already mentioned, M. Klein viewed the impulse to spoil not only as a defense against envy, but as a factor inherent in envy, and as one of the most important factors defining it. If so, a curious contradiction arises from such a view of envy: if spoiling is both inherent in envy and is also a most effective defense against it, then envy would be a self-extinguishing phenomenon. Later I will attempt to demonstrate that spoiling and devaluation of the object are not the aim of envy and inherent in it as Klein suggested, but rather solely a defense against it.

e) Devaluation of the self.- Klein claimed that by devaluing one's own gifts one both denies envy and punishes oneself for it. One of the deepest roots of this defense is the guilt and unhappiness over one's inability to preserve a good object because of envy. This defense is linked with depression, which at times can be understood as a reaction to envy.

f) Greedily internalizing the breast.- The infant greedily internalizes the idealized and envied breast, and in its mind the breast becomes entirely its possession. The infant

then feels that all the good he has attributed to it is his own, hence envy is counteracted. However by powerful possessiveness the object is turned into a destroyed persecutor, and thus the consequences of envy are not sufficiently prevented.

g) Stirring up envy in others.- By exhibiting ones own success, possessions and good fortunes, one hopes to stir up envy in the envied object. This mechanism may initially succeed; however in the longer run it turns ineffective. Its ineffectiveness is derived from the persecutory anxiety to which it gives rise. In addition, the desire to make other people, potentially loved ones, envious gives rise to guilt and to fear of harming them. The anxiety stirred up by this maneuver impairs the enjoyment of ones own possessions, and again increases envy. It can be seen that the defense of stirring up envy in others is just a variant of the defense of spoiling. In this case the envied person is made to experience the torment of envy, not an enviable condition by any means.

h) Stifling of feelings of love and corresponding intensifying of hate.- The state resulting from this maneuver is less painful than bearing the guilt arising from the combination of love, hate and envy. Klein claimed that this state may not express itself as hate towards the object, but rather it may take the appearance of

inference.

### Joffe's Formulations of Envy

Based on the early contributions to the concept of envy (Freud, Abraham, Glover), and as a counter-formulation to Klein's views, Joffe presented his own. Joffe's (1969) formulations can be considered among the most eloquent and thoughtful from those publications devoted to the subject of envy which evolved out of the Freudian camp.

Joffe, who described various components of envy, and who indicated the context triggering its appearance and the developmental achievements needed for its occurrence, did not provide an explicit and concise definition of the concept. What emerges from his writings is that envy is a feeling state which is primarily based on possessive wishes: the wish to have something one feels one lacks, a feeling which is frequently accompanied by aggression and resentment towards the envied object, as well as admiration of it. Thus Joffe seems to identify three phenomenological components in the constellation of envy: possessive wishes, aggression, and admiration.

The "possessive" component is at the root of envy: envy "can be regarded as a painful affective indicator of object-related possessive wishes." (p. 541) According to Joffe, there is much evidence that the attribute or possession of another person that one covets, has in

principle no intrinsic value; its value may arise from instinctual wishes and conflicts, and from social norms and determinants (e.g. what is so desperately desired by one child may acquire its value from the mere fact that another child has it or desires it). Joffe claimed, I believe erroneously so, that M. Klein viewed envy as a primary instinct, a view he opposed: according to him envy is, as stated, rooted in possessive wishes, and thus envy itself is not a primary instinct. He thought of possessiveness as a complex social response which should never be reduced to an instinctual source alone. In support of his opposition to a view of envy as a primary instinct he quoted Susan Isaacs (Joffe, 1969), herself a Kleinian, who in 1935 stated: "To think of the motive of possession as a single irreducible instinct is thus to miss its most significant aspect, viz., its intimate relation with the motives of power, of rivalry, of guilt and of love. It is essentially a social response." Yet Joffe's arguments against viewing envy as an instinct are based on the notion that the essence of envy is a possessive wish, a notion which others (e.g. Abraham, Klein) opposed; therefore, one could claim that his arguing against it is irrelevant.

According to Joffe the possessive wishes associated with envy are triggered by painful states of frustration. Looked at from the vantage point of what Joffe termed "the

representational world," "envy can be considered as one of the responses to mental pain that occurs as a consequence of a discrepancy between the state of the actual representation of the self (as consciously or unconsciously perceived by the individual) and the ideal state of the self representation" (p. 542); the ideal self representation is attributed to an external object, which is then perceived as possessing something which the "actual self" feels it lacks and wants. From the vantage point of the ego, envy can be viewed as a reaction to painful feelings associated with the loss of self esteem and self respect, and arising primarily from drives, from superego, and from ego ideal dictates. In sum, Joffe regards envy as a response to painful feelings of self devaluation, badness, inadequacy, and a loss of self esteem, all stemming from experienced discrepancy between self and object, between self representation and ideal representation.

Since envy is regarded to be significantly related to factors associated with self esteem and its regulation, it is "inextricably linked with disturbances of narcissism." (Joffe, 1969) Joffe elaborated that in such disturbances there is a conscious or unconscious comparison between self and object, and the main element in the disturbance is a feeling of self devaluation. A propensity for self

devaluation, or narcissistic disturbance, may stem from disturbances in a variety of factors, such as the strength of the oral drive, the adequacy of the child's pain barrier, effective perceptual functioning of the ego (which is highly related to the capacity for self-object differentiation), and good-enough mothering (Winnicott, 1965). Disturbances in the above factors may negatively affect regulation of narcissism, and may lead to a number of phenomena, such as a turning of aggression against the self, heightened guilt with severe superego formations, and unrealistic infantile ideas. Furthermore, as is so often observed in narcissistic pathology, early narcissistic disturbances lead to over-reliance on external objects for maintaining self-esteem, and to a conscious or unconscious awareness of a massive fantasized disability. Individuals with such precarious and vulnerable self-esteem (i.e. a narcissistic disturbance) are prone to experience the painful discrepancies between self and object, which in turn result in exacerbated envy.

The experience of such discrepancy implies the capacity to differentiate between self and object. Such capacity is one of three pre-requisites for "envy proper" to be experienced; and Joffe stated that this "process of differentiation takes a substantial time to unfold and there is evidence that an enduring capacity to

differentiate between self and object, maintained irrespective of frustration or satisfaction, is not achieved until the second year of life." (p. 539) Joffe remarks that before such differentiation takes place and as the infant develops one notices the appearance of attitudes such as greediness, covetousness, avariciousness, and possessiveness, but these should not be mistaken with "envy proper." These attitudes "play their parts as concomitants of or as precursors to the establishment of envy proper." (p. 541) Envy also involves, as stated, the wish to possess ("I want"), but more specifically envy proper involves the capacity to fantasize a desired end-state that would occur if the wish were to be fulfilled; this capacity depends on the ability to distinguish between a fantasized wish fulfillment and a hallucinatory gratification, hence a degree of secondary process ego functioning is a second pre-requisite of envy proper. A third characteristic of envy, and a requirement for the phenomena of greediness, covetousness and possessiveness to be defined as envy proper, is that it should serve as a motivating force. Thus, envy proper is a complex object-related attitude that comes into existence gradually and emerges as such only after the ego has made substantial developmental gains. Though Joffe did not point to a specific time for its appearance in the child's development, it can be inferred

from his writings that for him envy proper first appears during the anal stage of psychosexual development. Joffe may regard oral envy as an envy precursor but not yet as envy proper.

The relation of envy to aggression is an important issue discussed by Joffe. As mentioned before he regarded aggression directed at the envied object as a frequent component in the constellation of envy. Joffe claimed that, in general, aggression may be rooted in one of two sources: it may be a manifestation of primary instinctual aggression, or it may be an expression of secondary aggression which is a reaction to some form of anxiety, pain or frustration. "Thus it is a frequent clinical observation that destructive tendencies, related in their associated aims and fantasy to all stages of development, are secondarily mobilized as the response to castration anxiety, frustration and narcissistic mortification more essentially related to sexual phallic-oedipal wishes." (p. 541) He thus believes that a major source of aggression stems from the phallic phase, and frequently what appears as oral or anal aggression is actually a regressive concealment of phallic aggression. Joffe regarded the aggression associated with envy not as a primary oral aggression but rather as secondary aggression, a defensive reaction to the frustration and narcissistic wound which

are the source of envy altogether.

In another observation he made regarding aggression and envy, an observation I consider highly significant, Joffe claimed that an aspect of the clinical picture of individuals prone to experience envy is an "excess of aggression being turned against the self,...and this in turn may lead to self-destructive and masochistic predispositions." (p. 540) This self directed aggression, which as stated before may be a consequence of early defects in the regulation of the child's narcissism, reinforces envious feelings. One may thus ask whether there is a relationship between the outwardly directed aggression which accompanies envy and the excess of inwardly directed aggression that Joffe observed to be a component of the broader clinical picture of the envious individual.

Finally on the subject of the relationship between envy and aggression; it should be remembered that while Joffe viewed envy as associated with aggression towards the object, he claimed this to be only one side of the coin. The other side is a positive one, usually involving a form of admiration. He thus concluded that envy is always a manifestation of an essentially ambivalent relationship.

Joffe also dwelt on different consequences of envy or different ways in which envy can be handled. He claimed that how an individual deals with envy could depend on the

individual's level of affect tolerance. Thus some people may "barely conceal their begrudging contemplations of the attainment of possessions of others. Others tolerate envy but go to great lengths to conceal their feelings" (p. 543); while others use envy as a "signal" for further constructive achievement. Thus, in this last case envy may lead to constructive growth and achievement, a consequence which would be more likely when envy is not associated with the need to destroy the envied object. Such envy can be seen as an expression that hope has not been lost; that is, "the individual does not become resigned to the painful discrepancy between the way in which he sees himself and the state he wants to reach... Further, the envious person's narcissism receives an increment from the fantasy of one day possessing that which he does not have." (p. 544) Yet if the envy response fails to promote achievement and development, a pathological reaction is set in motion, one of the most important aspects of which is depression.

As mentioned above, some individuals have a low level of tolerance for envy. In them, the experience of envy mobilizes mechanisms to defend against envy. Whereas Joffe did not elaborate on the kind of defenses used against envy, he clarified what he thought the object of these defenses is. He stated: "What must be remembered is that it is not primarily the envy that is defended against but the

causes responsible for it and its associated unconscious fantasies and conflicts." (p. 543) The above quote is consistent with Joffe's view that envy is a secondary formation, not painful in and of itself but rather a response, and only one among others, to a painful discrepancy between self and object. Later on I will explore the issue of the pain and anxiety associated with envy; I will then present my differences with Joffe's view as well, and will suggest that envy is a source of pain and anxiety in and of itself.

**CHAPTER FIVE:**

**THE NATURE OF ENVY:**

**AN ALTERNATIVE VIEW**

In the preceding chapter an overview of the current status of envy in the psychoanalytic literature was presented. In the introductory chapters I briefly proposed that projective identification may serve as a defense against envy. However, as presented above different conceptualizations of envy exist, and "Joffe's envy" and "Klein's envy" are not synonymous. Thus, prior to a discussion of my ideas regarding the relationship between envy and projective identification, ideas which are the central subject of this work, it is necessary to clarify my views on envy and on its nature.

In understanding the nature of envy, its relationship with the phenomenon of "aggression" must be discussed. There is general agreement among authors regarding the centrality of aggression in the phenomenology of envy, and it has been repeatedly noted that clinically aggression is always observed in what is defined as envious feelings. For example, Abraham's and Klein's clinical formulations of envy both include aggression as a defining component of envy, an aspect of their views with which I fully agree. However, agreement among authors ends here, and there exist widely divergent views regarding the theoretical and conceptual relationship between envy and aggression. Klein, for example, identified two components of envy: a realization of a disadvantage vis a vis the envied person,

and an aggressive experience which accompanies this realization and which Klein views as an integral part of it. She viewed these two components as inseparable, and conceived of the aggressive element in envy as a central and basic component of it, a notion which is based on her conceptualization of envy as a drive-linked phenomenon. Klein viewed this aggressive element also as a defense against envy, a view similar to Abraham's ideas on the subject.

As opposed to Klein, Joffe thought of the aggression in envy not as a basic or primary element of it, but as a reactive component: this aggression is, in his opinion, a reaction to the narcissistic disturbance involved in envy (in addition to being related to conflicts associated with sexual drives). He minimized the importance of aggression in envy, while placing instead possessive wishes at the center of his formulations on the subject.

I disagree with the centrality which Joffe attributed to possessive wishes, and with his minimizing the importance of the aggressive component in envy. Yet, I see Joffe's linkage of envy to a narcissistic disturbance as a significant contribution to the conceptual understanding of envy; while Klein conceived of envy as rooted in oral and anal-sadistic impulses, I see it as rooted in a disturbance of narcissism.

I see envy as the painful feeling inherent in the realization that another person possesses and enjoys something desirable which the subject feels he lacks. Like Joffe, I think of the mental pain felt as a consequence of the perceived discrepancy between self and object as the basis for envy. Such an experienced discrepancy is a severe narcissistic injury. I conceive of this injury as having its roots in the very early realization by the infant of his dependency on his mother, a realization that is felt as a blow to the omnipotent narcissistic state; but elaboration of this last point is beyond the scope of this paper.

A central aspect of my thesis, and one to be further elaborated, is that the mental pain inherent in envy necessitates the mobilization of certain defenses aimed at reducing such pain. While I agree with Joffe's notion of the resentment which accompanies envy, with Abraham's view of the wish to deprive, with Klein's view of the urge to spoil, I see these elements not just as a reaction or an accompaniment to the experience of painful disadvantage, but as defensive reactions aimed at reducing envy and its mental pain.

I see Klein's notion of the "urge to spoil" as a very significant contribution to the understanding of envy: the variety of aggressive and hostile manifestations attributed

to the envious person can be viewed as aimed at spoiling the envied object. But Klein conceived of the urge to spoil both as a defining component of envy and as a defense against it. Yet, as stated in the previous chapter, this conceptualization involves an internal contradiction: if the urge to spoil defines envy, and also defends against it, then envy would be a self-extinguishing phenomenon, which it is not. While I agree with Klein's views on the urge to spoil as a defense against envy, I disagree with her viewing it as defining envy. Although clinically this urge to spoil is so inextricably associated with the envious person that it appears to define envy, one should conceptually differentiate between the experience of envy and the defenses that aim at eliminating such experience due to the mental pain associated with the narcissistic injury inherent in it. These elements, i.e. narcissistic disequilibrium and mental pain, could be seen as defining envy, while the urge to spoil should be conceived of as a defense against these elements.

The aggression associated with envy, which always aims at spoiling the envied object, should therefore be considered as defensive. While Joffe also considered the aggression as reactive, he failed to see both its spoiling characterization and its defensive aim. The hostility of the envious person is not just a reaction to a frustrating

situation (Joffe) or an oral-sadistic and anal-sadistic expression of destructive impulses (Klein), but a defensive reaction aimed at reducing pain and unpleasure.

In sum, I agree with the view of aggression as a central factor in envy, and as Joffe does I conceive of it as reactive to envy; I agree with Joffe's notion of a narcissistic disturbance as basic to envy, and view the realization of a discrepancy between self and object as basic to envy; I agree with the clinical picture presented by Klein in which envy is associated with urges to spoil the envied object, yet I suggest that these aggressive urges are defensive. Thus I propose to define envy as follows: envy is the painful feeling inherent in the realization of a discrepancy between self and object, a realization triggering an aggressive reaction with a specific aim of spoiling the envied object and thereby reducing or eliminating that mental pain.

Regarding the mental pain involved in envy, there is a consensus among those who have written on the subject that envy is a highly painful experience. Schalin (1979) stated that "envy is like an invisible painful wound." Farber (1966) quoted Horace as stating in the first century that "Sicilian tyrants never invented a greater torment than envy;" and I already presented Klein's, Joffe's, Segal's and others views, who regard envy as tormenting, painful

and mortifying; these are also elements of the definition of envy included in the Oxford dictionary. In a discussion comparing the highly envious person with the person relatively free of envy Klein stated: "The person who can ungrudgingly enjoy other people's creative work and happiness is spared the torments of envy, grievance and persecution." (p. 203) In my view, the torture of envy, similarly to other experiences of unpleasure (Brenner, 1983), necessitates defenses against envy to be established. The characteristics of these defenses would depend to a large degree on the particular nature of the psychic pain produced by envy. What is thus the particular nature of the mental pain inherent in envy? What is the source of torment and persecution? Klein described several factors in envy which may give rise to such torment: first, the aggression directed towards the envied object may arouse the fear of a retaliatory attack. Second, on a deeper level the envied object is equated with the mother's breast, which is experienced as a life-giving and loved object; hence the aggression directed towards the object may arouse much guilt over harming a good object. Third, envy and its aggressive component may be projected onto the object which is then perceived as angrily envious, hence becoming a persecutor. In addition, the projected envy may be reintrojected in the form of an envious superego that is

felt to disturb or destroy any attempts at reparation and to attack the individual's creative capacity.

The above kinds of guilt and anxiety noted by Klein as evolving from envy are in fact experiences secondary to envy; they stem from envy somewhat indirectly, having their roots in fantasies and elaborations elicited by envy; they are not integral components of the experience of envy itself. Thus the question arises whether envy in itself (apart from its intrapsychic consequences) produces anxiety, anxiety which is different from the above described persecutory anxiety. In her concluding remarks regarding envy Klein referred to the "anxiety about envy and its consequences" (p. 230) perhaps suggesting that she recognized the existence of two sources of anxiety, one inherent in envy and the other stemming from it only secondarily, through its intrapsychic consequences; yet she never elaborated on the first.

In fact, Klein's emphasis on the aggressive aspect of envy, losing sight of its narcissistic element, led her to deal primarily with the painful intrapsychic consequences of envy (i.e. the fantasies triggered by the urge to spoil involved in envy) and not with the pain and anxiety inherent in the experience of envy itself. Joffe on the other hand emphasized the pain associated with the narcissistic injury in envy; yet, he did not elaborate on

the characteristics of this pain, relating to it only as a natural accompaniment of such a narcissistic injury. What is then the nature of the pain involved in the narcissistic disequilibrium which I suggested defines envy? What could be the nature of pain triggered by envy itself and inherent in it? I suggest that the realization of discrepancy between self and object which lies at the basis of envy elicits self-directed aggression, which arouses much anxiety over the destruction of good parts of self or over the annihilation of the self as a whole; this anxiety is, in my view, the primary source of the psychic pain inherent in the experience of envy.

Hanna Segal's references to the association between envy and the death instinct bears on my view of self-directed aggression being central in envy, and supports such a view. Although Klein did not explicitly connect envy and the death instinct, Segal, in her Introduction to the Work of Melanie Klein, made such a connection explicit. She stated: "Envy, though arising from primitive love and admiration, has a less strong libidinal component than greed and is suffused with the death instinct. As it attacks the source of life, it may be considered to be the earliest externalization of the death instinct." (Segal, 1964, p.40) Segal's assertion regarding the suffusion of envy with the death instinct implies that

envy involves elements of self directed aggression, which is the expression of the death instinct. I, too, view envy as suffused with self-directed aggression which is a derivation of the death instinct. I suggest that this self-directed aggression is triggered by the narcissistic disequilibrium which I claim defines envy.

According to Klein's formulations of the death instinct, the inwardly directed aggression triggered by it is experienced as fear of annihilation, therefore producing the most primitive anxiety felt by the infant. I thus conceive of the self-directed aggression involved in envy as associated with primitive forms of anxiety, i.e. fears of disintegration and of annihilation of the self. Hence, I suggest that this self-directed aggression is the cause for the pain and anxiety inherent in envy itself. I propose that the ego deals with the self-directed aggression involved in envy in a way similar to its handling of the death instinct as proposed by Klein (see Klein, Chapter Two): it strives to externalize the aggression, deflecting it towards an external object. Thus, the anxiety associated with the death instinct which suffuses envy is defended against by directing the aggression outward; Segal's view of the infant's attacks on its mother's breast as the earliest externalization of the death instinct can be understood as expressions of the deflection of the

aggression triggered by the earliest experiences of envy.

Viewing the self-directed aggression in envy as the source of primitive anxieties sheds a new light on the aggression observed in envy: this aggression can now be seen as being overdetermined, so that the aggressive attacks triggered by envy are defensive in at least two ways: not only do they defend against the experience of envy altogether by spoiling the envied object, they also serve as a way of deflecting the inwardly directed aggression which produces such intense anxiety and pain. Thus, the general and perhaps diffused aggression directed at the outside object is a deflection of aggression directed inward, but it also acquires the specific character of a defense against envy itself by being a spoiling aggression.

The above discussion may shed light on Klein's unelaborated view that the observed aggression in envy is instinctual in nature: the close association between envy, self-directed aggression and the death instinct is the missing link in her exposition and explains why she viewed the aggression in envy as "primary" and "instinctual," and why she regarded envy as a drive-linked phenomenon.

Another point I would like to address briefly relates to the phenomenon of aggression directed inward, or of one part of the self attacking another part or parts. Such

phenomena have been addressed by numerous authors. First of course was Freud in his theories regarding the punitive nature of the superego and in his theory regarding masochism. Klein's theories on the early precursors of the superego lead to the conclusion that self-directed hate and aggression begins very early in life. From a different angle, Bion illuminated these phenomena in his theory regarding the psychotic and non-psychotic personality; he postulated an early division of the personality into a psychotic and a non-psychotic part, where the psychotic part is characterized by violence, hatred and aggression, which are directed towards internal reality (or internal parts) and toward mental apparatuses which are in contact with hated external reality. Hence, both according to Bion and to Klein aggression directed by one part of the self towards another part is not only an indisputable phenomenon, as many others have suggested, but a very early one as well. Such self-directed aggression is, I have suggested, a central part of envy; and, like Klein and others, I also consider envy as a very early phenomenon rooted in the oral phase of development.

To recapitulate, I suggest a definition of envy as "the painful feeling inherent in the realization of a discrepancy between self and object, a realization triggering an aggressive reaction with a specific aim of

spoiling the envied object and thereby reducing or eliminating the mental pain." The pain involved in envy is rooted in two sources: first, the self-directed aggression which results from the narcissistic disequilibrium in envy triggers great anxiety over the harming of parts of self or the self as a whole; in addition, the aggressive fantasies and wishes elicited by envy and their anticipated consequences are a second source of anxiety and pain in envy.

Following the above discussion on the nature of the pain associated with envy, one can turn to an exploration of the nature of the defenses employed by the ego to defend against this pain.

CHAPTER SIX:

A RE-FORMULATION OF  
PROJECTIVE IDENTIFICATION

The present and final chapter will be divided into two major sections. The first one will be devoted to a presentation of a general re-formulation of projective identification. For the sake of clarity this first section will exclude references to or comparisons with other formulations of the concept. Such references will be dealt with in a second section, which will be devoted to a discussion of major elements in the current formulations of projective identification, and of the relationship between these and my re-formulation of the concept. This discussion will aim at placing my view of projective identification in the context of other existing formulations; and equally important, it will serve to elucidate and expand on several aspects of such a re-formulated concept of projective identification.

#### I. A Re-Formulation of Projective Identification - An Outline

The previous chapter dealt with my ideas on the phenomenon of envy, its roots, and the nature of the pain associated with it. I suggested that the pain inherent in envy necessitates the mobilization of defense mechanisms to protect against it. I now suggest that a major defense mechanism employed to defend against envy and its accompanying pain is projective identification. I propose

to view projective identification as an interpersonal phenomenon in which a person (the projector) expels parts of self into an object (the recipient) in order to reduce the pain associated with his envy of the object; insofar as the projector succeeds in engendering a transformation in the recipient's feelings or cognitions, he (the projector) is alleviated of the pain associated with his envious feelings. Thus, in my view projective identification should be regarded as an interpersonal process which aims at eliminating the conditions producing envy, hence serving as a defense against envy.

Projective identification can generally appear in two forms: a. Projective identification of bad parts, in which the projector aims at spoiling the envied object, thereby eliminating the need for envy. b. Projective identification of good parts, or rather idealized parts, in which the projector aims at controlling the envied object through an apparent idealization of it, also as a means of defending against envy. These two forms are manifested differently in the interpersonal field and I will discuss them separately, focusing primarily on projective identification of bad parts as this appears to be a more prevalent phenomenon.

Mr. K. repeatedly reported in therapy on painful feelings of envy he experienced towards colleagues at work, yet he persistently denied having any envious feelings

towards his therapist. At the same time, the therapist's interventions were constantly ignored or criticized: interpretations were agitatedly and angrily attacked for being too long, too short, premature or long overdue. In this context the therapist started feeling increasingly unsure of himself; he began doubting the timing of his interpretations, his ability to understand Mr. K, and his general competence as a clinician. Mr. K. was able at times however fleetingly to verbalize thoughts implying envy: he would then compare himself unfavorably to his therapist, regarding him as a "real man" and a "successful professional." Yet in his manner of responding to interpretations, he succeeded in evoking in the therapist painful feelings of self-doubt and incompetence. Interestingly, at those moments when the therapist felt incompetent Mr. K's anger and agitation would subside, and he would then appear calmer and more receptive to interpretations.

The above vignette illustrates the phenomenon of projective identification: Mr. K., who evidently experienced painful feelings of envy towards his therapist (feelings he was able to acknowledge only with regard to his colleagues, objects outside the therapeutic situation), employed the mechanism of projective identification to defend against the pain involved in envy. As discussed in

Chapter Five this pain is primarily a manifestation of aggression and hate directed inwards. In order to reduce this pain the self-directed aggression is deflected outwards, yet in a specific form: that of aggressive attacks which aim at spoiling the envied object. Thus Mr. K responded to his therapist's interpretations in an aggressive manner which spoiled the therapist's good feelings by transforming them into painful feelings of self-doubt and of incompetence. As such the therapist was hardly an enviable object, and consequently Mr. K.'s envious feelings were markedly diminished and his pain alleviated. Mr. K. then projected bad parts of self (e.g. his own feelings of incompetence and self-doubt) into the recipient (his therapist). Through his aggressive attacks on his therapist Mr. K. did not merely aim at externalizing bad parts of self and assigning them to an external object, as in projection proper (more on the difference between projection and projective identification later on); he aimed instead at actually installing those bad parts in his therapist in order to spoil the therapist's good feelings. By means of subtle and not overt criticism of the therapist's interpretations Mr. K. was actually able to pressure or induce the therapist into thinking and feeling in a manner congruent with his own expelled mental contents. When Mr. K.'s disowned mental contents were

actually experienced by the therapist, his envious feelings subsided, his need to aggressively defend against the pain triggered by envy diminished, and he indeed became calmer and less agitated.

The above vignette may serve as a springboard for an exploration of three aspects of projective identification which are central to its understanding:

a. "Projection" in projective identification. In projective identification the individual (the projector) expels bad parts of self into an object in order to spoil this object. Through this process bad and painful parts of self are gotten rid of; yet the main result and purpose of this kind of "projection" is the spoiling of the envied object. Thus in my view this aspect of projective identification which consists of the individual getting rid of threatening parts of self is different from the common defense of "projection;" and describing this aspect of the process as an expulsion of parts of self would be more accurate. The term projective identification could be seen then as misleading, since projection as is commonly understood is not a part of this mechanism. Yet the present work will not attempt to change such an entrenched label as projective identification. I will therefore continue to use through it the terms "projection" or "the projector" where another term, describing a process of expulsion of bad parts with

the specific aim of harming and spoiling, is justifiably called for.

b. "Identification" in projective identification. A second central aspect of projective identification is the recipient of the projection becoming "identified" as the bad or good part of the self, and being experienced thus as a part of the self. This view of the process highlights a specific aspect of the aggression which characterizes projective identification: not only is this aggression a manifestation of the wish to spoil the envied object, and not only is it a mere deflection of inwardly-directed aggression; but since the envied object is now identified with parts of self, the aggression directed towards it continues to have parts of self as its object, yet in a safer manner. Using Bion's model of container-contained; the contained towards which the hostility is expressed continues to be the same before and after the process; it is the container of the hated parts of self which changes: from the self as container to the envied object. In this way, the danger that the hostility directed towards these parts poses to the individual's self is diminished.

c. Self-object Differentiation. As stated above, the expulsion of parts of self into the envied object results in this object being identified with parts of self. This situation is characterized by a low level of

differentiation between self and object. The question arises whether this low level of differentiation is a consequence of or concomitant to the projective (or expulsive) process, or whether it is a pre-requisite for projective identification to take place. I would suggest that the relatively low level of differentiation between self and object in the interpersonal situation is a pre-requisite for projective identification to take place. Moreover, I do not refer only to an intrapsychic phenomenon of blurred boundaries between self and object representations, but rather to an interpersonal phenomenon in which a blurring of boundaries between two (or more) distinct objects occurs. For example, in the therapeutic situation leading to projective identification not only are the patient's ego boundaries somewhat blurred, but so are those of the therapist. The movement of mental contents from one object to another which is the essence of projective identification requires some permeability of boundaries in the two objects. Thus in Mr. K.'s case, his ability to actually transfer his painful mental contents and deposit them in his therapist indicates that some permeability of the therapist's ego boundaries as well as of Mr. K's ego boundaries enabled this process to take place. Indeed projective identification is a phenomenon not confined to a therapeutic setting in which the regressed

patient employs it; this process can be observed in any interpersonal relationship involving a certain degree of intimacy in which some blurring of boundaries between or among the members occurs. I will expand on this issue later on when I discuss projective identification as a defense mechanism of everyday life.

Although less prevalent in the literature, projective identification is considered at times to involve the transfer of good parts of self. This form of projective identification is manifested as idealization of the envied object. The subject expels idealized or grandiose parts of himself and deposits them in the envied object; the idealized object is then identified and experienced as the good and idealized parts of the projector, hence he needs not be envied as a separate object. Moreover, this form of idealization is highly controlling of the envied object: through it the object is experienced as "the creation" of the projector, and therefore the envy of it diminishes. What is unique about idealization triggered by projective identification is that the idealized object (the recipient) experiences the idealization as highly controlling and as precarious; that is, the idealized person feels that any "bad move" on his part may turn the idealization into devaluation and rage. The controlling nature of this apparent idealization reveals the aggression behind it.

The following vignette exemplifies the process of projective identification of idealized parts of self: Mr. D, a middle aged physician exhibiting manic symptoms with psychotic proportions, had been alternating in his sessions between marked idealization and aggressive devaluation of the therapist. Thus, during one session Mr. D. referred to his therapist as an excellent psychologist, and apparent idealization of him was expressed in Mr. D.'s urging him to go to medical school so he could utilize his special talents and become a physician like him. Mr. D. told him that he would "become a very successful Park Avenue psychiatrist, both an M.D. and a Ph.D." Since this patient was at other times overtly aggressive, being often highly threatening and verbally abusive, this period in the session in which the patient was calm, friendly and idealizing impacted the therapist's regular feelings of some apprehension and tension, which were transformed into feelings of self-confidence and self-worth; the therapist then actually believed that his working relationship with the patient was perhaps a testimony to his being an "excellent psychologist" as had been stated by Mr. D. The transformation in the therapist's feelings and experience of himself can be understood as resulting from idealized parts of Mr. D having been expelled and deposited in him. Yet the therapist felt that this state of calm idealization

was highly precarious, and that this could suddenly give way to attacking devaluation. Indeed, a request by the therapist for a clarification on a question asked by Mr. D. unleashed a barrage of criticism regarding both the therapist's competence ("you would never make a good psychoanalyst") as well as his general appearance ("you look sloppy and it's because of your hangups, you have many hangups"). Mr. D. appeared hostile and the therapist began worrying about his own safety; he began doubting the "wisdom" of his intervention (his request for a clarification), and wondering whether it constituted "a bad mistake." We can thus see how the idealization turned into spoiling aggression, or projective identification of bad parts. The entire sequence was determined by the intense envy that Mr. D. experienced toward his therapist not only in the above described session but throughout the treatment. The experience of envy triggered in this severely disturbed patient self-directed hate, which was felt as a threat to the cohesion of his self, and which necessitated a defensive operation. Mr. D. first employed projective identification of good parts, which quickly turned into projective identification of bad parts. In his use of these two forms of projective identification, Mr. D. attempted either through controlling idealization or spoiling aggression to transform the psychic reality of the

therapist in such a way (i.e. the therapist either feeling a captive of a highly precarious sense of self-satisfaction or feeling inadequate) as to make his therapist not enviable and thereby reducing Mr. D's painful envy.

In short, projective identification of bad parts and projective identification of good parts are counterparts of each other and are manifested as interpersonal phenomena that come to defend against envy through an actual transformation of the recipient's psychic reality.

## II. A Discussion of Major Aspects of Projective Identification

The present section will focus on a comparison between my above stated formulation of projective identification and other existing formulations of the concept. Such a discussion will not only position my formulations in the context of others and at the same time will point to the reasons for the existing unclarities in the concept; most importantly, this discussion will provide an opportunity to expand and sharpen my formulation of projective identification, as well as to discuss some of its implications in the clinical setting.

Projective identification has not been treated in the literature as a metapsychological construct loosely connected to observed clinical phenomena; on the contrary,

it has been dealt with as a concrete observable and central phenomenon in the analytic process. Beyond the divergent views on the nature of the phenomenon, there seems to be a common schematic view of it: projective identification has generally been referred to as a phenomenon in which mental contents are transferred from a subject (the projector) to an object (the recipient). Yet while M. Klein described the above as an intrapsychic process, others such as Bion, Rosenfeld and especially Ogden viewed it also as an interpersonal process. Bion and Rosenfeld recognized the possibility of the analyst being actually affected by the patient's projective identification; but only Ogden made the evocation of feelings in the recipient of the projection an integral and necessary component in the phenomenon of projective identification.

The divergence in the conceptualization of projective identification raises the question whether the different theoreticians might in fact have been observing different clinical phenomena, which would inevitably result in different and even contradictory formulations. This would explain, for example, why Klein, who emphasized the intrapsychic aspect of projective identification, seemed to fail to report or recognize what Ogden, Bion, Rosenfeld and others noticed: the recipient of the projection (usually the analyst) undergoes a transformation in his psychic

reality. Yet based on my reading of others' formulations and their illustrations of the concept, it is my impression that to a large extent authors (except Grotstein) referred to similar if not identical clinical occurrences, and nonetheless postulated divergent conceptualizations. I will therefore not claim to conceptualize in my presentation a newly identified phenomenon, but rather to re-formulate an already identified phenomenon, yet one that is marred by severe conceptual unclarities. My re-formulation will also assist, I believe, in more clearly identifying the phenomenon termed projective identification in the therapeutic situation as well as in everyday life. M. Klein assigned to the process the somewhat idiosyncratic term (Laplanche and Pontalis, 1967) of projective identification, a term which I have claimed is in itself a source of confusion and unclarity. This choice of a term, which by now is entrenched in the literature, makes it even more necessary to assign as clear as possible a meaning to it; such is one of the purposes of the present chapter.

With this in mind I now turn to a discussion of several aspects of others' formulations, comparing them to my own. My discussion will often focus on the differences between my formulations and M. Klein's. I would like to remark that despite these differences our views are more similar than divergent. Moreover, my understanding and

conceptualization of the concept are based on Klein's remarkable description of the intrapsychic processes involved in this highly complicated, confusing and unsettling phenomenon which she identified. I will nevertheless focus my discussion mainly on the differences between my views and Klein's, as well as others, rather than on the similarities, since such a focus will be more useful in elucidating the concept of projective identification.

#### Projection and Projective Identification

The use of the term projective identification has led to confusion regarding the meaning of "projection" in the term, and the relationship between this and the more traditional concept of projection as a defense mechanism. According to Klein, "projection" in projective identification means the expulsion of bad, unwanted parts of the ego and their omnipotent entry into the recipient's body in order to injure or control. Thus in this process parts of self are externalized not only in order to reduce inner anxiety, but also in order to harm the object of the projection. I agree with this view of "projection" in projective identification, yet in my view it is important to keep in mind that this central aspect of the projection is not characteristic of the defense mechanism generally referred to as projection; the specific aim of entering

into the recipient's body in order to injure or control makes this a very different mechanism indeed. As already stated in Chapter Two, Klein did not seem to concern herself with the apparent discrepancy in the meaning of the term projection in its more classical sense and the process she termed projection, especially as a component of projective identification. Grotstein carried Klein's unclarity to an extreme by claiming that there is no, or there should not be, a distinction between projection and projective identification. Ogden, who explicitly dealt with the distinction between these two concepts, asserted that projection is distinguished from projective identification; although he claimed that in principle both mechanisms aim at keeping bad parts apart from good parts, they differ in their phenomenology. According to him, projective identification enables the projector to feel at one with the projected parts, to feel that he has not lost contact with these, to feel kinship with the recipient; whereas projection results in a feeling of estrangement from the projected parts and from the recipient. Yet, even if Ogden's description of the phenomenological difference between projection and projective identification is valid, I suggest that there is also an important functional difference between the two processes.

On this subject, Novik and Kelly (1970) eloquently

highlighted the vast ambiguities in the current usage of the term projection. Beyond the various processes which according to them are subsumed under projection (e.g. generalization, externalization, projection proper) they postulate a common denominator: "the subjective allocation of inner phenomena to the outer world." (Novik and Kelly, 1970, p. 93) They proposed to distinguish between externalization of drive derivatives, and the externalization of an aspect of the self representation. According to them "projection" as a defense should be reserved only to the externalization of drive derivatives, and they propose the term "projection proper" for this process. They suggest that the term "externalization" should be used when referring to externalization of aspects of self-representations.

Although Novick and Kelly did not focus on the difference between these two processes and projective identification, their formulations are explicit and clear enough to serve as a useful springboard for such a task. Projective identification is indeed a very different process than projection or externalization: on the descriptive level, projection proper and externalization both are processes through which aspects of self are expelled and transferred "onto" an object; on the other hand, in projective identification aspects of self are

expelled and transferred "into" an object, and a transformation in the recipient is actually effected. In addition, nowhere in the descriptions that Novick and Kelly offer of the mechanisms of externalization and projection do they include fantasies of harming, injuring, or controlling the object onto which externalization or projection take place. These fantasies are clearly an important characteristic of projective identification. Moreover, I propose that the difference between projection and projective identification lies not only in the descriptive aspects of the processes (externalization of aspects of self onto an object in projection vs. such externalization into an object in projective identification); or in the phenomenological aspects of the processes as suggested by Ogden (a total feeling of estrangement from the expelled parts in projection vs. a continuing feeling of kinship or identification with the expelled parts in projective identification). I propose that the more basic differences between projection and projective identification lie in their function: in their specific aim, as well as in their way of achieving such aim. Whereas projection is a defense mechanism aimed at reducing anxiety triggered by the emergence of drive derivatives, and achieves this through the mere allocation of an inner phenomenon onto an outer object; projective

identification is an attempt at reducing internal pain triggered specifically by envy, and it achieves this aim by actually affecting the intrapsychic and mental reality of the external object, spoiling and/or controlling it as a means of eliminating the source of pain.

If the aim of projective identification was merely to get rid of painful and unwanted parts of self in general as is suggested by virtually all contributors to the concept, then the mechanisms of projection and externalization would suffice. Yet the phenomenon described by all as projective identification includes the need to harm the recipient of the projection. Clearly the fantasy or wish to harm or control the object is experientially and conceptually different from the fantasy or wish to get rid of dangerous impulses. The latter characterizes projection, the former is a different phenomenon. I suggested that this phenomenon, projective identification, is a mechanism defending against envy; this explains the harming and controlling fantasies which characterize it. The expulsion of parts of self which is an aspect of projective identification may be descriptively similar to a process of externalization or projection (Novick and Kelly, 1970); yet the fantasies behind the two mechanisms, their principal motivation, and their way of achieving their aim are different, and should not be confused.

### The Function of Projective Identification

Determining the function of projective identification or the motivation behind it has been a source of much confusion surrounding the concept. The existing confusion between projection and projective identification has contributed to the lack of clarity regarding the function of this process. Thus Klein suggested that projective identification is motivated, among other things, by the wish to get rid of unwanted parts of self. Bion described the same function as "ridding the ego of bad parts," while Rosenfeld referred to the same idea as "projective identification used for denial of psychic reality." Grotstein viewed it as projective identification being used to further the aim of splitting, by evacuating aspects of self into an object. What the above authors seemed to be describing is a process of projection proper or externalization, which I have already claimed is different from projective identification, yet is increasingly confused with it.

Other proposed functions of projective identification similarly confuse the issues involved. Thus, it has been suggested by Rosenfeld, Grotstein and Ogden that projective identification is a mode of communication. In their view the process of projective identification can be motivated by the wish to communicate with the mother in the case of

an infant, or with the therapist in the case of a patient. This process is generally considered a primitive and nonverbal mode of communication that is employed by a patient, and it usually indicates severe psychopathology. Novick and Kelly (1970) addressed themselves to the question of the wish to communicate as the motivator for a defense mechanism, but they did so with regard to projection. Their argument against viewing projection as a mode of communication applies to projective identification as well. They stated: "Understanding of the mental states of the infant or patient on the part of the mother or therapist need involve neither the child's intention to communicate nor the use of the mechanism of projection. Correct inferences can frequently be drawn from external impressions before the infant develops the capacity to communicate and despite the patient's intention to avoid communication." (p. 73) In my view the tendency to view the establishment of a defense mechanism as a form of communication is even stronger with regard to projective identification than to projection; this is probably due to the impact that projective identification has on the recipient -therapist. For example, a therapist who experiences rage towards his provocative patient may interpret the patient's behavior as a wish to make his therapist angry so that he understands how angry the

patient himself feels. Thus when the patient's behavior elicits feelings in the therapist, this behavior is often interpreted as a manifestation of the patient's wish to communicate something painful or unacceptable to the therapist by evoking identical feelings in him. Such an approach disregards the patient's resistance to communicate inner, conflicted and painful feelings, and confuses a motivation of a process with its by-product. Surely one can understand much about the patient's inner world through non-verbal expression, through distorted transference reactions, as well as from the feelings the patient evokes in his therapist; but there is no basis to assume a wish in the patient to communicate such an understanding to us. In projective identification painful and anxiety laden parts of self are projected into the object with the intent of defending against envy, and indeed when these parts of self are engendered in the therapist they can be used by him as a vehicle for understanding the patient. Yet this understanding is only a by-product of a defense mechanism, and is in no way the aim of the process itself.

Another proposed function of projective identification which can also be better understood as a by-product of it is viewing the process as a pathway for psychological growth. Ogden suggested that projective identification serves as a pathway for psychological growth by allowing

the projector to identify with the recipient's handling of the engendered feelings. The fact that the manner in which the therapist reacts to the feelings elicited in him in the therapeutic situation can be helpful to the patient's psychological growth is indisputable; however to regard such a by-product or possible consequence of projective identification as a function inherent in the process is not justified. Such thinking would be similar to regarding the purpose of transference as that of leading to psychological growth; yet the fact that the analyst is able to react neutrally to transference reactions and to use them as a main tool of his interpretative work, leading to the alleviation of symptoms or to psychological growth, does obviously not mean that the function of transference is to promote psychological growth. In fact, projective identification does have considerable potential to result in psychological growth; but it also has considerable potential to result in the opposite -in psychological stagnation or deterioration. Since projective identification of both bad and good parts is always determined by an aggressive aim (to spoil or control through idealization an envied object); or since it is, as Klein suggested, a prototype of aggressive object relations, one can expect retaliatory aggression or projective identification from the recipient of the

projection, a response that would be highly detrimental to the developing child, and anti-therapeutic to the patient in therapy. The feelings that projective identification may engender in the therapist may lead to unhelpful and destructive consequences when this therapist-recipient is unable to integrate the projected parts with reality-based self-representations, but uses denial, projective identification, or acts-out aggressively or sexually. Precisely because of the great potential of projective identification to elicit destructive responses in the recipient, when the recipient is able to respond to the projections in a helpful manner (see below) the process can, in my opinion, have a unique impact in leading to psychological growth in the projector. Indeed, the role of the mother's responses to the child's projective identification, as well as the therapist's responses to the patient's, are highly important in development; but so are the responses to the child's or patient's competitiveness, rebelliousness, oedipal strivings, etc., without considering these behaviors as motivated by a wish to grow or change. In short, there is no conceptual justification for regarding the psychological growth that may result from projective identification as the function of this mechanism.

The purpose of projective identification is also

sometimes described as that of "detoxifying" mental contents. This is a term used by Bion, who proposed the model of a relationship container-contained in order to understand projective identification. According to this model, the subject may project the threatening contained into the container in order to receive it back detoxified. I consider this model a very useful one in understanding some aspects of projective identification, and will say more on this later. But in my view it is also important to understand that although projective identification may result in a "detoxification" of the projected contents, this is no justification for viewing a wish to "detoxify" mental contents as triggering the process. This is another case of confusing a by-product of projective identification with a primary motivator of it.

A Specific Function of Projective Identification: Dealing with Envy

Of special interest to this chapter is Rosenfeld's proposition that one of the functions of projective identification is dealing with envy. He views this function as a central one and naturally one wonders whether his formulations are different from those presented here.

Rosenfeld's formulations of projective identification as a defense against envy indeed support my notion of an intimate interrelationship between projective

identification and envy. Yet, as I will attempt to show, his formulations are plagued with the same conceptual problems that led to the unclarities in the concept of projective identification. As described in Chapter Three (pp. 40-44) Rosenfeld regarded envy and its associated aggression as a major factor in the psychopathology of psychotic patients. He claimed that an experience of separateness from the analyst triggers much envy, and conversely that in a state of fusion between patient and analyst potential envious feelings are not manifested. According to Rosenfeld: in a state of separateness, which is the ripe field for envy, a valuable interpretation is a strong catalyst for the emergence of envious anger; this anger takes the form of attempts at destroying the analyst's interpretations by ridiculing and making them meaningless. At that point the patient experiences his violent envy as "insane," "illogical" and "unacceptable," and defenses against envy are established, mainly projective identification. Rosenfeld postulated three ways in which projective identification deals with envy: a. By projecting the envious parts of the self into an external object. b. By entering in fantasy into the envied object, and in this way actually becoming the envied object. c. By eliminating the state of separateness, which is a stimulus for envy, through fusion between self and object (creating

"narcissistic object relations"), which is a consequence of projective identification. In addition, Rosenfeld identified a phenomenon which he termed "parasitical object relations": this parasitic state, also achieved through projective identification, serves as a defense against envy, while at the same time it also acts-out the aggression inherent in it. It is thus rather clear that Rosenfeld considered envy and projective identification as highly related phenomena, appearing in tandem in psychotic patients. Yet Rosenfeld's formulation of how projective identification defends against or deals with envy raises questions which we are now in a better position to address. When Rosenfeld discussed the unacceptable nature of envy he seemed to refer to something inherent in envy itself; I on the other hand regard the unacceptability of envy (as Rosenfeld disusses it) as secondary to envy and not inherent in it. In addition, he regarded the aggression manifested in envy as an integral part of envy, while I regard it as a defense against aggression directed inward. Rosenfeld viewed projective identification as the possible vehicle for expressing some of the aggression bounded up with envy, but I suggest that projective identification does not merely express the aggression inherent in envy: it specifically carries out spoiling attacks on the envied object, thereby defending against envy. Rosenfeld's most

original idea regarding this subject is viewing projective identification as a process resulting in the fusion between self and object, and consequently reducing envy. Yet I differ from him also on this point: as I have stated earlier, projective identification does not result in fusion, or low level of differentiation between self and object; instead, such a low level of differentiation is a pre-requisite for projective identification to take place.

In one of Rosenfeld's discussions of the process by which projective identification defends against envy he described the following sequence: a state of separateness between patient and therapist, interpretations which trigger envy, angry ridiculing of the therapist, a need to defend against envy, projective identification resulting in fusion, envy eliminated; but while descriptively he did include in the process the angry ridiculing of the therapist, in his theoretical formulation he did not deal with these angry attacks, or with what he depicted as the therapist's experience in his countertransference "that he is meant to feel no good." He did not relate these issues conceptually to the process of projective identification, and did not recognize that there might be a connection between the analyst feeling "no good" in the "countertransference", and elimination of the experience of

envy in the patient. I suggested that what connects both events, and in fact explains them and leads to them, is a successful process of projective identification. Under such circumstances the wish to spoil the envied object is actually achieved, which results in a reduction in envious feelings. What Rosenfeld suggested as the patient's guilt over "insane and illogical" attacks on a potentially good object is in my view secondary, or a consequence of envy, and defenses other than projective identification may be employed to defend against these feelings (more on this later). In short, Rosenfeld's formulations of projective identification as a defense against envy are plagued with conceptual unclarities, yet at the same time they provide support to my view of an intimate interrelationship between projective identification and envy.

In M. Klein's writings a vague connection between envy and the defensive nature of projective identification is found, a connection which is very much in line with my own. Since spoiling is, according to Klein, both the aim of and the defense against envy, it is highly related to the damaging and injuring pursued through projective identification. Indeed, Klein suggested such a connection, while describing envy as seeking to put badness, primarily bad excrements and bad parts of self, into the mother in order to spoil and destroy her. She stated: "This process,

which derives from urethral- and anal-sadistic impulses, I have elsewhere defined as a destructive aspect of projective identification." (Klein, 1957, p. 181) In a footnote to her article On Identification she stated: "The heightened greed and denial which characterize manic defenses against depression are together with envy, also an important factor in projective identification." (Klein, 1955, p. 154) Clearly one possible connection between projective identification and envy is that projective identification is the mechanism carrying out the spoiling aspect of envy. However, Klein failed to make explicit what should naturally evolve from her formulations: that if spoiling is a defense against envy, then projective identification, as a mechanism responsible for injuring and damaging, should be regarded as a defense against envy. Moreover, such a view would have enabled us to understand what has remained utterly obscured: the functional connection between the projection of bad and of good parts of self.

#### The Relationship Between Projective Identification of Bad Parts and of Good Parts of Self

Existing formulations of projective identification, especially those of Klein and Bion, who emphasized the projection of bad parts, do not contain any attempt to conceptually relate the projection of good and bad parts;

these are referred to as two distinct processes involving the projection of parts of self into rather than onto an object, and therefore subsumed under the term projective identification, yet with no common aim or motivation.

Bion's distinction between a model and a theory (see Bion's Contributions) will be useful for our discussion of the issues involved. A model, according to Bion, is a schematic description which does not intend to explain a phenomenon, only to describe its parameters. He seemed to regard projective identification as a model, and as such this concept is only descriptive and involves no explanations as to the causes or motivations behind it. Viewing projective identification as a model results in the possibility of different theories or formulations being applied to explain the same process. In this case, one may feel free to assign different motivations to two aspects of the same process: projective identification of good parts and that of bad parts.

Moreover, Bion suggested the model container-contained to describe important aspects of projective identification. This model describes the transfer of psychic elements from one person to another. The nature of the contained in this model could at times be good parts and at times bad parts. Since Bion appeared in his writings to make use of the notion of a model to describe the process, he need not

concern himself with the question of different unrelated functions or motivations explaining two aspects of the same mechanism.

The projective identification of good parts is generally seen by Klein, Bion and others as motivated by the wish to protect good parts by putting them for safekeeping in an external object. Underlying this formulation is the assumption that good parts of self may be threatened by bad parts of self. Through the process of projective identification those good parts are installed in a protective object, who becomes idealized. Whereas clinical vignettes attempting to illustrate projective identification of bad parts are ample in the literature, there are very few which illustrate projective identification of good parts. In my opinion, this is due primarily to the fact that the nature of the idealization involved in projective identification (a controlling and aggressive idealization, I will suggest) had never been clearly delineated; hence it was difficult for the clinician to identify this phenomenon in the clinical setting.

However, considering projective identification of good parts also as a defense against envy provides the framework for understanding the process identified by various authors as "safekeeping," the connection of this form of projective

identification to idealization, and the way in which it may be experienced by the recipient of the projection, and hence identified more easily in the therapeutic situation. More importantly, such formulation provides the basis for understanding the relationship between projective identification of good parts and of bad parts of self.

As postulated earlier, the recognition or realization of being at a disadvantage vis a vis another object may arouse envy, which is inherently associated with self-directed aggression. That is, parts of self (e.g. a punitive superego, a persecutory introject, or the psychotic part of the personality {Bion, 1957}) may engage in vicious attacks on other parts of the self, a process that may arouse intense anxiety over the potential for the destruction of what is good inside or for the actual annihilation of the self. Idealized parts are then expelled and instilled in the envied object in a highly controlling way. The idealized object is experienced as the idealized part of the self; and in addition, its idealized status is experienced as being under the projector's control. Consequently, envy of the object is diminished. As a result of the reduction of envy there is a lessening in the intensity of the attacks on internal good parts. Hence, it is not that good parts were projected for safekeeping; rather, projective identification reduced or eliminated the

need for attacks on good parts, thereby diminishing the threat to them, a process that may appear as if good parts were instilled in another person for safekeeping. In fact, both projective identification of idealized parts and of bad parts are motivated by the urgent need to protect the good parts of self or the self as a whole from aggressive attacks triggered by the arousal of envy. In the attempts to transform and control the psychic reality of the envied object through idealization one discerns the underlying aggression. This aggression is also part of projective identification of good parts; yet in this process it is more subtly expressed. Ostensibly one observes idealization; however, the therapist's experience of this form of idealization as highly precarious and controlling, as illustrated before with Mr. D., is testimony to the aggressive nature of the idealization.

While there is certainly more than one reason for idealization to occur, idealization determined by projective identification has a specific impact on the recipient: rather than a sustained sense of self-worth, the idealized therapist may feel that his good feelings are highly precarious; he may feel a captive of his patient's idealization, sensing that this idealization is limited by its dependence on the patient's projective identifications. This idealization may oftentimes be experienced as

depending on the therapist's "ability" not to destabilize a sense of equilibrium, or not to create a break in empathy (Kohut, 1971). Such a break in empathy may produce rageful attacks on the therapist, which can actually be understood as projective identification of bad parts; these attacks are triggered by the same envious feelings that were previously defended by controlling idealization. Thus, although descriptively and in terms of the recipient's experience this kind of idealization and the aggressive attacks it often gives way to are seen as very different phenomena, in fact both are manifestations of projective identification, and both are ways of dealing with the same underlying phenomenon: envy.

#### The Recipient's Response to Projective Identification

As stated above, projective identification has the potential for leading either to psychological stagnation, or to growth and development. It is generally agreed, especially among those who consider projective identification an interpersonal phenomenon, that the way in which the recipient of the projection deals with the projected mental contents is central in determining the outcome of the process, and is highly significant to the psychological development of the child, as well as to the progress of a patient in therapy. The major and most original contributor to the understanding of this aspect of

projective identification was Bion, with his formulation of the relationship container-contained (see Bion's Contributions in Chapter Three). Briefly, Bion postulated a model of an interpersonal process based on projective identification in which a person projects a part of self (the contained) into an object (the container). Whether projective identification is "developmental" or "non-developmental" will depend on several factors, some related to the subject and others to the container. Generally, according to Bion, if projective identification is triggered by envy the union container-contained will suffer spoiling attacks, which will tend to create bizarre objects: such a result hinders the development of thought and the establishment of good internal objects. On the other hand, if the subject projects the contained into the container to receive it back detoxified (projects beta-elements in order to receive back alpha-elements), projective identification will further the development of thought, and psychological growth in general. Thus according to Bion the container's way of responding to the contained is central in determining the outcome of projective identification.

Bion stressed the mother's need to be open to the projected parts, to accept her role as container and to respond to the child's unpleasant feelings, in order for

the contained to be detoxified. In this respect Bion suggested an interesting meaning to the concept of auxiliary ego: he viewed the mother's task as her infant's container which transforms for him beta-elements into alpha-elements as one of her functions as an auxiliary ego, since this is something which the infant's ego, with its low tolerance for frustration, could not do.

Bion does not conceive of the mother's (or container in general) responses to projective identification as an integral part of the process itself, but refers to it only as a response to the process. Ogden, on the other hand, made the container's processing of the contained a defining component of projective identification (the "third phase"): in this third phase of projective identification the recipient (or container) processes the psychic parts instilled in it, doing so within the context of its own personality structure.

Ogden, like Bion, viewed two possible outcomes of projective identification: a destructive one, and one leading to psychological growth. Yet while Bion emphasized the motivation behind projective identification (e.g. envy vs. the wish to detoxify psychic elements) as a central factor determining the outcome, Ogden emphasized the recipient's way of handling the projections. According to Ogden, the recipient (e.g. the therapist or the mother) can

respond to these projections in one of two ways: the container may manage the induced feelings by understanding and integrating them with more reality-based self-representations. Such a response is constructive for the patient or infant who then internalizes the way the recipient managed the induced feelings. On the other hand a recipient who is unable to manage the induced feelings may resort to projection, denial, projective identification and other forms of defense to deal with the projected material. The projector then, according to Ogden, will be confirmed in his fantasy that the projected parts were indeed dangerous and unbearable.

In my view, important conceptual issues remain unclear in Bion's notion of "detoxification" and in Ogden's notion of a "third phase" in which the container processes the contained. Mainly, the actual process through which projected mental contents are received back detoxified, i.e. in a more tolerable form, has not been clearly formulated. One of Ogden's most specific statements on the nature of this process states that "this digested projection is available through the recipient's interaction with the projector for internalization by the projector... this internalization (actually a reinternalization)... offers the projector the potential for attaining new ways of handling feelings that he formerly wished to disavow."

(Ogden, 1982, p. 18) This statement can be understood in two different ways: first, Ogden might have been referring to the reinternalization of processed mental contents as explaining the detoxification of the projected material. In his talking about a process of "reinternalization" rather than "internalization," he might have meant that what had been projected in the process of projective identification is "placed" back where it belongs. Yet, at the same time he implied that the reinternalized part of self is different from that which was previously projected: that projected part has been processed and digested by the recipient. Second, Ogden's emphasis on the subject "attaining new ways of handling feelings" suggests a different interpretation of the above statement: Ogden might have meant not that the projector internalizes the projected parts, but rather that he internalizes new ways of handling the unacceptable parts of self, i.e. the ways of handling these exhibited by the recipient. That is, the recipient's integration of the painful projected parts with other parts of his psychic structure without the need to expel these engendered parts the way the projector had done presents a new and more adaptive way of handling unacceptable parts, a way available to the projector to adopt through internalization of and identification with the recipient. Thus, it is not clear from Ogden's or Bion's formulations whether

projective identification leads to change through the projector's reinternalization of previously projected parts, or through his internalization of modes of psychic functioning exhibited by the recipient (a mode of "living with" and integrating painful parts). Klein in her formulation contributed to the unclarity since she too referred interchangeably to a process of introjection or to a process of re-introjection associated with projective identification.

The above discussion of the unclarity involved in Bion's and Ogden's formulations of the recipient's way of handling the projected material was necessarily brief, since the concepts of internalization and reinternalization are highly complex and beyond the scope of this presentation. I nevertheless engaged in such a discussion since I consider the recipient's potential for transforming the projected material into more tolerable psychic contents a very important aspect of projective identification (this in spite of my opposition to viewing it as the purpose of projective identification, as I stated above). I support Ogden's notion that the mother's or therapist's role as recipients dealing with the material projected into them by the infant or patient is central to whether the outcome of projective identification will be a positive or a destructive one. Yet, I suggest that the terms "owning" and

"reowning" can be used to understand part of the process. When psychic contents are well integrated into the rest of an individual's psychic reality, one can view this state as the individual fully "owning" such contents. When psychic contents become threatening, as in states of narcissistic disequilibrium such as those associated with envy, the threatening contents are dealt with through projective identification: I have suggested that this involves the expulsion of mental contents into another object with the aim of spoiling and/or controlling it. It may be useful to view this expulsion as a process of disowning threatening mental contents. For example, in Mr. D.'s attempts to defend against his envy of the therapist by engendering in the therapist feelings of self-doubt, he was concurrently disowning his own feelings of painful self-doubt. I suggest that if the therapist is able to process the engendered feelings in an adequate way (similarly to what Ogden described) then the condition is set for the patient to be able to "reown" the part of himself that he felt needed to be expelled via projective identification. The reowning of self-doubt (a process that Klein and Ogden may refer to as reinternalization and Bion as projected parts of self being received back detoxified) and its integration with other parts of the personality lead to further integration of the ego (or the self) and can be seen as psychological growth.

Thus, what in fantasy had been expelled or disowned and deposited in a recipient, may later be reowned and integrated. This process of "reowning" can be aided by interpretations being made by the therapist.

The reowned part of self does not return to its previous position in the psychic structure, the position of a part unintegrated with reality-based self-representations and constantly ready to be expelled (corresponding to what Bion defined as beta-elements); instead, the nature of the reowned part changes so it can be integrated. In this case we can view the reowned part as being detoxified or becoming an alpha-element in Bionian terms.

The process of reowning disowned parts corresponds to the cessation of the process of projective identification. That is, I agree with viewing the reinternalization (or reowning) of the projected parts as related to projective identification, but I suggest that this process is actually the final step of this mechanism. I have claimed that the spoiling attacks or a controlling idealization of the object of envy which characterize projective identification lead to an actual transformation of the recipient's psychic reality. I now add that the process of the projector acknowledging and reowning the projected parts leads to a new transformation in the psychic reality of the therapist: his spoiled feelings or his controllable idealization are

markedly diminished.

Projective Identification and Countertransference

Throughout this chapter it has been repeated how feelings and thoughts are generated in the recipient-therapist as part of projective identification. Bion as well as Ogden naturally devoted discussions in their writings to the relationship between projective identification and countertransference. They both claimed that the therapist's emotional reactions in the therapeutic setting, which are considered at times as countertransference per se (e.g. stemming from the therapist's own conflicts), may actually be the result of projective identification. Thus the therapist's feelings should not necessarily be regarded as something to overcome, but rather as a useful tool for the understanding of the internal world of the patient. Indeed, Bion asserted that the analysis of projective identification which involves the analyst's use of his own emotional reactions is the most important technical tool in psychoanalysis, and especially so with the psychotic range of psychopathology.

I fully agree that intense emotions triggered in the analyst and not resulting from his own conflicts are often a result of projective identification; but I would like to emphasize that there are many other possibilities one should consider. For example, a therapist felt some disgust

whenever his patient, Mr. C, picked his nose demonstratively and then attempted to touch his therapist's hands. These feelings of disgust might be understood by some as resulting from countertransference proper, i.e. from the therapist's own conflicts; the disgust may be a manifestation of projective identification employed by the patient; or it may be explained by other dynamics, such as a need in Mr. C. to reproduce an experience of rejection by a significant other. I propose that the therapist's experience is central in understanding the process and determining the source of his disgust. Thus, if the therapist's feelings of disgust are accompanied by painful feelings associated with lowering of self-esteem, it may be an indication that the therapist was on the receiving end of projective identification, and that envy or one of its derivatives was central in the underlying dynamics of the patient's behavior.

Indeed, in my view the formulation of projective identification presented in this chapter increases our ability to distinguish between instances of projective identification, countertransference proper and other dynamic processes as the sources of emotional reactions evoked in the therapist. This formulation also helps sharpen our understanding of the patient's dynamics: it opposes viewing painful emotions evoked in the therapist as

rooted in the patient's wish to communicate, or in his wish to detoxify mental contents. Instead, these painful emotions are often a testimony to spoiling aggression directed by an envious patient.

#### Anxieties Produced by Projective Identification

When a patient uses projective identification an interpretation to this effect by the therapist may be used constructively by the patient, but often, and especially with severely disturbed patients, it may increase aggression towards the therapist. Rosenfeld discussed this phenomenon as related to the patient's fear of projective identification used as retaliation by the therapist. Thus, interpretations may be experienced as an attempt by the therapist "to stuff" the patient back, e.g. to force back into him the threatening expelled contents. To understand why interpretations can lead to such different outcomes, i.e. either be experienced as helpful and be used constructively, or be experienced as threatening and increase aggression, we have to focus on the kinds of anxieties that develop over the consequences of projective identification.

I suggest that two general kinds of anxieties may be triggered within the projector over the use of projective identification: persecutory anxiety and depressive anxiety. When envy, as well as the aggression directed inward, are

very intense, projective identification is usually highly aggressive. Anxiety is then developed over the spoiled object becoming a terrifying persecutor. This may create a vicious cycle in which projective identification is used more aggressively and extensively in order to eliminate envy (the source of the entire process) altogether.

When envy is less intense, the use of projective identification evokes anxiety not so much over the recipient retaliating, but over the harming of a needed, albeit envied, object, so that depressive anxiety is set in motion. Actually, in more well-integrated persons envy, and the self-directed aggression, are less intense, and consequently the fear of self-annihilation is less powerful as well. In such cases the experience of envy and its associated aggressive fantasies (even without an actual use of projective identification) may trigger anxiety over harming a good and needed object. The envious person may then use defenses other than projective identification to defend against the pain inherent in envy and the secondary pain marked by guilt. Indeed, the more disturbed a person, the more extensive is his use of projective identification. Thus, is projective identification a maneuver used only in severe psychopathology? This question leads me to the last section in this chapter, a section discussing projective identification as a mechanism of everyday life.

Projective Identification as a Defense Mechanism of Everyday Life

Projective identification has often been regarded as a primitive defense mechanism characteristic of severe psychopathology. I disagree with such a constricted view, and suggest that this process is observed frequently in a variety of interpersonal settings, and should in fact be regarded as a mechanism of everyday life.

M. Klein, placed projective identification amongst the earliest mechanisms exhibited by the infant, a mechanism manifested in the paranoid-schizoid position. Her writings on the subject suggest, although not very explicitly, that projective identification is a primitive mechanism observed primarily in a severely disturbed population.

Rosenfeld also clearly associated projective identification with severe disorders. He discussed the psychotics' use of projective identification as a mode of communication, and the use of projective identification as a defense against envy in psychotics in whom envy plays a major role in their psychopathology.

Bion too referred to projective identification, and especially to the more pathological form of projective identification as associated with severe psychopathology. He thus claimed that projective identification is exhibited by patients whose psychotic part of the personality, rather

than the non-psychotic part, is dominant. Yet, he also viewed projective identification as a central process in the dynamics of a group. In this case projective identification was not associated with psychopathology, but rather with group regression which leads to the experience of anxieties and the usage of mechanisms characteristic of the paranoid-schizoid position. Hence, according to Bion projective identification can be viewed not just as a primitive mechanism which remains active only with severely disturbed personalities, but a primitive mechanism that can be evoked for usage under regressive conditions (such as in a group), and in any population.

Similarly Ogden, who also referred to projective identification as a primitive mechanism, claimed that the regression activated by the therapeutic setting provides the condition for primitive modes of relatedness such as projective identification to operate. Though he stressed that under the regression inherent in therapy projective identification is exhibited by all patients, psychotic as well as neurotic, he still considered the mechanism as constituting a primitive form of interpersonal relationship that is mainly associated with severe psychopathology. Thus, according to Ogden projective identification is a mode of relatedness that recedes into the background as one matures, and is enacted under regressive conditions,

especially by patients operating on a more primitive level.

I suggest that projective identification is not elicited by regression, but rather that regression is the ripe ground in which projective identification might be elicited. That is, regression merely provides the condition for projective identification to take place. The blurring of the boundaries between objects in a regressive situation (e.g. between patient and therapist in the regressive therapeutic situation) facilitates the transfer of mental contents from a projector to a recipient.

I have suggested that projective identification is a defense against envy; I have also suggested that envy is an everyday phenomenon, all-pervasive, underlying a variety of experiences. I therefore now claim that projective identification should be regarded as a defense mechanism not confined to the "sick," but rather as one employed by all in everyday life. Addressing this issue Horwitz (1983), while describing projective identification in dyads and in groups stated:

"Even though the concept evolved in the context of studying primitive psychological processes, it is also useful in understanding certain kinds of higher-level functioning. Indeed, projective identification is a prevalent aspect of the psychopathology of everyday life, particularly in regard to intimate relationships like marital and family transactions and interactions among close friends. In those situations a permeability of ego boundaries occurs, and the conditions are ripe for well-integrated persons to transfer a whole range of mental contents, be they primitive or mature and

well-differentiated." (Horwitz, 1983, p. 266)

Although Horwitz' conceptualization of projective identification doesn't differ in any significant way from those discussed before, his application of the process to everyday life is an important contribution, and is a contention with which I fully agree. An important aspect of Horwitz's statement is his assertion regarding a permeability of ego boundaries occurring in intimate relationships. I agree with his suggestion that emotional involvement between two (or more) people triggers a regressive phenomenon in which the boundaries between the people become somewhat blurred. I would like to emphasize that not only an individual's ego boundaries are weakened under such conditions, but the boundaries between the involved persons become more permeable; this is not only an intrapsychic phenomenon, it is an interpersonal one. Such permeability of boundaries, which corresponds to what I discussed before as the low level of differentiation between self and object, serves as the ripe condition for projective identification to occur. It is, as I have suggested, a pre-requisite for projective identification to take place, and not a consequence of it. Any interpersonal setting, a dyadic relationship, a group or a family setting, elicits regressive forces which result in increased permeability of ego boundaries. I suggest that

these regressive forces also exacerbate and heighten envious feelings, often intense and primitive ones. These two conditions so common in interpersonal relationships, e.g. the regressive pull and the triggering of envy, set the stage for the employment of projective identification in everyday life.

If we reflect non-defensively on our own dyadic or group relationships we may realize how often out of envious or competitive feelings we use subtle or less subtle maneuvers to make the other "feel bad" or spoil their good feelings, while at other times we may feel the wrath of our dyadic partner's projective identification. The following vignette exemplifies the typical use of projective identification in situations which do not necessarily involve severe psychopathology: Dr. S., a young psychologist serving as a supervisor of psychology interns on an inpatient ward, had a highly competitive relationship with his supervisee, Ms. A. Following a successful presentation by Ms. A. of one of her patients in an important case conference, Dr. S. praised her on the good quality of her presentation and on the progress her patient had made, comments which elicited pride and satisfaction in Ms. A. However, Dr. S. proceeded to add that "the ward as a whole had done great work with the patient," a statement which Ms. A. felt implied that she should not take much

credit for the patient's progress, and which thus somewhat spoiled Ms. A.'s good feelings. Dr. S. had been concerned throughout the supervisory experience about his competence as a beginning supervisor; when confronted with the need to recognize Ms. A.'s successful work as a clinician, intense envy with concomitant self-devaluation were elicited: the aggression triggered in Dr. S. was expressed in his short comment, which was indeed experienced by Ms. A. as a hostile attack; his comment also served to spoil the object of envy. His short comment was the only overt manifestation of his use of projective identification: through this mechanism Dr. S. got rid of his own sense of incompetence, transferring it into Ms. A. The process resulted in an actual transformation in Ms. A.'s psychic contents, since she ended up doubting her own competence. Thus, through a subtle use of projective identification Dr. S.' envy and its accompanying pain subsided.

Examples of such subtle use of projective identification are ample in our professional lives as well as in our intimate relationships. In fact, the patient-therapist relationship is only one special setting in which projective identification takes place. Moreover, not only is projective identification not characteristic of psychotics solely, and can be used by all patients; it is important to keep in mind that, as can be seen in the above

example, this mechanism can be employed by the therapist and supervisor as well.

Yet this is not to say that there is no relationship between the use of projective identification and psychopathology. It is not a matter of chance that Bion, Rosenfeld and Ogden viewed projective identification as a primitive mechanism associated primarily with patients suffering from serious psychopathology. There is indeed a relationship between the severity of psychopathology and the extensive use of projective identification as observed accurately by all those writing on the concept. I propose that this relationship can best be explained by the nature of envy, especially as it relates to severe psychopathology.

Since Klein's (1956) publication of Envy and Gratitude, envy has come to be considered as central in development and in psychopathology. Intense envy was considered by her as well as by Bion, Rosenfeld, Segal and others, to be highly related to severe psychopathology. Bion related intense aggression and envy to a personality structure in which the psychotic personality is dominant. I would suggest that the particularly intense envy that characterizes psychotics' functioning is associated with intense aggression directed inward. Moreover, in severely disturbed patients not only is the self-directed aggression

elicited by envy more cruel and intense; in addition their weaker ego, with its low frustration tolerance, is unable to neutralize this aggression, and intense anxiety over the annihilation or disintegration of the self develops. Such intense anxiety, which their weaker ego has less ability to tolerate to begin with, necessitates the use of projective identification, usually of a highly aggressive form.

Conversely, in more integrated personalities (in Bion's terms, persons in whom the non-psychotic part of the personality is dominant) envy is less intense, the self-directed aggression produced by envy is less violent, there is a higher level of anxiety tolerance, and therefore there is less of a need for projective identification to defend against envy. Thus although the experience of envy will always produce hostile fantasies, the more integrated person may not have to resort to projective identification with its attempts to affect a real transformation in the envied object. Rather, in the context of a well integrated ego the aggressive fantasies involved in envy may arouse anxieties, depressive in nature, over harming a good object. In this case defenses other than projective identification may be used in order to reduce envy and its associated aggression: Thus, projection of the envious feelings, projection of the aggression, repression of those feelings, the use of reaction-formation against them, or even the use

of envious feelings as a basis for further constructive ambitions and achievements, are all possible ways of dealing with envy. These defenses are, according to Bion, characteristic of the non-psychotic personality. Unlike projective identification, these defenses do not seek to transform the envied object, but are instead able to defend against envy and its consequent anxieties internally, that is intrapsychically.

In short, the prevalence of projective identification among more severely disturbed patients, especially those regarded as psychotics, is not simply explained by its being a "primitive" defense mechanism. Their extensive use of projective identification stems from the fact that both envy and the self-directed aggression are highly intense in these patients, producing much anxiety over the annihilation of the self, anxiety which they are less able to handle, and which necessitates the use of projective identification in order to reduce or eliminate envy. More integrated persons are less prone to the experience of envy, their anxiety over the destruction of the self is less intense, their ability to neutralize aggression is greater, and defenses other than projective identification may at times be employed by them.

#### Summary

The present work suggests that projective

identification is a mechanism defending against envy. Unlike other known defenses, which operate intrapsychically, projective identification is an interpersonal process in which a person expels parts of the self into an object with the aim of actually affecting a transformation in the recipient's experience. Insofar as such a transformation is achieved envy is diminished or eliminated. Projective identification appears in two complementary forms: projective identification of bad parts which spoil the envied object, or projective identification of good (or idealized) parts which effect a controlling idealization.

Based on the above formulation the fundamental difference between projection and projective identification becomes clear. Projection or externalization are intrapsychic mechanisms aimed at reducing anxiety by assigning inner mental contents (drive derivatives or aspects of self representations) to an external object; whereas projective identification aims at the reduction of anxiety and pain associated specifically with envy, by affecting a transformation in the psychic reality of the envied object. Other proposed functions of projective identification such as its being a mode of communication, a pathway for psychological growth, or a detoxifying mechanism should be regarded only as by-products or

possible consequences of the defensive process.

Projective identification of bad parts and of good parts has been regarded by all contributors to the concept as functionally different. Thus projective identification of good parts has been understood to be a mechanism aimed at safeguarding threatened good parts. However, it is claimed here that both kinds of projective identification aim at protecting good parts or the self as a whole from self-directed aggression accompanying the experience of envy. Projective identification of good parts and of bad parts are two different routes to achieve the same result -the reduction or elimination of envy.

The transformed recipient may react in kind and use denial, projective identification or act out aggressively or sexually if the mental contents instilled in him are experienced as intolerable. On the other hand, the recipient may integrate the projected mental contents with reality based self-representations. In the latter case, I suggest, the projector may be able to reown his previously disowned and expelled parts, which can now be considered detoxified; consequently, he may integrate them in a more adaptive way. It should be noted that reowning the disowned and expelled parts will lead to a reversal in the recipient's transformation. That is, spoiled feelings, or precarious idealizations, are then markedly diminished.

The evocation of feelings in the therapist via projective identification is an important aspect of the therapeutic process, and is different from feelings which are the result of countertransference proper. Thus, evocation of painful feelings which are felt to lower one's self-esteem, or alternately feelings of self-worth which are felt to be highly precarious, should often be considered to be the product of an envious patient employing projective identification. The therapist may then use the feelings evoked in him as a basis for a useful interpretation.

The use of projective identification may itself produce anxiety, which I suggest may be of one of two general kinds: persecutory anxiety, and depressive anxiety. When projective identification is highly aggressive (especially in severe psychopathology) anxiety over a retaliatory attack by the spoiled object, who becomes a persecutor, develops. When envy is less intense, especially among well integrated persons, the use of projective identification evokes anxiety over harming a good, albeit envied, object. In the latter case, secondary defenses, wholly intrapsychic ones, may be mobilized to defend against the depressive anxiety or against envy altogether. Thus, in more integrated persons envy may elicit depressive anxiety, which in turn may set in motion intrapsychic

defenses such as repression, reaction formation, or projection, or it may lead to constructive ambitions aimed at changing the disadvantageous situation which produced envy.

Although projective identification is associated more with severe psychopathology, it is not a primitive mechanism employed only by the "sick," but rather it is employed by all in everyday life. The only pre-requisite for projective identification to take place is permeability of boundaries between two or more persons. Such permeability of boundaries exists in any group situation or any dyadic relationship where some degree of intimacy has developed.

In conclusion, I would like to turn to a statement made by Bion in Experiences in Groups (1961). Referring to an emotional state the group analyst finds himself in following the group's use of projective identification, Bion poignantly stated: "I believe ability to shake oneself out of the numbing feeling of reality that is a concomitant of this state, is the prime requisite of the analyst in the group: if he can do this he is in a position to give what I believe is the correct interpretation." (p. 149) Being on the receiving end of projective identification in the dyadic therapeutic situation may have a numbing effect as well, and the therapist's need to shake himself out of what

is experienced as objective reality is important indeed. I believe that the present re-formulation of projective identification provides the theoretical instrument by which the "numbing feeling of reality" produced by the projector's projective identification may be shaken off, understood, and worked with in a therapeutic way. Furthermore, it may alert us to the possibility that the patient's feelings, as well as those of our intimate partners, close friends or colleagues, may at times stem from our own envy and our successful use of projective identification.

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