

We sit in a room believing we are looking out of a window but are actually looking into a mirror. Discuss with reference to personal and clinical experience

Where are you?	Where are you?
I look in the mirror And question who is there.	I look in the mirror And question who is there.
I see a spark in the eye And glimpse a symmetry	I see a spark in the eye And glimpse a symmetry
Which of us sees the truth of one	Which of us sees the truth of one
Which of us reflects the reality of the other	Which of us reflects the reality of the other
Who is it that stares in wonder and trepidation?	Who is it that stares in wonder and trepidation?
Who is it that looks With surprise and realisation?	Who is it that looks With surprise and realisation?
Whose is this freshly presented figure Looking out to see inside?	Whose is this freshly presented figure Looking out to see inside?

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The question of this assignment is to discuss what it is that provides and leads to how each of us might perceive the world around us; to discuss what it is that allows each of us to interpret what is, apparently, a common experience.

In putting this to a reflection in a mirror is to suggest that our perception of the world is a subjective experience.

Projection, Transference and Projective Identification

I will explore this through consideration of our perception as theorised in Gestalt psychology and relate how this mirror is from the Gestalt psychotherapy viewpoint drawing on the concepts of Figure and Ground, on principles of Phenomenology involving Projection, Transference and Counter Transference. In the course of this writing I will endeavour to demonstrate this theory show through my own personal experience and the work with my clients

I have noticed when I walk with the sun behind me there are more people walking towards me that smile. Are they though? The sun shining into your face often requires you to protect your eyes by screwing up your face, and this can give you the look of smiling, with the eyes narrowed and laughter lines showing.

Have I noticed this protection from the glare for what it is, or interpreted this as a smile?

"In projection, then, we shift the boundary between ourselves and the rest of the world a little too much in our own favour" Perls (1973, p37)

My own experience of days felt to be exciting by my family, being hot and sunny, were days of further suffering in desperate attempts to breath against the onslaught of pollens. Summers were spent indoors and I found little to raise my spirits to those of my siblings and friends.

I am expressing here, through my perception my projection of particular environments experienced and contrasting this with how others perceive the same environments.

Additionally this title brings to the fore the concepts of internal and external worlds. For each of us is there is an inner world; a world of how we are inside our self, in relationship with self. There is an outer world; a world of how we are with others, in relationship with other than self.

In the context of this writing the use of 'world' is taken to be the environment we live in and have lived in. This environment nourishes development, whether such nourishment is positive or negative is a subjective viewpoint and, further, is in any case the environment that moulds each of to that which we are at this moment, and this takes place at the contact boundary.

The way in which the therapeutic environment handles and uses the environment, past and present is determined by the approach of the therapist. Whilst the psychodynamic model looks to repair the past the gestalt model seeks to assimilate and make whole the experience in the Here and Now. "... we look for the urgency of unfinished situations in the present situation ..." Perls et al, (1951, p234)

From the Gestalt viewpoint this title draws on Gestalt psychology concepts of Figure and Ground, on principles of Field Theory and Phenomenology involving Projection, Transference and Counter Transference.

I refer to these terms as concepts to highlight the point that such terms are not universally accepted and where used may have a different connotation to that applied in this work, being from a Gestalt perspective.

Fundamental to looking, seeing whether this is outwards or inwards is the notion of perception.

Perception

The development of Gestalt psychotherapy lies with Fritz Perls, in particular, who had a psychoanalytic background. The development of the Gestalt psychotherapy model draws on Gestalt psychology – working in the field of perception – “showed that man does not perceive things as unrelated isolates, but organises them in the perceptual process into meaningful wholes.” Perls, F. (1973, p3). This is a fundamental concept in Gestalt psychotherapy that that we each seek to complete, to make whole, our experience.

Meaningful Wholes

So I give meaning to my experiences. For example as a young child I was both perplexed and scared of shadows that crossed my bedroom window and explained this to myself as being the shadows of the bushes outside. I kept this explanation for many years and was only in the last decade, in looking more closely at my way of being that I faced up to my feared memory and its link to my fear of the dark. The shadows actually swept across the window, they were not static. The true meaning of my experience related to a watchtower (I lived at this time on a military base in the far east) that in times of security alerts would be manned and active.

Thus a fuller explanation of my fear of the dark was more than the sweeping shadows, it was tension felt by me and from those around me in a heightened military environment.

In this process of making complete our experiences there exists the potential to give a false completion that at the same time gives sense to the experience of and at that moment.

The false completion for me was to identify my felt experience with the shadows on the window. My felt experience was that AND the sense of fear and apprehension around at that time.

I have used this phrase false completion to indicate that for the child there was completion in the moment however the premise for completion was not accurate in the light of the fuller circumstances.

In Gestalt psychotherapy I am dealing here with a fixed gestalt and in this have to deal with the unfinished business,

“Every urge or need which arises drives to do something to complete the organismic cycle” Clarkson (1999, p48).

particularly of the unmet emotional aspects of my experience.

Figure and Ground

Figure and Ground is another principle of Gestalt psychology incorporated into Gestalt psychotherapy (Perls was to originally call this therapy ‘concentration therapy’ Clarkson, P (1999, p5)).

Figure is, are, those aspects which the individual holds relevant at that moment, for example, this keyboard and my writing is figural and is shared with the music in my ears (where is my concentration and what has my attention at this

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moment).

Ground is what is not figural; it is all that is in the background. So for me the music is background, yet as I write the music becomes figural, I am more tuned to the music than my assignment!

Figure dissolves into ground and another figure grows out of ground. This process is dynamic and part of our everyday filtering that allows the individual to function on a day to day basis.

I recall the day my son completed surgery and treatment to bring his hearing to normal. The sounds of talking was, for him, loud; the sound of traffic was deafening. Yet soon he was able to adapt – creatively adjust to the sounds around him. Significantly teachers reported his concentration in school dramatically reduced. I would contend this not so, merely his concentration had not developed though lack of need. Here was a real need to differentiate figure and ground. He had not been able to separate a figure from ground. The in the cycle of awareness there was interruption to contact very early at the sensation stage, being unable to differentiate a clear figure

I have explained how perception is the way in which we see our world and that in doing so our previous experiences will influence how we are in this perceiving. Further in perceiving we will naturally filter the figure/ground configuration.

In this filtering Gestalt psychotherapy recognises the use, and value of projection.

Projection

Projection is originally a psychoanalytical term adopted by Perls in Gestalt Psychotherapy to refer to how an individual will put out into the environment aspects of self that, out of awareness, are disowned.

“a trait, attitude, feeling, or bit of behaviour which actually belongs to your own personality but is not experienced as such ...” Perls et al, (1951, p211)

Projection may, and is, a healthy function when it is not inappropriate or chronic

Activities of planning and anticipation

Sympathetic understanding in feeling how there other is

As a creative adjustment, the disowning being necessary to maintain the self in safety

In allowing a familiar framework to the experienced environment

Inappropriate functioning causes an interruption to contact, often at the action stage of the organismic cycle.

For example, following on from our first workshop of year two I began to wonder at my reticence to speak in group process. Over the months from September to December I thought on this and concluded I did not trust the group. I was therefore justified in not speaking as the group as not trustworthy. Yet as I accepted responsibility for how I was being there was conflict with how I had been previously with, and in, the group, i.e., very trusting. So in thinking this

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through I chose to own my projection of lack of trust. In turning this around I chose to consider I did not trust myself to speak in the group. In sharing this in the group process I felt the release of tension, and found a true sense in being present and able to move to action – participating authentically with the group.

Transference

Transference is another form of projection, and allows the individual to make sense of their field. This is a way of making meaning of past experience and is therefore recreating the Then and There experience. "The patient's life story" Yontef (1993, p259).

Perls rejected the approach of working transference in the Then and There as the result would be merely cognitive awareness and not provide healing

Current Gestalt psychotherapy acknowledges transference whilst contemporary gestaltists chose not to. This, perhaps, highlights that such processes are not in this day fully accepted as part of the therapeutic process in other schools of therapy.

"In the early days of psychoanalysis transference was regarded as a regrettable phenomenon" Pycroft (1979, p16)

"In Gestalt terms, you could think of transference as the way that individuals inevitably shape their perception of current reality through the lens of their history, their unfinished business ..." and "... is one way (often a habitual and fixed way) of organising the field" Mackewan (1997, p93)

I recognise this and recall a situation when I began work with a company and with the accounts manager I realised I was curt and sharp. In fact I had transferred my ex-wife onto this person, my own (proactive) countertransference – discussed later – was to behave in this curt and sharp manner and this was initially out of my awareness.

"In a general sense we respond to every new relationship according to patterns from the past. We *transfer* feelings and attitudes developed in earlier similar experiences ..." Brown and Pedder (1979, p58)

As such transference may be seen as a positive and necessary part of our humanness. How else are we as a species, as a social animal, to interact, meet and form new relationships in a safe and fruitful way?

Transferential Experience

Group process had two colleagues working across the room and I was close to the line of site of A. As A explained and demonstrated in the course of the discussion with B, sitting near me, I found the actions of A trigger a series of emotions within me.

Colleague A prior to this moment seemed to me very much individual in their own right with me, i.e., very much person to person.

The behaviour of A in gesticulating and with raised voice triggered transference of my father onto A. Within that moment the person-to-person relationship ceased, went to background and figural for me was my father/ child interaction.

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Transference within the therapeutic settings is an important tool, or vehicle, in understanding the client. So how might my experience be used therapeutically?

This event was not a "replay of childhood" Philippson (2002, p.19), and in the Gestalt perspective is explored phenomenologically with and between therapist and client. As client I can relate to Philippson (2002) position of defensive transfer (p19) and "an enactment of a fixed gestalt of smallness and powerlessness"

In the Here and Now and working with There and Then Yontef(1993) as therapist an appropriate response would be honouring this transference to work to understand the client's world. This facilitates the client to express that which was Then and allows the therapist to meet Now in a therapeutic way. So for myself, as client, I was met with understanding and compassion and was allowed to explore the transference and separate my past (There and Then) from the present (Here and Now) and see colleague A in a person-to-person relationship.

Countertransference

Countertransference is the therapist's transference, is actually inevitable, being a felt experience in relationship. This provides a rich source of information.

However within the therapist's transference is some of the client's transference and some of the therapist's own history. These two aspects are labelled by MacKewn (1999, p95) as:

Proactive countertransference

"the counsellor's own transference on to the present situation" and this is out of awareness

Reactive countertransference

"when the counsellor is *reacting* or responding to the client's transference processes"

In the example of when I worked with an accounts manager I realised I was curt and sharp in response to the working manner of this person. This was a proactive countertransference in that I was responding to her, out of awareness, to her way of being.

The scope and value of countertransference has altered over time. Originally this was defined to be the literally the transference of the therapist onto the client, "feelings that belonged to the therapist's past but were displaced onto the patient ..." Gabbard and Wilkinson (2000, p9)

Gabbard and Wilkinson (2000) reconstruct this development citing Heimann (1950) into broadening out the understanding of countertransference to provide for all the feelings of the therapist in relationship with the client. This fits more comfortably with the relational and dialogic developments within Gestalt psychotherapy.

Concordant and Complementary countertransferences are categories born out of this wider definition.

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Concordant countertransference: "... an empathic link between therapist and patient"

Complementary countertransference: "... an identification with an internal object-representation of the patient that has been projectively disavowed and attributed to the therapist" Gabbard and Wilkinson (2000, p9).

In the former, then the therapist, identifies with the client's out of awareness experience of self – so possibly with a part of the client that is not recognising a traumatised part of the past, part of the client's child.

In the latter the therapist taking on an internalised object of the client may be the idealised father, or critical parent.

I will point out that references of patient, rather than client, and object relations show this source is psychodynamically based. However the way in which psychotherapy is generally moving is to consider the person as being in relationship, rather than being driven by biological needs, as put forward by Freud.

Cashdan (1988) explains how object relations is providing clinical work with a way of working in a widening range of situations from borderline to early childhood development, this developing out the work of Melanie Klein as far back as the 1930

The importance for the therapist in working with the countertransference in the therapeutic setting is to come to recognise the proactive and bracket this; and to use the reactive to gain insight to the client, and our workshop highlighted possibilities to consider :

What is being reconstructed in the relationship	Phenomenological exploration – heighten awareness
Checking what is being called out in me, the therapist	Seek a reparative experience, through dialog co-create a different experience in the Here and Now
Who might I represent to the client	Over time the client may be able to assimilate this. Consider noticing for the client what is the same, what is different
What of my own history and gestalten is being triggered	The use of supervision is important and necessary to explore the therapist's out of awareness being. See Parallel Process further on.
How do I feel	
Who am I being presented with	
What historical feelings are being triggered for the client	

Mackewn (1999, p. 96) suggests a range of ways of working with the transference process.

Projective Identification

The best working description at this time seems to be imagining have your strings pulled, like a puppet.

Projective Identification is a complex issue. At its simplest level this is a severe form of countertransference.

Crucially projective identification has the projector feeling 'in tune' with the recipients, as opposed to projection in which the projector is at odds with the recipient.

The recipient is expected, by the projector, to react. The projector's disowned aspects feed this reaction.

Basic to projective identification is its base in the early development of self, the pre-verbal stage of development. Melanie Klein is the designer architect in the development of this understanding. In considering the earliest needs of the infant to handle conflicts such as the good breast that feeds and the bad breast that denies feed Klein introduced the mechanism of the infant to contain a conflicting emotion in another object, the care giver – the mother. This allows the infant to survive the trauma imposed at a time where no split exists with the object – the breast is good, the breast is bad.

Indeed the infant enters the world and usually is met with the need to employ containing in another object through the pain of birth and the pain of slapping. This raises questions for me as to where the good object lies at birth? Perhaps birth is completely a bad object and only through the care giver does any form of good object develop.

Projective identification provides the earliest mechanism for the infant to transfer and make known its desires. The response of the mother provides reinforcement.

'When the infant feels that he contains good objects, he experiences trust, confidence and security. When he feels that he contains bad objects he experiences persecution and suspicion. The infant's good and bad relation to internal objects develops concurrently with that to external objects and perpetually influences its course' (Klein, 1952a, p. 59). Cited by Clarke (2002)

Not until the infant is able to develop, to split and differentiate at multiple levels will the projective identifying fall from use, when cognition and verbal contact is possible.

"In the course of development, projective identification recedes into the background as it is superseded by verbally symbolised communication in conjunction with modes of relatedness ..." Ogden (1992, p71)

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However the ability for projective identification resides still, though perhaps mainly dormant for most of us.

From the therapeutic position it is important to look for and through the support of supervision recognise projective identification. This represents the client trusting the therapist with an aspect of self in need of safety from threat; a threat that may be an internal or external object. The therapist has the opportunity to take care of and return this to the client.

Often the projective identification will remain out of awareness for the therapist for some time and so supervision is important and additionally the supervisor is able to work with the therapist in exploring the parallel process.

Parallel Process

"process at work currently in the relationship between patient and therapist are often reflected in the relationship between therapist and supervisor" Searles (1955, p.135)

I am conscious that in my own supervision I have taken on some mannerism of my client whilst explaining and exploring the process. However the parallel process goes further in that therapist behaviour may reflect that of the client; frustrations put on to the therapist by the client are (out of awareness) transferred onto the supervisor by the therapist. As such this provides real opportunity for supervision work and for the therapist to step back and explore what the therapeutic process is raising.

Especially with regard to projective identification supervisory work is essential to bring this into awareness and thus enable healing work to progress.

Conclusion

I have explored how the way in which we each look at the world around us is essentially subjective to each of us and influenced by our history. The work of Klein puts this history beginning at birth and the most complex of processes – projective identification – provides the first way of communicating for the infant. The processes of projection, transference and countertransference all act to colour each of our worlds. These processes provide the means for engaging in a relationship with other and only become disturbances within the organismic cycle when they become stuck, fixed gestalts. As therapists we seek to engage the client and work with these processes where they have become disturbances. Paramount to enabling this is recognition and awareness of our own processes, being able to own and bracket that which is ours.

Bibliography

Brown, D. and Pedder, J. (1979) Introduction to Psychotherapy An Outline of Psychodynamic Principles and Practice, Ravistock Publications, London,

Cashdan, S. (1988) Object Relations Therapy, Using the Relationship. W. W. Norton and Company, London

Clarke, S. (2002) www.human-nature.com/ksej/clarke.html

Clarkson, P (1999 2nd Edition) Gestalt Counselling in Action, Sage, London

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Gabbard, G and Wilkinson, S (2000) Aronson Press, London

Mackewan, J (1997) Developing Gestalt Counselling, Sage, London

Ogden, T. (1992) Projective Identification and Psychotherapeutic Technique. Karnac Books, London

Perls (1973), The Gestalt Approach & Eye Witness to Therapy, Bantam Books, New York

Perls et al, (1951) Gestalt Therapy Excitement and Growth in Human Personality, Souvenir Press, London

Perls, F. (1973), The Gestalt Approach & Eyewitness to Therapy

Philippson, P., (2002), A Gestalt Therapy Approach to Transference, British Gestalt Journal, Vol11, No1, p16-20

Pycroft, C. (1979) A Critical dictionary of Psychoanalysis, Penguin, London

Searles (1955), The Informational Value of The Supervisor's Emotional Experience. Psychiatry, Vol 18, p135-146

Yontef, G. (1993) Awareness Dialogue & Process Essays on Gestalt Therapy, Gestalt Journal Press, New York