Projective Identification in Counselling: Theoretical and Therapeutic Considerations

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Abstract

Projective identification is one of the most compelling and misunderstood contributions of psychoanalytic theory to the practice of counselling and psychotherapy. Projective identification has direct relevancy in the counselling experience as a client defense mechanism that is simultaneously subtle, complex, and challenging. A three-phase sequence of the manifestation of projective identification is conceptualized that induces the counsellor to assume projected qualities of the client. Projective identification is distinguished from related concepts, including projection, identification, and transference. Therapeutic strategies for recognizing and effectively processing the defense mechanism in individual and group counselling are presented, including a case illustration.

Résumé

L'identification projective est une des contributions les plus irrésistible et mal interprétée de la théorie psychanalytique à la pratique du counseling et de la psychothérapie. L'identification projective a une grande importance dans l'expérience du counseling comme le mécanisme de défense du client étant à la fois subtil, complexe et provocateur. Une séquence en trois phases de la manifestation de l'identification projective est conceptualisée pour amener le conseiller à assumer les qualités projectives du client. L'identification projective est distinguée de concepts voisins comprenant la projection, l'identification et la transférence. Des stratégies thérapeutiques sont présentées dans le but d'être en mesure de reconnaître et d'efficacement interpréter le mécanisme de défense chez un individu et un groupe en counseling, celles-ci sont accompagnées de la présentation d'une étude de cas.

Projective identification is a term that is widely discussed within the psychoanalytic tradition (Sandler, 1987; Tyson & Tyson, 1990), with significant implications for counsellors whose orientation is not specifically psychoanalytic. Although projective identification is not a new construct, the defense mechanism may not be familiar to many counsellors, particularly as to how the interaction may be identified and modified in counselling. Conceptualizing projective identification contributes to understanding a complex counselling dynamic and enabling counsellors to effectively manage a potentially intense therapeutic exchange. Without an awareness of the manifestation of projective identification in the counselling process, counsellors may be susceptible to being manipulated by clients into assuming a collusive and detrimental role (Ginter & Bonney, 1993). Distinguishing projective identification from related psychoanalytic concepts, including projection, identification, and transference, may assist counsellors in understanding the defense and utilizing strategic interventions. The purpose of this article is to clarify the conceptualization of projective identification in counsel-

ling and to suggest strategies for processing this particular defense mechanism in individual and group counselling.

Projective identification was first introduced by the British child analyst Melanie Klein (1946) in describing a mother-infant interaction as a defensive and developmental prototype. Klein's elucidation of projective identification is controversial as she depicted the infant in the first few months of life projecting aggression and other unacceptable feelings *into* the mother. The infant then vicariously relates to the mother in a controlling and possessive interactive pattern (Bloch & Crouch, 1985; Tyson & Tyson, 1990). Various investigators after Klein recognized the abnormal dimensions of a splitting mechanism that produces fragmented boundaries between the projector and the recipient (Kernberg, 1987; Meissner, 1980). Subsequent researchers have also examined the construct from a perspective of interpersonal or object relations that is essential to a normal developmental process which integrates new and progressive levels of response (Malin & Grotstein, 1966; Ogden, 1979, 1982). While affirming the interplay of psychopathology in projective identification, others have focused on the construct in the therapy process as a defense mechanism (Kernberg, 1987; Rutan, Alonso & Groves, 1988).

Like other defense mechanisms, projective identification is an unconscious distortion of reality that an individual automatically employs in order to reduce painful affect and conflict (Clark, 1991). Beyond this general description of a defense mechanism, there is disagreement over the meaning of projective identification that is largely due to its conceptual and clinical complexity (Kernberg, 1987; Sandler, 1987). A schema which delineates projective identification into a three-part sequence of discrete phases assists in clarifying the term (Marziali & Munroe-Blum, 1987; Ogden, 1979). In the initial phase, an individual, or "projector," extrudes intolerable aspects of him or herself, such as hostility, hatred, or contempt, into another person or a "recipient." In the second phase, the projector induces the recipient to adopt and enact the extruded behaviour through a controlling and provocative interaction. A cyclical pattern continues in the third phase, as the projector vicariously relates to the target person and persists with the provocation.

Although a counsellor may not adhere specifically to a psychoanalytic model, the conceptualization of projective identification can serve to clarify client-counsellor interactions, particularly during crucial initial sessions that focus on establishing a counselling relationship. As a process variable, the relationship in counselling is considered a significant factor in therapeutic outcome across various counselling orientations (Garfield & Bergin, 1986), and the manifestation of projective identification has direct impact on the quality of the counselling relationship. To site a non-psychoanalytic example, in reality therapy, therapeutic pro-

gress is largely contingent upon involving clients in a personal relationship with the counsellor within a supportive counselling environment (Glaser, 1985). Without conceptualizing the dynamics of projective identification, a reality therapist may construe that a client wishes to avoid involvement with the counsellor, when in fact, the client intensely desires to be involved, but in a manipulative and controlling way. Further, a reality therapist, emphasizing the importance of a client controlling his or her behaviour, may assume that a client is lacking control, when in actuality, the individual is highly controlling when employing projective identification, albeit in a self-defeating manner.

Various researchers have attempted to define projective identification, but the multiple facets involved in this defense are difficult to describe succinctly, and the numerous ways that the term is employed reduces the likelihood of a consensus upon a definition (Horwitz, 1983; Meissner, 1980). Projective identification has also been viewed as merely the manifestation of the defense mechanisms of projection and identification or introjection, with the use of the term serving only to obfuscate client-counsellor interactions (Meissner, 1987). At the same time, it is possible to delineate a sequence of the components of projective identification, that contributes to an eclectic definition of the defense mechanism: Projective identification refers to the projection of intolerable personal characteristics into a recipient who is provoked to assume qualities of the extruded behaviour. The projector then vicariously identifies with the recipient's experiencing while continuing the controlling interaction.

PROJECTIVE IDENTIFICATION AND RELATED CONCEPTS

Discussing the relationship of projective identification to related psychoanalytic concepts of projection, identification, and transference will assist in clarifying the operation of projective identification in the counselling process. Distinguishing projective identification from the defense mechanisms of projection and identification is possible through careful contrast and comparison. Relating projective identification to transference expands therapeutic considerations beyond an individual's past to include immediate interactions between the counsellor and client.

Projection and Projective Identification

Projection. Projection can be identified in a relationship which an individual attributes unacceptable behaviour that is characteristic of oneself to another person, but then feels psychologically separate and estranged from the recipient (Ogden, 1979). In order to fortify the defensive effort, the projector distances him or herself from the recipient, as projected qualities are perceived as alien and threatening (Kernberg, 1987). In the counselling process, the counsellor, as the target of the projection, regards the attributed qualities as foreign and not representing his or

her subjective experience. For example, a client may attribute hostile feelings to the counsellor, when, in actuality, the counsellor has benign feelings towards the client. Although the counsellor is involved in an interpersonal transaction, the source of the client's communication is predominantly intrapsychic or a one-person phenomenon (Ogden, 1982).

Projective Identification. In contrast to straight projection, the projection aspect of projective identification involves a two or more person system. As a client extrudes one's intolerable personal characteristics into another individual, the recipient is incited to assume the behavioural qualities projected in a collusive interaction (Rutan, Alonso & Groves, 1988). The client experiences a fantasy of controlling and conjoining the target individual, as opposed to simply projecting intolerable personal qualities (Zender, 1991). Unlike projection, where the projector feels estranged from the recipient of the projected material, in projective identification the client feels profoundly connected to, and continually involved with, the target person (Ogden, 1979). The projected intolerable characteristics of an individual are perceived as safely ensconced in another person who then becomes a further target of control and identification in the subsequent two phases of projective identification. Unlike straight projection where the counsellor does not relate on a personal level to the foreign characteristics attributed to him or her by a client, with projective identification the counsellor subjectively experiences the projected qualities.

Identification and Projective Identification

Identification. Is is also possible to compare and contrast the defense mechanisms of identification and projective identification. With identification, a person assumes the admired actions of an idealized person or a group (Clark, 1991). Typically there is some degree of behavioural similarity between the individual and the object of identification, and a close emotional involvement is found to emanate from the individual towards a person or group (Bieri, Lobeck & Galinsky, 1959). In counselling it may be evident that a client lacks the desired qualities sought through the identification process, including such characteristics as popularity, affection, and power. It is also possible that the counsellor may recognize the individual or group with whom the client identifies, particularly if the object of the identification is well-known or famous. In an initial counselling session, for example, an adolescent client exhibits behaviour that is characteristic of a military drill instructor even though the individual has no affiliation with the armed services.

Projective Identification. In the third phase of projective identification, subsequent to the sequence of projecting and controlling, the individ-

ual's vicarious response to the target person represents the identification part of the process. Conceptually, the individual identifies with intolerable qualities projected into a recipient who simultaneously has been provoked to assume the projected behaviour. Through an identification process, the individual is able to vicariously experience and control intolerable responses of a target person without the threat of maintaining the qualities within him or herself. In contrast, the defense mechanism of identification operates when an individual actively adopts admired characteristics of a person or a group. While the identified object is only passively involved in the defense mechanism of identification, the identification aspect of projective identification results in a collusive interaction between two or more individuals (Ogden, 1979). For example, in the counselling experience, a client may project intolerable characteristics that are identified with after being induced in the counsellor. Simultaneously, the counsellor is manipulated to enact and identify with the projected qualities.

Transference and Projective Identification

Transference as a phenomenon is closely related to projective identification. Traditionally transference in counselling refers to the client's intrapsychic projecting onto the counsellor certain feelings and attitudes from past emotional relationships with individuals (Patterson & Welfel, 1994). In the transference the counsellor represents a parental figure or other significant person from the client's past. For example, a counsellor may induce a transference to a client's mother that involves distressing and conflicted emotions. Subsequently, through the therapeutic process the client begins to recognize that his or her reactions toward the counsellor actually represent previous personal relationships.

Projective identification provides an extension of transference by considering relationship dynamics created through the immediate exchanges between the client and the counsellor (Sandler, 1987). Rather than conceptualizing a client's response as simply as intrapsychic reaction to past involvements, interactions in the relationship between the client and the counsellor generate transference issues. Consequently, including here and now dynamics between the counsellor and the client expands the conceptual application of transference, and, in turn, compels the counsellor to respond therapeutically to the interaction. The counsellor can also be drawn into a countertransference reaction to a client's provocations and lose further perspective and control. The counsellor may experience hostility, guilt, shame or other affect that is projected by a client, and the response becomes intensified when enmeshed with the counsellor's own related and unresolved feelings and conflicts (Tansey & Burke, 1989).

PROJECTIVE IDENTIFICATION IN COUNSELLING

In the counselling experience, the counsellor attempts to recognize a client's defenses and to respond purposefully as the mechanisms are employed (Clark, 1991, 1992). In individual counselling, projective identification presents a particular challenge because the counsellor may become the recipient of a client's manipulations (Horwitz, 1983; Malin & Grotstein, 1966), and the interaction may be compounded by the counsellor's own unresolved countertransference issues (Ogden, 1979; Tansey & Burke, 1989). In group counselling, the counsellor or other group members become potential targets for projective identification, thus affecting each group member in various ways (Clark, 1992).

Individual Counselling

Antitherapeutic processing of a client's projective identification can occur through either withdrawal or retaliation by the counsellor. Withdrawal results when the counsellor becomes enmeshed in the client's provocations and passively fails to process the counselling interactions (Ogden, 1979). A counsellor, for example, when berated by a hostile client for demonstrating inadequate counselling skills, submits to the client's accusations and feels diminished and ineffectual. A second outcome occurs when a counsellor retaliates against the client's provocations and engages in a hostile counterattack. As an example, a client persists in mocking the counsellor's verbalizations, and the counsellor responds by an impugnment of the client. Both withdrawal and retaliation result in an intensification of the client's projective identification.

Differentiating projective identification from related concepts assists the counsellor in recognizing the operation of projective identification. In counselling, the defense mechanism of projection is foreign to and unrepresentative of the counsellor's experiencing. In contrast, with the projection aspect of projective identification, the counsellor feels provoked and incited to conform to the client's manipulations. The related defense mechanism of identification is detectable when a client assumes characteristics of an admired person or a group outside of the counselling experience. The identification aspect of projective identification, as opposed to straight identification, is manifested in the immediate interaction between the client and counsellor. Relatedly, in an extension of the past focus of transference, projection occurs in here and now exchanges between the counsellor and client. If a counsellor's countertransference issues are provoked through projective identification, they emerge beyond the normal threat to the counsellor's sense of professional competence and propriety. Further, other defense mechanisms, such as denial and regression, often accompany the manifestation of projective identification (Clark, 1991).

Effectively processing a client's projective identification begins with an awareness by the counsellor of the client's defense. As a client persists with provocative behaviour, the counsellor should absorb the client's projections without acting upon them through either withdrawal or retaliation (Kernberg, 1987; Ogden, 1979, 1982). The counsellor attempts to recognize the affective stage engendered by the client, and this understanding is conveyed to the client through the use of an empathic response. For example, as a counsellor is devalued by a client for a lack of competency, the counsellor sates, "You are disappointed because you expected a lot more from me in terms of helping you." Containment of the client's projection restricts the circular quality of the mechanism, as the counsellor demonstrates a capacity to tolerate and understand the individual. Although the counsellor perceives and expresses an understanding of the client's condition, the projections are not encouraged. Instead, the emphasis continues on processing the subjective experience of the client, without yielding to "flight or fight" (Bion, 1959).

Further therapeutic processing of the client's projective identification occurs in a sequence like that of other defense mechanisms through a stage progression (Clark, 1991). Once a counselling relationship is established, the counsellor may begin to challenge distorted and fragmented perceptions inherent in projective identification through various interventions including confrontation, reframing, and interpretation (Clark, 1991; Kernberg, 1987; Malin & Grotstein, 1966; Ogden, 1979, 1982). As an example, the counsellor confronts incongruities in a client's behaviour, "You say that you're not angry, but your fists are clenched, and you are on the edge of your chair." Through interpretation it is possible to explore the purpose or causation of a client's use of projective identification and other defense mechanisms (Clark, in press). Subsequently, with the counsellor's assistance, the client begins to establish more purposeful and constructive actions as alternatives to the use of projective identification.

Group Counselling

The same erroneous pattern of either submitting to or retaliating against a client who demonstrates projective identification in individual counselling may also take place in a group (Clark, 1992; Masler, 1969). The counsellor or any group member may be a recipient of a client's projective identification, threatening the progress of a group (Yalom, 1985; Zender, 1991). The projection aspect of projective identification, unlike straight projection, provokes a group member or members to assume the behavioural qualities attributed by a client. A reciprocal identification occurs between the client and a target individual or individuals, in contrast to the unilateral process of the defense mechanism of identification. A type of scapegoating is also related to projective identification,

requiring strategic responses from the group leader (Ganzarain, 1989; Rutan & Stone, 1984).

The sequence of projective identification, as in individual counselling, may be conceptualized in three phases. As an example of the sequence, initially a client projects feelings of hostility and inadequacy into a group member through a barrage of derogatory comments. In the second phase, a group member reacts to the disparagement and begins to withdraw. The third phase continues with the client's provocations, while he or she identifies with the group member under attack. During the three phases each of the other group members are also provoked at some level, and their reactions may vary from passively observing the assault, attempting to stop the accusatory interactions, or joining the attack on the target member (Rutan & Stone, 1984).

The counsellor's response to the employment of a client's projective identification is similar to that of processing other defense mechanisms in group counselling (Bloch & Crouch, 1985; Clark, 1992, Rutan, Alonso & Groves, 1988). Blocking or modifying by the counsellor is essential to a contravening of a threatening projective identification (Clark, 1992; Corey & Corey, 1992). As an example, a client may project excessive hostility into a group member, and the counsellor blocks this interaction, "You are very angry but you are also hurting her with your comments." The counsellor then reflects the feelings of the recipient of the aggression. In another example, the counsellor may modify a client's hostile projection of a lesser intensity by attempting to alter his or her interaction, "You want to express your feelings, but can you find another way to say what you mean so that she doesn't feel so hurt." Either blocking or modifying serves to address both parties involved in a projective identification in a respectful and empathic way.

A type of scapegoating occurs in a group when a vulnerable individual becomes the recipient of a projective identification, and other group members support the attack on the target (Ganzarain, 1989; Horwitz, 1983; Rutan & Stone, 1984; Zender, 1991). In some ways, the recipient may demonstrate a proclivity to the behaviour that is projected (Rutan & Stone, 1984). This interaction is more likely to occur when an individual's projective identification has been allowed to be fully and repetitively expressed in a group. For instance, a client may project feelings of inadequacy into a member, and the member is then harshly criticized by other group participants for demonstrating withdrawn behaviour. As with other counterproductive behaviour, an attempt should be made to block or modify scapegoating when initially detected.

Subsequent to the early group stage requiring blocking and modifying of a client's projective identification, the client's distorted and fragmented perceptions are challenged. Member feedback to the client utilizing projective identification and other defense mechanisms tends

to become more supportive as group cohesiveness develops. As an example, a group member constructively challenges an individual employing projective identification, "You continually say that we reject you, but the way you insult us sets yourself up for rejection." Group members, including the counsellor, may suggest new frames of reference for the client to develop more purposeful perceptions. Utilizing reframing, for instance, the counsellor states to a client using projective identification, "Rather than viewing the group as a threat, could you begin to see us as a resource which will help you to grow and learn?" The group also offers a supportive setting for a client to experiment with new adaptive behaviours as a means of controlling the use of projective identification.

CASE ILLUSTRATION

Jason was referred to the counsellor at an outpatient mental health facility by his mother, upon a recommendation from his school counsellor. As a grade six student, Jason's academic progress was unsatisfactory, and, according to his mother he was, "a serious behaviour problem." Jason's mother related that she had always had difficulty disciplining Jason, and that he "constantly picks on his younger brother." She further stated that, "There isn't a day that goes by that Jason doesn't make my life miserable." The school data supported the parental reports, with one teacher noted stating: "Jason infuriates other children. On the playground he constantly disrupts activities by not following the rules of the games or by taking a ball and running off with it."

In the initial session with the counsellor, Jason immediately began to reach for items on the counsellor's desk, including erasers and writing utensils. The counsellor at first allowed Jason to look over the materials, but after a few minutes asked him to return the objects to her desk. Jason slowly complied, but he refused to give back one of the large erasers. Feeling irritated, the counsellor thought about grabbing the eraser from Jason and regretted allowing him to touch anything on her desk in the first place. Jason then began to break small pieces off of the eraser. Now feeling further provoked and angry, the counsellor wished she could order Jason out of her office. The session continued focussing on the desk objects and a futile discussion about Jason's feelings toward his younger brother and his lack of school progress. Jason constantly berated the counsellor for her ineffectiveness, with statements like, "This isn't doing me any good," and "You ask such dumb questions." In concluding the session, Jason stated, "I don't want to come here anymore. It's a waste of time."

During the week before the second counselling session as the counsellor reflected on her meeting with Jason, she felt overwhelmed and discouraged. Jason's berating comments and reluctance to participate in counselling made her feel angry, and the possibility of therapeutic pro-

gress seemed almost hopeless. The counsellor considered the possibility of countertransference reactions, but she could not relate her experiencing to unresolved personal issues. It was obvious that Jason was projecting his feelings towards her, but she seemed unable to deflect his anger and instead became enmeshed in his hostile affect. The projection also seemed to have a manipulative quality about it as the counsellor felt somehow coerced into assuming and identifying with the same characteristics that Jason projected. This transaction had transferential qualities, but was based more in the immediate exchange between herself and Jason. The counsellor hypothesized that Jason utilized projective identification, and that she had to emotionally distance herself from being drawn into a collusive role in perpetuating the defense. It was also clear that Jason employed the defense mechanism of denial as he constantly refused to accept responsibility for his inappropriate behaviour.

As the second session began the counsellor felt apprehensive but also determined not to be manipulated by Jason's provocations. As in the initial session, Jason broke off pieces of an eraser and he questioned why he had to "waste his time with someone who doesn't know what they are doing." The counsellor immediately reflected his feelings, "It is a relief for you when you succeed in getting me angry at you." Jason looked up and said that he, "only wanted to play with the eraser." The counsellor stated, "It is fun, but it also feels good to get out some feelings inside that are building up." With this Jason responded, "What do you mean?" Recognizing the importance of her next statement, the counsellor wanted to be accurate, "You're feeling angry inside, and the hardest part is that nobody really understands what this feels like for you." Jason became silent and he placed the eraser on his lap. After a few minutes of silence, the counsellor responded, "It is not easy getting along in this world when nobody seems to understand you." Jason's affect seemed to change as he stated, "A lot of times I feel mad and mixed up inside." The counsellor reflected Jason's feelings and his sense of isolation. During this interaction the counsellor's feelings changed from irritation to concern, as the session continued to focus on Jason's experiencing.

In the number of weeks that followed, Jason at various times demonstrated projective identification, and the dynamics of the defense were fully explored. At one point he stated, "I'm able to get people to pay attention to me by being bad." The counsellor confronted this statement, "At the same time, you also have said that you would like people to like you more." Jason's capacity to attract attention was reconceptualized through reframing by the counsellor, "You can choose to get either bad or good attention." A counsellor interpretation clarified Jason's feelings, "I'm wondering if you get rid of the angry and sad feelings you have inside you, by giving them to other people." The final stage of the

counselling process focused on Jason gaining positive attention through various cognitive-behavioural strategies.

Although the counsellor's orientation is not specifically psychoanalytic, her awareness of the defense mechanism of projective identification prevented the counselling process from veering into less than therapeutic directions. After concluding the initial counselling session, the counsellor examined sources of her feelings of irritation and manipulation as she formulated intervention plans. The counsellor demonstrated versatility by hypothesizing the occurrence of projective identification because it presented a sound conceptual fit within the counselling context. Without considering the possibility of projective identification as a defense, the counsellor may have misconstrued dynamics of the client's behaviour and her own role in a complex interplay. Understanding the operation of projective identification provided the counsellor with a conceptual framework that allowed her to avoid succumbing to the client's provocations by either retaliating or withdrawing. With her eclectic approach to counselling, the counsellor utilized techniques representing several modalities in attempting to modify projective identification and establish adaptive client behaviour.

CONCLUSION

Projective identification is a defense mechanism that has the potential to undermine the counselling relationship, and conceptualizing projective identification in a sequence of three phases contributes to clarifying its operation. Although projective identification has a psychoanalytic origin, it may also be a useful construct for counsellors with various other counselling orientations for understanding a complex dynamic. An awareness of the defense enables the counsellor to avoid succumbing to a collusive or an incendiary role in a client's provocations. Either on an individual or group basis, therapeutic strategies are essential in effectively responding to projective identification in counselling.

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