

NWRPA Friday Evening Seminars

Three Words in Therapy

Friday 10 July 2015, 6.30pm-8.30pm

Cost £7.50 or free to members. This includes light refreshments

Three therapists speak for 20-30 minutes each on a single word from the world of psychotherapy and counselling. They'll be plenty of time for questions and discussion, and light refreshments are available.

Stella Dickson on Cure

Stella completed her clinical training in Transactional Analysis in 2012 and is working towards her Certificate in TA. Stella is completing a placement in Primary Care and is in the process of starting private Practice.

Peter Lindsay on Communication

After a career in finance, Peter became a counsellor in 2008 after receiving an MA in Relationship Counselling. He practised for seven years with Relate and now works in private practice in Knutsford with couples, families and individuals.

Veronique Raingeval on Loss

After a course in psychodynamic counselling and transactional analysis in 1998, Veronique completed her MSc in career counselling in 2002. In 2011 she established 'Connection Factor' to offer counselling, coaching and training services. Veronique is currently in clinical counselling training with Elan Training, Manchester.

The NWRPA takes a holiday in August

Our 2015-16 season begins 6.30pm Friday 11 September - reserve that date in your diary!

Venue: The Manchester Institute for Psychotherapy
454 Barlow Moor Road, Chorlton, Manchester M21 0BQ.

Information about the Association is also available on our website at: www.nwrpa.org.uk

Projective Identification

Presented by Katherine Skaife

Friday 12 June 2015

Katherine Skaife is a clinical psychologist who works full-time in NHS Secondary Care using an Integrated Approach. She gave a characteristically clear view of the usefulness of the concept of projective identification drawing on arguments put forward in the book, *Projective Identification: The Fate of a Concept* (2012) by Elizabeth Spillius and Edna O'Shaughnessy. Her presentation was also based on a study day she went to last year at The Institute of Psychoanalysis. NB A transcript of this day is included with this newsletter.

During the course of the evening she discussed the development of the concept, which had important antecedents in the work of Freud and others, but was given a specific name and definition by Melanie Klein. Kath considered the ways it has been modified in practice and asked whether the unusually widespread interest in projective identification suggests it is a universal aspect of human interaction and communication.

Freud talked about projection, in *The Moses of Michelangelo*, where unconscious speaks directly to unconscious. Klein wrote about projective identification on *Notes on some schizoid mechanisms* in 1946. This is an unconscious phantasy in which bad parts of the infantile self are spilt off from the rest of the self and projected into the mother or her breasts. The infants then fears that the mother has become the bad parts of himself.

Each NWRPA Friday Seminar adds two hours to your Continuing Professional Development

Projective Identification

There is a healthy developmental possibility here. The mother acts as container for these projections and can digest them and return them to the infant in a tolerable rather than terrifying form. It has been claimed by Kleinians that empathy is one of the projective processes. The counterpart to projection is introjection, a process of taking in analogous to eating and digestion. Hence a healthy process of projection, digestion and reinjection so the mother can help the infant tolerate these bad parts of the self.

There is also an unhealthy possibility. If the mother cannot tolerate these projections she may return this rage, frustration and fear by attacking her infant (the famous bad breast.) This can become the basis of later psychosis. Hence the mother has also engaged in a defensive process of projection.

This process can happen in therapy where the therapist responds to the patient's projections by a countertransference acting out. Of course these projections can lodge in the most vulnerable parts of ourselves. In life and in therapy, in adults and infants, projective identification is happening all the time. Spillius said we need to keep this at the back of our mind all the time in our therapeutic work. We can ask ourselves what part of the self, with what what motivation, is being projected into what part of the other and with what consequences.

Because projections are primitive, rooted in processes analogous to physical processes and expressed non verbally we may experience them as incongruous physical sensations in ourselves; for example feeling sleepy or nauseous in a way we cannot otherwise account for. Spillius is very clear that the therapeutic use of projective identification requires that we do not impose structure and premature interpretation; we need to sit with feelings and wait for understanding.

In their book, and in in the study day, Spillius and O'Shaughnessy say that projective identification is an odd concept. Projection implies difference and identification implies likeness. It implies two objects and two people, both defensively split into good and bad. The infant can also project good objects into the mother or parts of the mother, particularly the good breast. This, in phantasy, keeps the infants good objects safe from the internal attack from bad objects. We can also project into parts of our own body, and hate or idealise that body part, or into physical objects; for example with fetishism.

Examples of this projection are; having little confidence in ourselves but seeing our friend as loveable, witty and attractive; of being terrified of a knock on the door; of a teacher who was overly well behaved as an adolescent but whose pupils create mayhem; of people who deny their homosexuality and are aggressively antigay; the scapegoating of individuals and social groups.

Ronald Britton has identified three types of projection. Psychopathological projections are so completely denied that the patient cannot own their projections even with the help of psychoanalysis. Normal projections are the things we all do and can hinder us or open the way to communication and understanding. For some people there is an absence of projection. Imagine the clients you have seen who talk about the most awful things and seem boring and without any emotional impact on you. Another idea, most associated with Esther Bick, is we can be thin or thick skinned; that projections can enter us too easily or bounce off us. In either case we cannot contain and understand them.

Partly because of clinical usefulness the idea of projective identification spread very quickly, and all around the world. It developed into a family of connected concepts and enriched the psychoanalytic concepts of transference and countertransference. Hence this idea wends its way over sixty years to this well presented and fertile discussion.

If you would like a CPD certificate for any of the NWRPA seminars you attended email Frank Kelley at nwrpa2010@ntlworld.com

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