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Projective Identification, Empathy, and the Analytic Work

Introduction

Projective identification was first introduced by British psychoanalyst Melanie Klein in 1946. Klein described projective identification as a response to paranoid-schizoid anxieties, whereby the patient projects internal states of mind onto the analyst. Through this process, the patient may feel a sense of control and detachment from their own feelings by attributing them to someone else – in this case, their analyst.

Projective identification has been one of the most important and, at the same time, most difficult concepts to explain since Melanie Klein (1946) first mentioned it in her text, “Notes on Some Schizoid Mechanisms.” She says: “Much of the hatred against parts of the self is now directed toward the mother. This leads to a particular form of identification which establishes the prototype of an aggressive object-relation. I suggest for these processes the term “projective identification’.” (102)

It is possible that Klein had not intentionally constructed the concept but that it appeared as other theoretical constructs of her theory were being developed and presented (Spillus, 2012, 8). Regardless of her intentions, formulating this concept is essential for psychoanalytic thinking and current clinical practice.

When projective identification surfaces, it raises new questions and expands perceptions about elements such as the making of the Self, psychological development, psychic functioning in early childhood, constructions, and dynamics of mental representations in adult life and relationships. Furthermore, it also reveals patients’ projective fantasies in the clinical setting and how they play an important role in the relationship between analyst and patient and the analytical interventions. During the analytic process, projective identification is discerned within the countertransference, thereby assuming a significant role in analytic interpretation. Despite the fact that it will not disappear, the patient and analyst can explore new meanings to the unconscious contents related to the projective fantasies.

From Intrapsychic Mechanism to a Form of Communication

What makes projective identification much more than just an Ego defense mechanism in response to the intensities of paranoid-schizoid anxieties, as Klein (1957) argues, is the fact that it carries the projections of the individual's inner world and places them in the dynamics of interrelational life. While functioning intra-psychically, it operates in relationships as the *modus operandi* of the individual's relational pattern with others (Grostein, 1981; Racker, 1968; Sandler, 1987). According to Thomas Ogden (1982, 2), people who become targets of projective identifications are provoked to react (feel, think, and act), since this works in the process of manipulation and instigates the target objects to respond inter-relationally. Unlike the projection defense mechanism, where [internal] contents are intolerable and therefore impossible to be integrated or recognized, they are projected onto external objects (Laplanche and Pontalis, 1967), thus not provoking any reaction on the part of these external objects that have become targets of projective fantasy.

Ogden (1982) provides an expansive definition that encompasses the multiple layers of meaning associated with this phenomenon. He defines it as “a primitive form of psychological functioning” in which a person unconsciously projects part of their mental content into another person or object and “experiences the other person as if he or she were having or possessed those aspects of themselves.” In essence, the individual is trying to transfer their innermost thoughts, feelings, and experiences onto someone else instead of acknowledging them within themselves.

For Ogden, by projecting their inner contents onto others, individuals can gain some sense of control over their fantasies. In this way, they can maintain distance from whatever it is that they are struggling with internally by pushing it onto someone else. In addition to providing a sense of control over these inner contents, projection also allows individuals to avoid experiencing any emotional discomfort associated with certain aspects of themselves. Ogden (1982) suggests the projective identification operates in a three-stage process: The first stage is perceived as the individual trying to project a part of the Self on the analyst. This movement can be better understood as a wish that needs to go away and, therefore, becomes a fantasy. In this case, it is a fantasy projected on the object. This movement is created as an unconscious mechanism to control inner contents. The second stage is a process of induction. The projective fantasy unfolds an emotional communication that is real and interactional with the object. The goal is to force the object to respond to the fantasy by behaving accordingly. It is important to mention that considering this second stage, projective identification can only exist where there is interpersonal interaction and emotional exchange. The third stage can be divided in two parts. The first part is getting the response from the object and the second part is when the individual who projects the fantasy internalizes the response.

An important aspect presented by Freud (1921) regarding emotional communication in interpersonal realities is the idea that every intimate relationship has, in a consolidated form, aversion and hostility. As an example, he cites marriage, friendships, and parent-child relationships (Freud, 1921, 46). When there is hostility

towards someone we love, says Freud, there is an affective ambivalence, but it does not deny love's existence. What Freud is describing in intimate relationships could be understood as projective identifications according to Ogden's three stages.

Going back to Klein's (1946) work, it is possible to consider that projective identification operates by purging certain parts of the Self to the external object. This purge weakens the Ego and makes it more difficult for the subject to separate themselves from the object. The root and form of the projective fantasies will be a consequence of what would be evacuated (Klein 1946). If bad parts of the Self are projected, persecutory, hostile, and aggressive states will appear, and if in the case of good parts of the Self projected, other more affectionate states like attachment and love will manifest.

Within this rationale, it is possible to explore that projective identification, in addition to representing the *modus operandi* of the individual's interrelational life, is also a regular and vital phenomenon in psychic development and interpersonal relationships, including the analyst-patient relationship. Moreover, it is an ambivalent psychic mechanism that reflects a primitive emotional interaction.

Bion's Perspective, Other Intersections, and the Place of Empathy

The expansion of the concept of projective identification was elaborated by Bion (1962), where it is seen in the field of intersubjectivity thinking and as a primary component in the processes of emotional communication:

“Bion described a theoretical system of projective and introjective identification through which the child comes to terms with painful experiences. Bion starts with the premise that the child's painful experiences cannot be thought about, contained in an immature mind, and so must be evacuated or projected into a parent or caretaking other who would be able to contain these painful experiences. Bion elaborates Klein's (Bion 1962, as cited in Ogden 1992) concept of projective identification, making it an explicit two-person, intersubjective process in which the parent, or later a therapist, can accept, contain, and affectively and symbolically elaborate the child's anxiety filled projections. Bion refers to this process of affective and symbolic elaboration of experience as alpha function, reverie, and dreaming.” (Howell and Itzkowitz, 2011, 110)

From Bion's perspective, projective identification should be placed alongside other psychic dynamics and serve a more expanded function in the analytic field (Cevitarese and Ferro 2015). As argued by Abel-Hirsch (2016), “Bion had observed the different effect that projective identification for the purpose of communication can have, as opposed to projective identification for the purpose of evacuation” (215–225). Therefore, it should not be seen simply as an intrapsychic phenomenon related to the Ego's defenses but also clinically perceived as a phenomenon in the patient's feelings, emotional communication, thoughts, and behaviors (Ogden, 1982).

Projective identifications represent the individual's profound attempts to resolve pathologically structured conflicts. They are internal conflicts arising from disturbances in making the Self during pre-verbal infancy with the significant others. These attempts are manifested in the analytical relationship and need to be seen and recognized by the analyst. Empathy must be situated in the context of unconscious communications of the analytic relationship.

Before exploring the role of empathy in the psychoanalytic experience, it is important to first understand what empathy actually is. According to *The Merriam-Webster Dictionary* (2013), empathy is defined as “the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another without having the feelings, thoughts or experience fully communicated in an objectively explicit manner” (160). In other words, it is a feeling or emotion that one person can share with another person without actually experiencing what they are going through directly themselves.

According to Widlöcher (1993), among all the definitions of empathy in psychoanalytic literature, the central aspect is the understanding of unconscious processes (11). This understanding, which is not of the order of cognition but of intuition, permeates intersubjective spaces of transference and essentially of countertransference. In the analytic process, it is impossible for the psychoanalyst to understand without feeling and intuition. Kohut, a theorist of self-psychology, stated that empathy is the “capacity to think and feel oneself into the inner life of another person” (Kohut 1984, 82). This alludes, first, to the patient's emotional and unconscious communication in the analytic relationship and, second, to the analyst's analytic capability of identifying and recognizing it. Therefore, empathy cannot be viewed as an intervention in psychoanalytic treatment but as an analytic mode of listening and understanding.

The empathic ability leads us to the central aspect of the analytic experience: the analyst-patient relationship. In other words, the central movement of the analysis is not the interpretation but the relationship, as we are referring to a talking cure and not a cure through interpretation, where communication takes place. Talking is evidently needed for free association dynamics and starts the journey of recognizing mental representations associated with the way the patient's inner world functions. When the patient talks about thoughts and feelings with the analyst, the patient opens the channel to transform represented content into insights of how and why one feels the way one does, which can provide analytic elements to form narratives. Analytic narratives are formed in the consulting room from a talking point about feelings, thoughts, dreams, and ideas. However, the unconscious communication field, its emotional components, and how they manifest in projective fantasies toward the analyst are more important. To communicate on this level, it is necessary for the analyst to emphatically work with the patient from talking to narrative and from narrative to representation in the unconscious communication and in the analytic relationship.

In the case of projective identifications, the analyst becomes the receiver of the patient's unconscious fantasies, and he starts to co-relate according to them. From then

on, the analyst's listening needs to be refined and to serve as a "coagulating"¹ intuition. That is, it needs to be transformed from a fluid quilt of unconscious content permeated in transference and countertransference into a thinking form. This process is where the interpretive processes and clinical intervention take place.

It is in this space that the analyst can develop his empathic capacity and can understand the patient. This understanding needs to be rooted in empathy so that it does not become a theoretical interpretative action but the exercise of free-floating attention from what Bion claimed to be the analyst's role as listening without memory or desire (Bion, 1967). It is a listening state that is not based on the ability to theorize or conceptualize what is happening in the analytical setting but on recognizing the other at the intersection of two subjectivities.

Moreover, this listening state invites the analyst to have new ideas and creates space for new meaning. The process of new ideas and new meanings cannot happen when the analytic couple is thinking of the past. It must be a here-and-now exercise of thinking. In this sense, every session is a first session – a new opportunity to create something, an artistic couple that is seeking creativity rather than reason, a crafting process where each sessions reflects a new project with new forms and different colors. This crafting process occurs as the mother-infant relationship.

"Bion believed that the 'mechanism' for thinking developed in infants to cope with a "thought" that was already present in the emotional matrix of their experience – in their discomfort, for example, physical or emotional. In a sense, the mother first thinks the thought – 'hunger,' for instance – for her baby, but gradually the baby must develop the capacity to think such thoughts for him- or herself. This is a fundamental pattern of human interaction and development that can be repeated later in the experience of analysis: a patient comes into analysis precisely because of 'thoughts' which they may have been encountering in the form of symptoms, emotional states or habits, but cannot access as thoughts." (Simpson and French, 2006, 248)

This intersection, rooted in empathy, can be broadly understood as an encounter. This encounter does not occur from the observation and analysis of the patient's psychic states, nor is it located in the analyst's knowledge dimension. It is an encounter that is born from the abandonment of logic or theoretical understanding of intrapsychic dynamics and, at the same time, from the emergence of the relationship or, more specifically, the analytical relationship.

This encounter, which is referred to here from the unconscious communications realm of both patient and analyst and described from different perspectives, can be better understood from Ferro and Bezoari's (1990) insights: "Only at this moment it is possible to discriminate and redistribute what had been confused by the crossing of projective identifications and each member of the pair can better individualize their inner aspects activated in the relationship with the other." (855)

¹ Coagulating is used here as an analogy to the process of blood clotting, where the blood loses its fluidity and becomes an almost solid form.

Traces and forms of unconscious fantasies are connected in an integrating process developed by the analyst, concretely formed through their holding capability (Winnicott, 1960).

Long helps us understand that the empathetic analyst-patient encounter operates from timeless, unconscious dynamics. An encounter that is not static but moves in the analytic relationship and by unconscious communications, with the analyst as guardian of the process and the setting. This provides new opportunities for analysis where the objective is not to make unconscious contents conscious but to play with the patient so that they find new meanings (Winnicott, 1971a). Within the perspective presented so far, other theoretical components as intersubjectivity in the analytical relationship and the representational aspect of unconscious reality, should be added to the discussion. They would help to expand our concept of analytic experience and our clinical practice in the contemporary context. These components would invariably lead us to better understand the dynamics and, consequently, possible interpretations of projective identifications in the analytic process.

Before we can fully understand how intersubjectivity and representation plays out in analysis, we must discuss Freud's (1981) theory of representation based on the text *On Aphasia*. Although forgotten by many in the field, this text reflects one of the most important components of Freud's theory and, therefore, one of the basic concepts for the psychoanalytic process in its praxis. From the theory of representation, we can trace all the thoughts of metapsychology in Freud's work and can understand the resonance of symbolic meanings between the conscious and unconscious, which is an indispensable aspect of analytic work (Levine, 2022).

The idea of the unconscious with represented and non-represented parts can be better understood by the image of a partially assembled jigsaw puzzle with hundreds of pieces waiting to be put together. The fitted pieces are the mental states represented and which, in the case of an analytical function, can be consciously thought and verbalized. These have images, contours, and feelings. The pile of pieces can be referred to as unrepresented mental states, or unconscious contents that go beyond the neurotic parts of the psyche. These fragmented contents will not always be symbolized and transformed into represented contents. These are pieces that are difficult to connect and that may not find their place when assembling the puzzle. In this sense, when dealing with the analytic situation, analyst and patient will always be working with connectable parts of the unconscious, represented states and non-connectable or difficult-to-connect parts.

One of the most important statements to be made about representations in the field of psychoanalytic work is that it is impossible to explore the unconscious contents represented without recognizing subjectivity and inter-subjectivity in the case of the analytic couple. This is due to the reconstructive nature of representational formations. They that have mnemonic traits arising from lived experiences that become part of a process where unconscious contents find form. In light of this perspective, it would be appropriate to state that representations are not copies of the external world but rather a product of transformations in this path of reorganization and symbolic production (Levine, 2022).

This representational functionality is symbolic, reconstructive, and mandatory for the individual's psychic survival. Jean-Claude Rolland (1998) asserted the existence of what he called the "compulsion to represent." Psychic dynamics are governed by this need to represent what could easily be perceived as the central mechanism of mental dynamics, where complex elements produced by mnemonic traces that arise from life experiences are reconstructed in symbols, and meanings are found. Bion referred to the psychic apparatus as an important component in the attempt to adapt against the terrible tensions of existence (Levine, 2022).

Based on this brief argument about the theory of representations in Freud (1891), we will return to the issue of projective identifications, taking as an initial element what was stated by Ogden: "The recipient is pressured to think, feel, and behave in a manner congruent with the ejected feelings and the Self- and object-representations embodied in the projective fantasy" (Ogden, 1982). Because the psyche is governed by the pressure to form representations and connect them to affection and the possibility that they can be verbalized, the analyst must recognize their indispensable role in the primitive emotional communication of the patient, accept this projective fantasy, and then via countertransference, build the possibilities of interpretation (Levine, 2022).

It is evident that in accepting these fantasies, with the analyst as the target of the patient's projective identifications, the countertransference experience will become intense. It will demand a particular management capability from the analyst to make countertransference an avenue to acknowledge unconscious communications, engage in analytic relationship, and offer appropriate interventions. The challenges found in the analytic management process could be better understood by what Bion called negative capability, a psychoanalytic concept developed from the poetic writings of John Keats:

"I had not a dispute but a disquisition with John Dilke on various subjects; several things dove-tailed in my mind, and at once it struck me what quality went to form a Man of Achievement, especially in Literature, and which Shakespeare possessed so enormously. I mean Negative Capability, that is, when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason." (Keats, 1899, 277)

Bearing the unknown and the disorganized and tolerating the anguish of the uncertain are necessary ingredients for dealing with projective identifications in the analytic process.

The idea of bearing the unknown and dealing with the non-tolerable contents presupposes a dimension that often goes beyond what can be verbalized or cognitively understood. In the case of the analytic relationship, it is a state of disintegration of the patient's and the analyst's individual subjectivity. It is in this movement of disintegration of individual subjectivities that the necessary unconscious communication for the analytic *condicio* exist. *Condīcō*, from Latin derivation meaning "I agree upon, promise; fix" (from *con*, "with" plus *dīcō*, "I say, speak") ("Definition of *Condico*").

This agreement has explicit rules about session time, use of the couch, sessions' frequency, and other components of the analytic contract. However, it is a mistake to think that the analyst does not establish an unconscious agreement with the patient and that this agreement will deal with primitive, symbolic, and non-verbal communication channels. It is within this unconscious *condicio*, a space of agreements that are not always voluntary but necessary, that projective identification appears. It is a form of pre-verbal communication that does not fit within the verbalizing confines of language. The Brazilian poet Mario Quintana suggests what the modes of this pre-verbal communication would be grounded on: "Soul is that thing that asks us if soul exists," (Quintana, 1983, 315).

One of the meanings of the origin of the word soul is: *anemos*, from Greek, which can be understood as the central space of our internal world, or the matrix of thinking. In this sense, the dynamic of projective fantasies as primitive, non-verbal communication is the attempt in analysis to bring unconscious contents to somehow express and resolve conflicts of the inner world. These attempts invite the analyst to act in this internal projective enactment.

Four Basic Patterns of Projective Identification

According to Cashdan (1998), there are four common patterns of projective identification: dependency, power, sexuality, and ingratiation. Regarding the dependency pattern, patients with this projective identification will have a strong sense of insufficiency permeated in their discourse, pointing to their difficulty in dealing with anything that creates anguish.

The initial observation of dependency fantasies in the patient's narrative can initially make us believe that they are just asking for help. However, it is necessary to recognize the maladaptive character of projective identifications, which, in this case, point to the idea that the patient pathologically fantasizes that they need others to survive. Expressions contained in the patient's narrative connected to this pattern of projective fantasy will transform a sense of insufficiency into invitations to the analyst to offer solutions. This pattern will have appeals for help, causing the analyst to feel that he is being placed in a position of the patient's savior – a sense of messianic role. What is perceived in this type of projective identification is the idea that the person is expecting to have the world fragmented and destroyed and the only way to prevent this is by projecting the fantasy that provokes the object to become a patronizing figure. These intolerable fantasies are the result of object relations failures rooted in a mothering relationship that could not achieve the status of a good enough mother (Winnicott, 1971b).

In the case of projective identification of power, the metacommunication behind the patient's narrative denotes a form of controlling fantasy. According to Cashdan (1998), this is connected to object failures in childhood related to acceptance and kindness. Projective identifications of power are characterized by inducing the analyst to a feeling of incapacity or incompetence. When verbalized, the representations

embedded in these types of fantasy bring components of command and imposition as if the analyst were obligated to follow the patient's orders or demands. Metacommunication, in this case, points to a feeling that the analyst would not achieve any success without the patient. Object relations failures in early childhood, such as significant others not being able to provide "good enough care," are among the causes of this interpersonal pattern of projective identifications of power.

Regarding projective identifications of sexuality, eroticization is a dominant part of fantasy and will focus on the need to be in a satisfying and passionate relationship. This interpersonal pathological pattern is rooted in childhood object failures where significant others offered a kind of mothering that valued the child only within a specific aspect. The central idea of this object relations failure is centered on the idea that the child is only accepted or desired by their significant others when behaving as expected. This relational flaw is responsible for this erotic game that tries to induce the analyst to respond to this eroticization by the analysand.

Finally, a fourth pattern of projecting fantasies as a form of primitive emotional communication in the analytic relationship is the projective identification of ingratiation (Bion, 1962). The object of this projective model is to prompt the analyst to recognize the effort or dedication of the analysand in the process. When in the narrative, these projective fantasies point to metacommunications that signal the idea that the patient is permanently renouncing things in favor of others, or this case, in favor of the analyst. It is a type of speech that carries the connotations of self-sacrifice (Cashdan, 1998).

Projective identification is a psychodynamic concept that has been around since the 1940s. Since its initial formulation by Melanie Klein in 1945–1946, this concept has been further explored and refined by numerous contemporary theorists who have sought to better understand how it works in psychic functioning and how it can be understood in the analytic process.

Since Klein's initial formulation, the concept of projective identification has been refined and expanded upon by numerous contemporary theorists such as Bion, Winnicott, Laing, Ogden, and others. For example, Winnicott (1971b) argued that there are two distinct forms of projective identification: primary and secondary. Primary projective identification occurs when an individual projects their inner experiences onto another person without any conscious awareness or intent. Secondary projective identification occurs when an individual is aware of the projection but still feels compelled to act out what has been projected onto them by the other person.

Besides Winnicott, there are other theorists who developed important concepts regarding projective identification. However, it would take more extensive work to discuss them. The table below will explore four conceptualizations of projective identifications and how they can be described in a pedagogical frame. The intention of this reference is not to summarize or define what each theorist proposed but to connect fundamental notions of each one's theoretical construct. Therefore, the elements that follow represent general traces of four different perspectives on projective identification.

Projective identification according to four different perspectives:

Melanie Klein	Defense mechanism	Evacuation	Response to paranoid-schizoid anxieties
Wilfred Bion	Pre-verbal emotional language	Communication	Effort to communicate beyond verbalization
Thomas Ogden	Primitive psychological functioning	Controlling of inner contents	Three stages of processing: projecting, inducing, internalizing
Sheldon Cashdan	Relational patterns	Interpersonal emotional interaction	Operates in four main categories: dependency, control, sexuality, and ingratiation

The chart above does not reveal disagreements on the concept of projective identification, but an expansion of how this intrapsychic phenomenon happens. Considering the four theorists presented, it is possible to perceive at least three central movements in the development of this concept.

The first movement is the perspective that projective identification is a primitive communication channel for all individuals and that in this sense, considering the infant's pre-verbal childhood, it is a communication structured in emotional interactions and not in verbal language. This first movement points to a reinterpretation of aggression. In other words, in certain cases, aggression may not necessarily be related to a fantasy of destroying the object but an attempt to communicate with it. It would come into play, considering the impossibility of the subject to communicate verbally or even to establish symbolic constructs that can be transformed into a narrative.

The second movement is the idea that projective identification does not operate only as a defense mechanism of the Ego against internal anxieties, but as an expansive fantasy where subject and object are tangled not only in the psychological functioning of the fantasy but also in the field of emotional interaction. It is the idea that above all, projective identification constitutes a relational pattern and, therefore, it goes beyond the dimension of the analytic relationship. They are emotional-relational patterns that operate to correct disturbances originating in the construction of the Self during childhood.

The third movement is captured by a pattern of failures connected to relationships with significant others. The third movement is important because it configures the way in which projective identification will appear. In other words, projective identification should be seen not only as a response to internal anxieties but as components created for a relational survival fundamentally permeated by deficiencies in object connections with the figures who played parental roles in the subject's childhood.

Conclusion

Finally, newer theories have expanded important concepts connected to projective identification and have included different aspects related to psychic function and analytic process. These expansions provide an amplified framework for understanding internal representations of objects and how the mind deals with them through represented and unrepresented states. In this sense, different perspectives and new conceptualizations of psychoanalytic thinking help us better understand the setting, the analytic relationship and, more importantly, the psychoanalytic process and its outcome.

Psychoanalysis is an ever-evolving field that has seen tremendous growth over the past few decades. The expanding concepts within psychoanalysis have allowed us to gain greater insight into the complexities of human psychic, providing new perspectives on how we deal with analytic experiences.

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