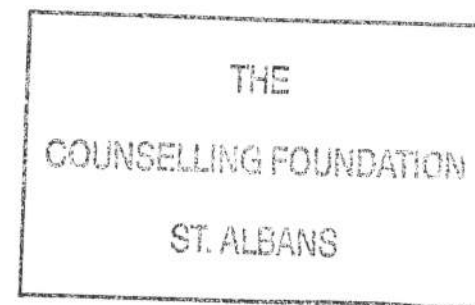


'I don't know what I mean', [Bion assumed he was] talking articulate English. It took me a long time to realize that he was not, but when, after six months, I did, the experience was instantaneous. *He* was an ideogram. *He* was something that ought to have reminded me of a person lying on the couch. The person had a meaning and I could say to him, 'You do not know what you mean; but you expect *me* to know that when I see someone lying on a couch, two people have been having sexual intercourse'. What the patient 'meant' was that his parents, or two people, had been having sexual intercourse. (Bion, 1974, p.13)

The willingness to suspend judgement on the apparent meaning, the willingness not to allow oneself to 'know' what the patient meant in the ordinary sense, produced a new knowledge from the 'ideogrammatic' communication. Bion translated the 'I' as indicating the patient's very existence, his body lying on the couch. His existence means something: it means that sexual intercourse has happened (between his parents). It is that intercourse which the patient is then intent on *not* knowing. His capacity for destroying his knowing is indicated in the ideogram - 'I don't know . . .', and so on - but it is also indicated in his inability to use words in the ordinary sense, and their subsequent employment in the 'meaninglessness' of ideogrammatic communication. The meaning is, as it were, 'there is no meaning'. It is the end result of a destruction of the capacity to generate meaning.

8 PROJECTIVE IDENTIFICATION



In 1946, Klein reflected on the crises of anger and hatred that she had witnessed in children and infants. These crises had many forms, but one

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 onto the mother or, as I would rather call it, *into* the mother. 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. (Klein, 1946, p. 8)

Klein called this phenomenon 'projective identification'. The schizoid and psychotic patients in the last chapter supplied many examples. In the example of *The man who was broadened out* (p. 105), for instance, the patient felt his personality, or self, to be 'broadened out' across a number of external objects which came to represent separated parts of himself. In that process his mind had been attacked, damaged or split, then the parts had been dealt with, in phantasy, by projection.

Klein described this as the prototype of the earliest aggressive relationship. But: 'In so far as the mother comes to contain the bad parts of the self, she is not felt to be a separate individual but is felt to be *the* bad self' (Klein, 1946, p. 8). These phantasies of relocated parts of the self are connected with anal impulses, the evacuation of faeces. But for the infant, they are narratives, unconscious phantasies that are real. The infant believes in them completely. Part of the infant actually is in some other object that is outside the ego boundaries - that is to say, *inside* an external object. There is

then a peculiar identity. The infant *is*, in a way, the external object. That object (say, its mother) *is* the infant, rather than merely the infant's.

These beliefs become decisive. The subject believes either that the part is lost – then she or he actually comes to feel depleted, as in the examples of *The man who lost his feelings* and *The woman who lost her capacity to need* (pp. 99, 101) – or that the external object is experienced as part of the self and annexed to the self (*The man who was broadened out*). Phantasies which are believed in so strongly as to affect the real state of relationships are called 'omnipotent'. These phantasies are the counterpart of the equally 'omnipotent' ones in which an external object is felt to be physically installed as an internal object (see Chapter 5). These phantasy processes often occur with the expenditure of a great deal of aggression, but the strength of belief ensures that the object is feared as if it were actually such an embodiment, in reality, of the aggression.

The problem is to capture what this sort of experience amounts to: what does it feel like? Klein was quite pessimistic about grasping, verbalizing and communicating these experiences, because 'description of such primitive processes suffers from a great handicap, for these phantasies arise at a time when the infant has not yet begun to think in words' (Klein, 1946, p. 8, footnote). Nevertheless, our purpose is to take a stab at giving some idea of these experiences; or at least to depict how psychoanalysts come upon them. The next patient's material conveys something of the experience (conscious or unconscious) of expelling.

Example: The object as lavatory

Herbert Rosenfeld described a psychotic patient, a paranoid man who had elated periods of intense homosexual activity:

... there is a memory of excitedly riding on his father's knee combined with a fantasy of defecating in his own knickers on these occasions, without his father knowing this. Before this memory appeared he frequently felt very anxious and depressed about certain thoughts and feelings which he had in his mind.

I have selected this example for the clear evidence of anal function, defecation; father's lap is related to as if it were a lavatory:

It was sufficient for him to tell me what he had in his mind to feel relieved and elated.

The connection is provocative – between the relief of expressing himself in words, to the analyst, and his childhood expulsion of faeces into his father's lap. There seems to be a relieving phantasy that part of him (mentally part of his mind; or bodily what is in his rectum) could actually be relocated:

It seemed that he relieved himself of his depression by the process of expelling it into me (projection) as if he had defecated into me. He himself related this transference process to anal processes.

He seemed to react – with the same emotional state – as if part of his mind (one that is anxious and depressed) could be evacuated as concretely as defecating in the lavatory. The patient's talking serves a similar excited function to relieving himself on the lavatory:

We realized also that, apart from the obvious anal projection mechanism, in addition he had sexual fantasies of forcing his penis into me during these periods of elation.

We have to appreciate that this man's phantasy of forcible entry has various modes – the forcing of faeces into father/lavatory; the talking to, and putting words into, the psychoanalyst; and the excited homosexual phantasy of entering the analyst's anus with his penis. These variants on a basic phantasy recur in various imaginative forms for this man:

After each such occasion where he seemed to expel some material in the way I described, he first felt elated, but afterwards the persecution by his voices increased . . . It was found that he was terrified after he had expelled his thought material and that therefore he detached himself completely from any interpretation which I tried to make, as if he feared that something awful was being forced back into him by me.

The aggressive quality of these entering phantasies (projective identification) frightened him and made him fear that the analyst would *actually* retaliate in kind – by forcing something faecal, aggressive and excited into him; and he could not distinguish an interpretation from that aggressive intrusion. This becomes a cycle of fear, familiar to us as the paranoid cycles in Klein's descriptions of her child patients (Chapter 4); this patient's own active forcing something of himself into people – there to dominate, use and empty them – recurred as a fear of being subjected to the same treatment from the person to whom he had done it.

Rosenfeld reported another schizophrenic patient who believed she could dispose of unwanted aspects of her personality into other people. At first the analyst describes the projection of her sexual feelings, but later more radical and disastrous phantasies of this kind occur.

Example: Occupying the object

Rosenfeld's patient was feeling very insecure at this time, and often other people seemed to represent parts of herself:

To give a short example of this process: Denis, the husband of her best friend, had a nervous breakdown while he was separated from his wife, who was expecting her second child. He tried his best to seduce my patient. At first she had great difficulty in controlling him. The wish to take him away from his wife soon came up as a conscious impulse, but it did not seem that she had any difficulty in coping with this wish directly. Her whole anxiety turned on whether she could control *his* wishes and arguments. She repeated some of his arguments to me, and it was clear that Denis stood for her own greedy sexual wishes which she had difficulty in dealing with and which she therefore projected on to him.

By comparing the nature of the arguments, Rosenfeld could see how Denis's sexual advances represented the patient's own, yet she believed that they actually were his. Certain states of mind (insistent sexual feelings) were difficult for this patient. It seemed that as a result of locating them in Denis, she could more effectively cope with them at this distance, and if necessary avoid them altogether through evading him.

At times this patient showed another – and remarkable – form of projective identification. As we have just seen, she could experience part of herself split off and located in an external object; but in the next material it is more than that: at times she could locate the whole of herself there. It was bizarre and perplexing for the analyst to try to understand. Rosenfeld described it through the patient's account of her experiences:

... another symptom reappeared which she had mentioned only once before at the height of the psychotic state. She felt that she was swelling up like a balloon twelve times her own size. At the same time she felt she was only a tiny self inside this balloon. My patient described this state as most unpleasant and the only clue she gave me was that

expectancy had something to do with it. If she expected something from another person or from herself, or someone wanted something from her, this symptom greatly increased.

Rosenfeld added that he found himself reminded of a period in this psychoanalysis when the patient had an acute paranoid fear about the analyst; whenever he spoke to her or expected her to speak, she believed he would force himself into her. It seems that being needy (as in the instance of sexual neediness) had extreme, and literally mind-blowing, results. Neediness – the experience of expecting something which has not yet arrived – is one of those experiences that cannot be contained by this woman. Instead it has for her quite other – and bizarre – connotations of intruding and being intruded upon. However, at this point in the session she was also capable of knowing more consciously how she bound herself to her fiancé:

... she now realized that she did not want her fiancé to go abroad. The frustration connected with his going had stirred up her greedy aggressive wishes. They had taken the form of fantasies in which she forced her way into him to compel him to do what she wanted and at the same time she felt she was emptying him of all that was good in him. The result of this greedy aggressive attack was that she felt herself to be inside him.

We are asked to envisage a rather extraordinary experience: not just that she projected parts of her mind into his, but that she seemed to have located the whole of herself forcibly inside her fiancé in order to commandeer the whole of him for herself:

The sensation of the big balloon was connected with the fact that the object she had forced herself into was dead, emptied through her oral demands and full of air through her anal controlling attacks. She felt dead through her projective identification with the object.

Rosenfeld describes these as real 'facts' for the patient, however phantastical they may appear to us. Once she had entered and taken over the object, she actually became the object's identity as far as she was concerned. And in this case it was an alarming identity, as her fiancé seemed to her to have been rendered dead by the aggressive phantasy of greedily devouring him. She is inside him; he is dead.

These phantastical beliefs are not conscious, though the end

results – like terror, or feeling dead – may indeed appear as conscious feelings while the phantasies from which they arise remain hidden and unconscious. Let us seek confirmation of Rosenfeld's powerful interpretation of these weird phantasies in her reaction to it:

... she went into a long silence and then I wondered whether she could cope with what I had pointed out. At last she could speak again and said that she had felt immediately that my interpretations were right, but, with that realization, she had become so tired that she had lost consciousness for a few minutes; nevertheless had managed to get out of the state again by herself. We understood that this reaction was a confirmation of my interpretation and that this state of unconsciousness and complete loss of herself was connected with a fear of going completely into me and losing herself there.

The analyst feels confident that his interpretation of how the whole of the patients's self disappears was confirmed by the occurrence actually in the session – disappearing into the analyst this time. Having disappeared into the object, she lost consciousness – meaning, we understand, that she had lost her identity:

It struck me then that her present fear of losing her feelings and the depersonalization were only quantitatively different from the complete loss of herself in the schizoid state of disintegration. If in her greedy desires she felt that she completely entered into another object, she either went to sleep or felt severely split up. If smaller parts underwent the same process she still retained the awareness of herself and was only aware of loss of feelings.

From Rosenfeld's patient we have learned something important: projective identification varies in degree – losing part of herself or losing all of her. This realization of various kinds of projective identification has been immensely important in the more recent development of Kleinian practice.

Another variation in projective identification occurs in one of Klein's cases. In this next example there is a variation in the distance to which the lost part is sent. In this case the degree of distortion of the personal identity is proportional to the degree of violence in the underlying fantasy.

Example: The man who split off his aggression

Klein's patient moderated the degree of projective identification during the course of a dream:

... [he] reported the following dream, which shows the fluctuations in the process of integration caused by the pain of depressive anxieties. He was in an upstairs flat and 'X', a friend of a friend of his, was calling him from the street suggesting a walk together.

You may be familiar with the 'friend of a friend' as a common representation of the dreamer himself, and thus of a part of the patient's personality – a part that has been split off, disowned and located outside his own boundaries (in the street). We can then see that the invitation to walk together was an attempt at integration of the two parts:

The patient did not join 'X', because a black dog in the flat might get out and be run over. He stroked the dog. When he looked out of the window, he found that 'X' had receded.

If you have conceded the symbolic meanings I suggested, then the integration attempted in the dream was not successful. One part of the patient, X, removed itself to a greater distance – the projection increased. What are these parts of the personality which are split apart in this way, and why do they grow further apart in the dream ('X' receding)? Klein reported associations that linked the dog, and also a cat, to the psychoanalyst. She continued:

... the danger to the dog-cat – the analyst – was that she would be run over (that is to say, injured) by 'X' ... The patient's concern with the safety of the dog-cat expressed the wish to protect the analyst against his own hostile and greedy tendencies, represented by 'X', and led to a temporary widening of the split that had already been partly healed.

Klein deduced that X represented the patient's aggression, notably towards the analyst. Then, to protect the psychoanalyst (and it is the psychoanalyst he carries inside him – *in* the flat), he employs his affectionate feelings – stroking the dog – and to do that he has to make a bigger split from his aggression (X receding into the distance).

The removal of the 'aggression' to a distance indicates increasing mental disturbance even though the patient may be less aggressive in his behaviour. The splitting is itself harmful to the mind, though

from the patient's point of view it may seem that losing aggressive impulses is very beneficial. The patient fears his aggression as the really overwhelming thing from which he may not recover; or rather, his object may not survive it. Sending it away in this manner may be protective of the object, and also protective of the patient. However, because of the violent splitting of the mind that is entailed, it is destructive of the person's own integrity. To summarize the elements of this process in the example: the patient deals with his destructiveness by splitting it off (calling it 'X' instead of himself); and he has projected it outside himself (outside the flat); when he glimpsed it (X's invitation to a walk) he was frightened by his destructiveness, and that he might injure the analyst (run over the analyst); so he reassured himself that he loved her (stroked the dog); and to protect her and his loving feelings he projected his own destructiveness further away ('X' receded).

Projective identification is a method that varies; it is a whole set of unconscious phantasies, and it is associated with various degrees of splitting, of violence and of omnipotence; and with various intentions. An approach towards a greater respect for the awareness of the internal world implies a lessening of the degree of violence in the process. When the splitting is less, there is more realization of the identity of 'X', the friend of a friend. The projective identification in this example is less aggressive. It contrasts strikingly with the much more violent obliteration that is evident in previous examples we have discussed. Nevertheless, the location of the part of the patient as *outside* the place of the self, clearly described in the dream, still crucially stamps this as a splitting and projective identification. At the beginning of the dream, 'X' approaches the subject, and the invitation to walk suggests the beginnings of integration of the personality; it indicates a movement towards an arrangement more like repression, in which the parts may begin to live together. In Klein's terms, as personal development takes place, the nature of the projective identification changes. The understanding that violent forms of projective identification may be modified, and how that is connected with a movement towards the depressive position, has been one of the major developments in recent Kleinian psychoanalysis.

Correlated with this change in the degree and in the violence of the phantasy, there are a multitude of motives for a projective

identification. A complete catalogue has yet to be compiled, but we have seen some of the broad categories: evacuation of intolerable experiences; disposal of unwanted, intolerable functions of the mind, especially those presenting reality; a defence against separation from an object – or against acknowledging a difference from it – so that the object is invaded and occupied instead; retaining the experience of omnipotence through sustaining the control over others' minds. Others include the projection of good parts of the self into an object where they may be kept safer; and finally the circumstances that have given a special thrust to recent Kleinian research and practice, a form of projective identification as *communication* which gives the experience of being 'contained'.

PROJECTIVE IDENTIFICATION AND COMMUNICATION

During the 1950s, several Kleinian analysts had begun to describe a form of projective identification that seemed to be not so closely linked with obliteration and aggression. It had different aims from the earlier examples in this chapter.

Example: The mother who could not understand

Bion summarized some material that gave a vivid reconstruction:

The analytic situation built up in my mind a sense of witnessing an extremely early scene. I felt that the patient had witnessed in infancy a mother who dutifully responded to the infant's emotional displays. The dutiful response had in it the element of impatient 'I don't know what's the matter with the child.'

We are invited to imagine a mother who is at a loss to understand her baby's state, but we must particularly consider the baby's experience of that mother.

My deduction was that in order to understand what the child wanted the mother should have treated the infant's cry as more than a demand for her presence. From the infant's point of view she should have taken into her, and thus experienced, the fear that the child was dying.

From this we gather that mother is a person who is needed by the baby to introject, and know about, the baby's projected part:

It was this fear that the child could not contain for himself. He strove to split it off together with the part of the personality in which it lay and project it into mother. An understanding mother is able to experience the feeling of dread that this baby was striving to deal with by projective identification, and yet retain a balanced outlook.

The patient demands a particular role for projective identification – as a form of *communication*. It is not merely for expelling. Projective identification can retain meaning of a kind, and mother is supposed to pick up that meaning. Despite the retained meaning, projective identification nevertheless performs some evacuative function. Mother is confronted with this difficulty: she must receive a projective identification of something the baby cannot tolerate and has needed to evacuate; but without being overwhelmed by it. As in this case, however, she cannot always do it:

This patient has had to deal with a mother who could not tolerate experiencing such feelings and reacted either by denying them ingress, or alternatively by becoming a prey to the anxiety which resulted from introjection of the infant's feelings.

We can recognize that something similar is also sought in psychoanalysis. A psychoanalyst also needs to 'contain' what the patient cannot tolerate in order to begin to understand it. The patient strives for an experience of an object that does cope with the projected part of him- or herself. This goes beyond a mere expulsive projection, an evacuation. The patient's phantasy of mother (and psychoanalyst) struggling with their anxieties in this way, and longing for mother/analyst to perform a particular activity upon them, is quite different from the uninhibited aggression of forcing destroyed parts of the mind upon a hated external object (for example *The man who lost his sight* and *The object as lavatory*, pp. 109, 120).

Projective identification often does cause some impact on the other person. When a baby cries, for instance, its mother is instantly alerted. Alarmed, she assesses what the meaning of the cry is, and then endeavours to meet whatever need or mood the cry represents. It is not too exaggerated to say that mother does often

feel that it is a panic in her infant; then she has to face that, with rising panic in herself. Indeed, how mothers can be so attuned to a baby in this way is a mystery; there may be something inherently biological in the response to a baby's cry. We see the way in which people in a bus queue or in a shop, for instance, do get anxious when a crying child is present.

Of course, as with the forms of evacuation we saw in Chapter 7, there is still a splitting of the patient's mind (or the infant's) when it projects into mother or analyst for these purposes. It still entails a turning of the aggression against the ego, splitting off a part of it and projecting it into an external object. Also, as we shall see in the next example from Bion, the force of this kind of projection may also be very violent. The last example, however, seems to be a primitive method of generating meaning, or at least of recruiting the assistance of a maternal mind to help to make meanings. It involves a potential to think, and to generate that capacity. A psychoanalysis involves the restoration of that capacity to communicate, to raise it to a symbolic level in creating vivid images together. At times this capacity has to be preserved by the psychoanalyst's own mind, and can be given back to the patient (the psychoanalyst reprojects it; the patient reintrojects it). Such a process has come to be known as *containing*, and its form in the psychoanalytic setting will be investigated in Chapter 10. Bion's idea of containing is one elaboration of his notion of linking (see Chapter 7). The link between container and contained is an event in which one thing is inserted inside another – with various kinds of emotional colour, and consequences. Containing includes the link between mother and child, or analyst and patient; it is also clearly associated with the activity between a woman and a man.

CONTAINING

The patient's intention is to project parts of their mind into the analyst's mind, and 'if they were allowed to repose there long enough they would undergo modification by my psyche and could then be safely introjected' (Bion, 1959, p. 103). This is quite an extended phantasy. It includes an external object; one that has a mind to receive; one which can modify experiences; and then the experiences, once modified, can be reintrojected. So two different

groups of phantasies are involved in the two different kinds of projective identification. In the violent expulsive form the part of the mind expelled is meaningless and completely rejected; the state of the object is not considered. In the communicative form, on the other hand, there are specific qualities: a willingness to relax omnipotence and, to some degree, a willingness to grant a dependency upon an object that can perform certain functions.

Bion became aware of the communicative kind of fantasy from occasions when it failed (as in the last example) – the object did not always allow the part of the patient to repose long enough inside. The patient is acutely aware that the object (psychoanalyst) may or may not allow the use of this mechanism to contain anxiety and to modify it for the patient.

Example: The cheated patient

Bion's patient whom we met in the previous example was notable for his use of projective identification, which he practised

... with a persistence suggesting it was a mechanism of which he had never been able sufficiently to avail himself; the analysis afforded him the opportunity for the exercise of a mechanism of which he had been cheated. I did not have to rely on this impression alone.

When the patient strove to rid himself of fears of death which were felt to be too powerful for his personality to contain he split off his fears and put them into me, the idea apparently being that if they were allowed to repose there long enough they would undergo modification by my psyche and could then be safely reintroduced. On the occasion I have in mind the patient had felt ... that I evacuated them so quickly that the feelings were not modified but had become more painful.

If the object – analyst or mother – does not allow and tolerate being used like this, a disastrous sequence ensues:

Consequently he strove to force them into me with increased desperation and violence. His behaviour, isolated from the context of analysis, might have appeared to be an expression of primary aggression. The more violent his phantasies of projective identification, the more frightened he became of me. There were sessions in which such behaviour expressed unprovoked aggression ...

The appearance of this projective identification was simply aggressive, but it was not as it seemed; the need was for an understanding object:

... but I quote this series because it shows the patient in a different light, his violence a reaction to what he felt was my hostile defensiveness.

The failure of the container is an important instance for understanding the kinds of things that can go wrong with the development of the mind. It may be one source of aggression, flaring in the face of an impenetrable object. The psychoanalyst must carefully distinguish this frustrated aggression – his or her own failure to take in the patient's projection – from the aggression that seeks to attack links.

Example: The patient's failed container

In the next example Bion describes another patient's sensitivity to whether parts of himself are being contained for him:

The session ... began with three or four statements of fact such as that it was hot, that his train was crowded, and that it was Wednesday; this occupied thirty minutes. An impression that he was trying to retain contact with reality was confirmed when he followed up by saying that he feared a breakdown.

There is a desultory kind of communication, though it is clear that it is not as meaningless as the schizophrenic's. However, the patient is actually preoccupied with his fears about breaking down. His despair mounted:

A little later he said I would not understand him. I interpreted that he felt I was bad and would not take in what he wanted to put into me.

Bion added, as an aside in his account, that this interpretation was guided by material in the previous session, when the patient had felt that the interpretations were an attempt to eject feelings that he wished to deposit in the psychoanalyst:

I interpreted in these terms deliberately because he had shown in the previous session that he felt that my interpretations were an attempt to eject feelings that he wished to deposit in me. His response to my interpretation was to say that there were two probability clouds in the room.

We could wonder at this point whether or not the response

confirms the interpretation. Clearly the analyst thought that the probability clouds represented just what he had pictured – fragmented remnants of the patient's uncertainty (probability) about the analyst which had been evacuated into the air around the patient. Consequently, the psychoanalyst attempted to reconstruct this meaning (the patient's uncertainty):

I interpreted that he was trying to get rid of the feeling that my badness was a fact. I said it meant that he needed to know whether I was really bad or whether I was some bad thing which had come from inside him. . . . I thought the patient was attempting to decide whether he was hallucinated or not.

The psychoanalyst has succeeded in reconstructing sufficient meaning in the sequence of utterances – I could summarize it as: the patient feared a breakdown; because he could not bear the uncertainty of his fear, he fragmented it, as well as the object he was uncertain about; he then evacuated it and the part of his mind that could have appreciated uncertainty (probability); then he further experienced a breaking down, this time of the object he needed inside him to hold him together (contain and understand him):

This recurrent anxiety in his analysis was associated with his fear that envy and hatred of a capacity for understanding was leading him to take in a good, understanding object to destroy and eject it.

This kind of material from a session suggests that the good internal object on which security and mental stability rest (see *Identifying with a 'good' object*, p. 71) has a specific function – to contain emotional states, as the external mother or analyst does – and it is built up from them by introjecting them as internal objects. In this case destructive phantasies, deriving from envy, damaged the containing object that had been internalized, leading to the anxiety of going to pieces. It is a different aggression from the frustration of not gaining access. When, however, the patient projected his damaged internal object (internal container), he could not tell if the external container actually failed, or if he was just expressing his projection of the state of his internal container. The actual interpretation given now concerned the patient's doubts about the analyst himself. This difficulty was understood and carried – contained – by the psychoanalyst in the interpretation.

NAMELESS DREAD

The rejection of a projective identification is a serious disturbance for the patient who is already beyond the limits of what can be tolerated:

If the projection is not accepted by the mother the infant feels that its feeling that it is dying is stripped of such meaning as it has. It therefore reintrojects, not a fear of dying made tolerable, but a nameless dread. (Bion, 1962a, p. 116)

In this process Bion is describing a particularly persecuting object – a 'bizarre object' which appears to strip meaning away rather than add or restore it.

Projective identification, an intrapsychic process, seems to be a central and crucial element in making emotional contact with other beings who also sustain an intrapsychic world. In this sense it functions as a form of communication, a non-symbolic one – not just preverbal, but pre-symbolic. Despite its extremely early occurrence in infants, it seems to depend on the infant already having an assumption that the object has a mind too. It may indicate that once mental life starts, it has an entirely mentalistic base – everything is a mind. A concrete, physical reality develops only as a later awareness. This confounds more usual notions of the development of mind: from an earlier stage of physical perceptions towards a sensitivity to other minds at a much later, more mature level. (Of course it may be wiser at this stage to retain an agnostic stance on the actual nature of the newborn infant's mind!)

If projective identification varies from expulsion to communication, then at the very furthest point on the benign end of the scale is a form of projective identification underlying empathy, or 'putting oneself in another's shoes'. Empathy occurs without serious distortions to the identity of either the subject or the object. In this case the violence of the primitive forms has been so attenuated that it has been brought under the control of impulses of love and concern. It is true, of course, that empathic enquiry can on occasions – or for certain people – be felt as intrusive, and may even become intentionally so if the object of enquiry is uncooperative.

Thus a process of maturation in the forms of projective identification can be plotted on a continuum:

- the violent 'prototype of the aggressive relationship'
- a more benign form intending to communicate with another mind
- empathy, or a non-violating entering into someone else's mind for the purpose of understanding them.

This continuum demonstrates how close this journey is to the parallel movement in the attainment of the depressive position, and its capacity for concern; both transitions are, of course, connected.

In the next chapter I shall turn to Klein's last important discovery, which involved very early aspects of the aggression that has permeated so many of the examples so far; and the processes by which aggression gradually becomes changed by, and suffused in, loving impulses.