

# The Clastrum and Projective Identification

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## CONCEPTS

The immediacy of projective identification *vs.* slow process of introjective identification. Adhesive identification with outside of object.

The claustrophobic world of living inside the object; active and passive intrusion. Identificatory *vs.* projective processes consequent on projective identification; fluctuate with splitting of the personality.

Normal and pathological projective identification. Pseudo-maturity beginning in childhood. The social context of child sexual abuse. *Folie à deux* between child and parent, and ineducability. Passive projective identification. Basis of sadomasochism in intrusive penetration inside mother's rectum. Bisexuality.

I am going to talk to you today about the history of the concept of projective identification. I will also try to trace for you its implications, particularly for the psychopathology of children. You will hear that I talk about it as if it were a world revolution, but it really is just a little revolution, which has happened in the rest of the world as well.

In 1946 Mrs Klein presented this amazingly modest paper called 'Notes on some schizoid mechanisms' in which she described her discovery of the phenomenology of splitting processes and projective identification. At that time she was describing it as a very psychotic mechanism, seen in very ill people, and involving narcissistic identification with external objects. It was in fact the first description of the mechanism or the phantasy behind the narcissistic identifications, although Freud had used the description 'narcissistic identification' but was unable to flesh out its substance. Abraham had used it also and gave it a bit of substance in relation to manic-depressive states, but still was not able to give it a substantial description that made it visible in ordinary personality functioning.

Now this first description by Mrs Klein, that I say was a very psychotic mechanism operating with external objects, very soon became recognized as operating with internal objects as well, and it became apparent that it added a new dimension to what Mr Money-Kyrle called 'man's view of his world', that is, it opened up the prospect of people living in a world

*inside an object*, adding another dimension to the two worlds that we live in. To the very concrete internal world already defined by Mrs Klein, and the external world, there was now added this third dimension of the world inside objects, both external and internal objects.

The concept of projective identification quite enthralled her followers, and its development was also very connected with her also describing the operations of envy as an infantile emotional state that had very big consequences for development and for the analytical process.

The interest in projective identification, partly because of the emphasis that Mrs Klein herself laid upon it was with the identificatory aspects of projective identification, that is, the way in which it brings about instantaneously a change in the person's sense of identity, an instantaneous identification with the mental state and the attributes and capabilities of the object with which is identified. This immediacy of identification enabled therefore a very clear distinction from the process of introjective identification that Freud had described, which he also saw as resulting from the differentiation between ego and superego and a process between the two of them which was very essential for maturation. Introjective identification meaning the internalization into internal objects of certain qualities which then become the object of admiration and aspiration in the slow process of development.

Narcissistic identifications, of which the first description is Mrs Klein's description of projective identification, are immediate and produce an immediate sense of a change in identity. Some years later, Mrs Esther Bick described a second mechanism of narcissistic identification, which she called 'adhesive identification', which was a method of sticking on to the surface of an object and acquiring a sense of having its surface attributes. But projective identification was quite different; it involved an intrusion inside the object – in what Mrs Klein called an 'omnipotent phantasy' – through which the person had a sense of acquiring the qualities and capabilities of the character and personality: not just the appearance but the character and personality of the object of identification.

It was soon recognized that the identificatory part of projective identification was only one side of the phenomenology of projective identification. But there was another side to it, which was the projective or intrusive part. The experience of the world inside the object, the claustrophobic

world. Now, the experience of this differentiation between the identificatory and the projective phenomenology consequent to projective identification gradually produced a whole spectrum of new understandings, both of psychopathology and of the developmental process. It became clear, for instance, that the process of projective identification with internal objects was at least as important, if not more important, in developmental processes, than identification with external objects. It also became clear that the method of intrusion inside the object was not always an active intrusion, that it could be a passive intrusion, a kind of being swallowed up, of being enveloped into projective identification. So that the whole theme of phenomenology related to projective identification is therefore divided in various dimensions: the dimension of internal/external objects that are the object of identification; secondly, the dimension of the differentiation between the identificatory part and the projective part; and, thirdly, the dimension of its occurrence as an active intrusion or a passive enveloping or swallowing up.

In the clinical phenomenology that this concept lights up – so that one can begin to see a phenomenon that one would not ordinarily see without the help of such a concept – the things that were lit up were, particularly, the ways in which splitting processes and projective identification operate together: that is, that part of a personality may exist inside an object, and another part of the personality outside. Or that the intrusion may be a temporary one – the person may enter into the object and then come out again. There's also the implication that the two may exist simultaneously and that consciousness may be dominated by one or the other, alternating. You get material from a patient that first indicates his identificatory processes, and a few minutes or a few sessions later you get material indicating the projective or claustrophobic aspect. So, this concept and the recognition of its complexities made it possible to follow clinical material in ways that had seemed utterly chaotic previously. With that advance in the ability of the analyst to follow the material of the patient – which, I must say, was always clearer with children than with adults, and in many ways all that I'm saying has come out of work with children and later clarified with adult patients – the ability to follow the material more closely, and to not be enveloped by the confusion that the patient is enveloped by, made it possible to study some of the other particularities of the phenomenology

of projective identification, both the identificatory aspects and the projective aspects.

The realization that grew out of work with children and particularly with autistic children, or children emerging from autism, that we reported in the book on autism, was that whereas the ones emerging from autism tended to live very exclusively in projective identification and then emerged and became more obsessional and so on, the inside of the object – particularly the maternal object – is compartmentalized, and the different compartments have different qualities and different significance, and also are entered in phantasy by different orifices. Here there seems to be, in its most pathological manifestations, the inside of the mother's body that corresponds to her rectum – at best a sort of rubbish tip, at worst a concentration camp. Then, there seems to be a another fairly distinct and demarcated compartment corresponding to the entry by the vagina which is a place of intense sexual excitement and sexual activity, and a kind of sexual elitism as well. And thirdly there is compartment that is up in the breasts, or in the mother's head, or both, or the head-breast, as we came to talk about it, which is a place of utter comfort, and safety, and abundance, but also a place, in its identificatory aspects, of intense elitism, sense of superiority, a sense of expanded and almost universal knowledge, based on the sort of poverty of imagination that just sees one thing, and therefore feels certain that that is the truth, that kind of one-track-minded omniscience. And it is a place which generates a kind of indolence, complacency, sense of superiority that came to be known as 'pseudo-maturity'.

Now, it is the study of this compartmentalizing, to which this last book on *The Claustroom* [1992] is devoted, which seems to me to have thrown so much light on the different aspects of psychopathology in children, and the ways in which augmented and evolved in adolescence and in the major steps in development, from infancy to childhood, childhood to school-life, school-life to puberty and adolescence, the ways in which they are variously interfered with by the activity of projective identification and its social manifestations. It seems to me that a lot of light has been thrown on these things by the recognition of the compartmentalization of this interior world inside the mother. Now, I say inside the mother because this seems to be the main object of projective identificatory phantasies – the maternal object. However, there are situations in which the identifica-

tions with the father are also very intense, particularly identifications at the very part-object level with his penis and its functions inside the mother. That aspect of projective identification is relatively transitory because its purpose is mainly to find a vehicle for entry into the mother, so that the entry into the mother in both types of projective identification is really the ultimate aim of these phantasies. Entry into the mother, the possession of the spaces inside her, and the possession of the maternal characteristics and qualities and capabilities.

### *Normal projective identification*

Now, to turn to the questions about the role of projective identification generally in the development of children and then to pass on to its role in the psychopathology of childhood. It seems to be quite evident now – it seems to me, I should say – that projective identification phantasies are ubiquitous, that they play some role in development in every person, but that they do not form in any sense a phase in development. That it is a phantasy that has mental consequences which are primarily modulating, whose intention is to modulate mental pain. That it does not constitute a phase in development, but runs through development as a modulating device, modulating mental pain. The next thing to recognize about it is that it is most particularly employed to modulate the mental pain of separation from the mother, and it does therefore tend to start very early in infancy, and is of course employed in proportion to what one might call the insensitivity of the mother to the child's separation anxieties. I mean, this you can see very clearly in baby observation: the difference between a mother who is sensitive and a mother who is insensitive. A mother who puts down the baby and walks into the kitchen and out of the baby's sight, and goes about her business in the kitchen, and does not pay any attention to the baby until it starts crying or screaming is very different from a mother who as she walks away is talking to the baby, while she is in the kitchen out of the baby's sight she is still talking to the baby, or singing for the baby and so on – who maintains her contact with the baby, both in her mind and in communication. This is why I say that the sensitivity of the mother to the baby's distress in separation plays a very important role in determining the baby's use of projective identificatory fantasies for

modulating its pain about separation.

Now, it would seem, both in the study of children and from the dreams of adult patients that the most common fantasy that involves projective identification with the mother as an external object involves the baby seeing the mother walking away. At a level of partial objects the mother turning her back and walking away has the significance of her two breasts turning into her two buttocks and the baby's intrusive fantasy is to enter into her anus to get inside her once again, to go with her in its fantasy. Of course, what happens is that this occurs internally and the baby's state of mind becomes dominated by the fantasy of being inside the mother and going away with her. The result is that the baby does not cry and when the mother comes back she finds that the baby does not make contact with her, but is busy playing with its fingers, playing with its toys, ignores her and so on. The contact with the external object has been broken because the baby has now entered into his internal object and is feeling grown-up, independent, absorbed in his interesting enquiries into how his fingers work and so on and so forth. That seems to be the most ubiquitous projective identificatory fantasy – of entering into the anus and rectum of the mother as she walks away – but it also has very pathological consequences which I will come to in a moment.

The next most ubiquitous projective identificatory fantasies also involving separation are the fantasies of the pre-genital Oedipus complex, that is, fantasies related to the parents being together and united in some sexual way, which the baby naturally interprets in the like of its own pre-genital preoccupations: that is, the parents are really viewed as feeding on one another's bodies or they are viewed as excreting into one another's bodies, in either an oral or an anal way. And the baby's projective identification – either because it is sleeping in the same room and feels intensely involved in their sexuality, or because it is separated in another room and hears evidences of their sexuality – that the baby's intrusion into this sexual act leads it either to projective identification with its father's penis entering into the mother, or intrusion into the mother's vagina participating in the sexual intercourse. This pre-genital operation of projective identification then of course may become more genital in the genital Oedipus complex later in early childhood, at the age of four, five, six and so on. But it tends to preserve its pre-genital implications, and therefore colours the genital Oedi-

pus complex very strongly with these oral and anal implications, which are intensified by the employment of projective identification.

Now, all this I am talking about is in the range of normal development. I will now talk a few minutes about its extension or aggravation or amplification as pathology.

### *Pathological projective identification*

We come to this other normal area of projective identification with this other compartment, not the rectum, not the vagina or the penis, but the breast and the head. The operation of that, one can see very clearly in baby observation and the observation of young children, the immediacy of the baby's identification with the mother's activities, her moods, her emotions and so on. The other day, in a baby observation group, it was described that the baby had a little rash on its face. (This was a baby of 51 weeks, just short of a year of age, already walking, already clearly understanding language, to a very great extent.) The mother brought her eyes very close to the baby's cheek to look at his little rash, and as soon as she had inspected it, the baby walked across to a bookshelf on which there were little ceramic figures, and one after another he picked up these figures and looked at them very carefully and put them down. I mean, you can see that immediate identification with the mother, carrying out the actions and suffused with the emotions of the mother of intense looking, but of course not implemented in a way that had the same meaning as the mother; and this is a very important thing – that the mood, the emotions, the actions that come from projective identification have all the appearance of being meaningful, but in fact are relatively empty of meaning.

Probably the most common form of psychopathology that we meet, both in children and adults in the relatively middle-class population that is served by psychoanalysis, certainly with adult patients – is pseudo-maturity (of course in clinics one is not so restricted to middle-class population, but it still is preponderantly middle-class). Pseudo-maturity one can see starting as early as one year of age, like this child I just described. There is a lovely paper about it, if I say so myself, in the book on *Studies in Extended Metapsychology* [1986] called 'A one-year-old goes to nursery', which is a wonderful description (I did nothing but transpose it) observed by a child

psychiatrist, Romana Negri in Milan, of a one-year-old going to nursery school because his mother returned to work, and of the terrible separation anxieties that the baby had, which turned into pseudo-maturity the moment the mother left the child in the nursery: how in an instant the child becomes totally socialized, and one of the staff. Not one of the children, he became one of the staff. One year of age! An amazing description, I commend it to you.

Now, this form of psychopathology, of the crystallizing of character around projective identification with the intelligent, attentive and caring qualities of the parents – usually the mother, but also mother and father combined, sometimes – the projective identification which produces a simulation of maturity, and which is often accompanied by a capacity for a limited kind of learning, a kind of soaking up of information, and therefore a very adequate school performance in most school systems, up to... well, at least to secondary school and sometimes beyond. A child can find a way to be a very successful student simply by sponging up, soaking up information. This pseudo-maturity leads to very successful social adaptation, inevitably deteriorating intimate relationships. And although we see children brought occasionally because their parents have recognized that this child has established a premature independence, usually we only see it in the adult patients in their 30s, who are socially successful and whose intimate relationships are crumbling or almost non-existent and so on. As I say, it consists of what Bion would call a carapace or shell, a social façade of maturity, competence, humanist values, etcetera, based on a projective identification that starts very early in childhood, that can start as early as one year of age, at least I have observed it, it may even start earlier, but most characteristically it starts at the toilet-training period. Most characteristically it follows weaning, when weaning and toilet-training catch the child in a sort of cross-fire of anxiety that the projective identification is invoked and the child becomes clean and dry and independent, and no longer needs a mother or a father, and therefore is in a position very characteristically to be very helpful to mummy, to be mummy's little assistant with the next babies, and to amazingly immune to jealousy of the younger children, and it is only the sensitive parent who realizes that the child has become joyless and lacks the colourfulness of childhood. It can be recognized in that way, really, but unfortunately most parents are delighted with

this helpful and easy child who you can leave to neighbours, who you can park with grandma or grandpa, and so on, and rest assured that they won't make a fuss.

So, pseudo-maturity, starting very early, is probably the most frequent psychopathological form of projective identification that we see in psychoanalytic work both with children and with adults.

The problems of analysis of pseudo-maturity are primarily the analysis of this independence and sense of self-sufficiency and wisdom, due to limited imagination and what I call one-track-mindedness. The arrangement of the compartments of the inside of the mother's body are such that they lead into one another, that is, a part of the personality that may be living in projective identification with the head-breast and be very superior and elitist and independent may, under the pressure of sexual desire, slide down into the genital area and become nymphomaniac, have explosions of erotic desire and be quite overwhelmed by them.

This also happens in childhood, with children becoming suddenly tremendously erotic and seductive with other children and with adult figures, and it plays an important part in the psychopathology of the sexuality of children, which in our country, in England, at present, has reached a kind of epidemic proportion; one does not know whether it is epidemic amongst the social workers seeing it, or amongst the adults being worried about it, or whether it is actually an epidemic between children with one another or with adult figures.

But the problem of what is called sexual abuse has become a very prominent problem in English educational and social circles. And projective identification plays a very big part in this. When children are in projective identification with the parents' sexuality on this very pre-genital level that I have discussed with you, they are not only seductive but very vulnerable to seduction by other children or adult figures, and it is in this area that brother-sister incest, and father-daughter incest, but also father-son incest not only comes into existence, but is perpetuated. I mean, that is the problem with the child abusers, not an incident or so-called traumatic incident like one thinks about in Freudian terms – something that once happened and stayed unconscious, etc. The problem with child abusers is that a relationship is established and goes on secretly for years, really. And the state of mind that is engendered by it – the state of mind of pseudo-maturity

on the one hand and sexual pseudo-maturity also, that is, a sexuality that is essentially pre-genital, but is experienced as if it were fully grown-up and mature – that this kind of precocious sexuality is characterized by prolonged sexual activities starting usually in the latency period, usually with an older sibling, sometimes with a parent figure. Although generally one thinks that for a parent to enter into a prolonged incestuous relationship they have to be very psychotic or borderline psychotic, to begin with.

Now, it is in this area, the projective identification with the parental sexuality, that one meets the next most frequent phenomenon of psychopathology seen in childhood, with children, and that is the phenomenon of the *folie à deux*, which is a situation between parent and child usually mother and child, but sometimes also father and child, in which there is such an intimate and collusive relationship that it defies educational impingement: that is, usually the child becomes relatively uneducable, cannot stay in school, cannot tolerate separation from the mother or father; the parent is often in conflict with the school, wanting to keep the child at home, wanting to educate the child himself or herself. Mother and child, sometimes father and child, become a unit bound together by mutual projective identification. One can see it – when a mother and child like that walk into your consulting room you just see it. There they are, like twins, one bigger than the other but otherwise...absolutely, in their behaviour, in deportment towards you, like twins.

Now, this is, in my experience, the most common form of passive projective identification: that is, the situation is almost always that you have a rather borderline psychotic mother (that is the most common situation) who is in bad relationship with the father, or has already excluded the father from the family, and who envelops her child into her state of mind and her view of the world, by constant intimacy of a conferring, discussing, revealing sort. That is, she takes the child as her confidant, and this can start in an incredibly early age, and envelops her child with her view of the world. The main item of this view of the world is what a bastard Dad is, usually. And very frequently generates a conviction that the child has been sexually abused by the father. This is often accompanied by the fact that the mother has had no sexual relationship with the father since the child was born, and one can see that this child coming out of her and into her arms is still inside her and that she is pregnant with this baby in her

arms, and isolated from the meaningful world, enveloped, encapsulated in herself. This, to my experience, is the most common form in which the child experiences projective identification passively, and is enveloped by the mother's sense of identity and by the mother's view of the world.

Now, this whole area as it were explodes in adolescence, but is visible in earlier childhood. The areas of addiction and perversion seem to be based on the operation of projective identification and particularly projective identification with the mother's rectum – this area that varies from being a rubbish tip to a concentration camp – and can usually be seen to have started in the process of toilet training and to involve secret erotic experiences of defaecation, of having a nappy full of faeces, of sitting long hours on the toilet excluding and then retracting the faeces in a masturbatory way, leading on to anal masturbatory habits and very great secrecy. Projective identification into the mother's rectum involves, of course, a great deal of erotization of the faeces – what we call the faecal penis. As an object of erotic excitement and even of a kind of Dionysiac worship, it involves an estimation of the preciousness of the faeces, as being the contents of the mother's body, that can be stolen and are of endless commercial value. But most important of all, it involves sadomasochism, that is, the basis of sadomasochism seems to be in this area, having to do with this area of the mother's body, which is viewed as a very particular world that is structured very much like institutions or structures in the outside world, that is, hierarchic, with levels of authority and privilege superimposed upon one another. But of course this hierarchic structure even when managed humanely in the outside world is essentially a structure of tyranny and submission; in this interior world of the mother's rectum, as I said, in its most ghastly form it is the concentration camp.

The concentration camp is a marvellous model for this basic fundamental perversion where what should be love-making and making babies is turned into sadomasochism and the killing of babies. This can be seen to start very early in childhood. Very often it seems to involve not just anal preoccupation but anal masturbation, and manifests itself only really symptomatically in childhood, although even quite small children make it into actual sadomasochistic behaviour with one another of a very secret sort. Particular when parents are not vigilant about the children's activities with one another or with their friends. The basic structure of tyranny and

submission plays a big part in many children's lives, partly in the pathology of aggressiveness toward other children, but probably more frequently in the form of submissiveness and timidity, not just in boys but in girls. You can say to a child: 'But why do you play with him? He's always hurting you.' 'He is my friend!' It is that sort of pathology where the child cannot distinguish between admiration and submission, and the masochism is evident in the behaviour. But it is only in puberty and adolescence that it breaks out and becomes a manifest social orientation, mostly in the form of homosexual perversity in boys, prostitution fantasies and enactment in the girls, and drug-taking.

Now, this is a sort of spectrum of the psychopathology; as I say, the psychopathology of projective identification becomes most obvious in adolescence. The pseudo-maturity becomes most obvious in early childhood and extends through to mid-life, and then there are the serious illnesses based on projective identification. That is, one does see a certain proportion of psychotic children who are utterly unsocialized, utterly ineducable, because they are totally living in projective identification and these are the children who are most in danger of a schizophrenic breakdown when they reach adolescence.

*[Answers to questions]*

First of all I would say that the whole question of the bisexuality of individuals is so concrete that the problems of the boy and the girl are simply problems of the balance between the two in the individual child, and the degree to which splitting of the bisexuality and projection of one part of it has taken place, so that in a family, when you are following the sexual development of the children you have to really follow both the boy and the girl, in order to understand the sexual development of each of them, because they are so fused together by mutual splitting and projective identification.

The second thing about the question of abandonment – when you recognize part-object relationships you immediately recognize how reversible they are by projective identification, and this is something one sees in children all the time, how quickly they reverse the relationship, so that the abandoner is the abandoned, or the seducer is the seduced, or the attacker

is the attacked, and so on. That reversibility is a characteristic of part-object relationships.

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First of all, the 'turning to' – which is the ordinary way a young child tolerates separation, by turning to its internal objects, for instance when it puts its thumb in its mouth. It is quite a different thing from using the internal objects as a refuge, which one sees in the projective identificatory process. So that in a certain sense, what I described to you of the situation with the mother walking away and being insensitive to the baby's feelings – that is not really a turning to an internal object, but an intrusive fantasy into an external object that is immediately accompanied by an internal process; as soon as the mother disappears round the corner, it continues with the internal object. It is attracted to the inside of objects, attracted to that world inside the object: that is what it is attracted to, and that is what in a sense is the basis of the claustrophobia. The reason that the claustrum seems to be closed and is a place you cannot escape from is not because there is a closed door, but because the outside seems so threatening and unattractive compared to the inside.

In the course of the therapy of people who have been, say, lost in projective identification, you find that when they eventually agree to come out, they find the outside world so full of depressive pain that they rush back in again, and you get this process of isolation from the world. So, it is not correct to speak of being attracted to the internal object; they are attracted to the inside of the object, whether outside or inside. It is that world inside the object that is attractive.

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It is a problem that I don't think I want to go into at all, in a short conference like this. It takes a few months to talk to one another about the problem of how the organization of our culture reverberates, harmonizes with various psychotic states of mind of individuals. There is a terrible expression in English that means that our political structure and our organizational structure are such as to always ensure that the scum rises to the top. Now, that sounds bitter, but when you study the processes of projective identification, particularly those in the rectum, where the hier-

archic structures, as I say, approximate to the concentration camp, you see the problem is that the person in that state of mind is frantic to get to the top for survival. It is the frantic person who does easily rise to the top of every organization by virtue of his frantic activity, and this is certainly one of the defects of the whole hierarchic nature of our institutions. Bion has suggested that there is such a thing as a different way of organizing that he calls a work-group, but it is a forlorn kind of expectation. I mean, what he is describing is how a family should work, how a mother and a father should organize themselves with one another so as to create a situation where children can grow and develop, but we know perfectly well that it is a rare phenomenon that a family is organized as a proper work-group, and even if it is, one that can maintain that organization under stress and so on. So I think really we cannot expect either organizations that are not inspired by love, and are not bound together by the intimacy of the sexual act, to be able to organize themselves in a way that is proof against deterioration into sadomasochism, into tyranny and submission and so on. I think all we can do is to try to be vigilant for it, within the crude institutions that we have, like voting and marches and so on. But what we can do, I think, is to pursue the Socratic ideal that the just man is the man who knows how to mind his own business and minds it well. That seems to me to be a good rule for participating first and most intensely in the intimate area of your live, and then to try also to be a citizen, whatever that means.







