

Projective Identification in Human Relations

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SUMMARY

Melanie Klein, one of the pioneers of Object Relations Theory, first defined “projective identification”, which is regarded as one of the most efficacious psychoanalytic concepts after the discovery of the “unconscious”. Examination of the literature on “projective identification” shows that there are various perspectives and theories suggesting different uses of this concept. Some clinicians argue that projective identification is a primitive defense mechanism observed in severe psychopathologies like psychotic disorder and borderline personality disorder, where the intra-psychic structure has been damaged severely. Others suggest it to be an indispensable part of the transference and counter-transference between the therapist and the patient during psychotherapy, which can be used as treatment material in the therapy by a skillful therapist. The latter group expands the use of the concept through normal daily relationships positing that projective identification is a type of communication and part of the main human relationship mechanism operating in all close relationships. Therefore, they suggest that projective identification has benign forms experienced in human relations as well as malign forms seen in psychopathologies. Thus, discussions about the definition of the concept appear complex. In order to clarify and overcome the complexity of the concept, Melanie Klein’s and most other important approaches are discussed in this review. Thereby, the article aims to explain projective identification’s important function in understanding psychopathologies, psychotherapeutic relationships and various aspects of normal human relations.

Key Words: Projection, identification, object relations, communication, borderline personality disorder

INTRODUCTION

The concept of ‘projective identification’ has grabbed the attention of many clinicians and theoreticians since its first description and various comments have been made about it. No consensus on the concept has been encountered in the literature so far. Melanie Klein, one of the pioneers of “Object Relations Theory”, was the first to use this concept (Klein 1946). The aim of this review is to summarize her viewpoint and later approaches, which will be beneficial both in understanding the nature of the concept and providing some idea of how it affects all aspects of human life.

Projective identification is considered in three distinct ways within the “Object Relations” approach. The first viewpoint regards projective identification as a defense mechanism observed in severe psychopathologies like “borderline personality disorder”. Other pathologies that are seen in “borderline” personality organizations, which were established by Kernberg, can be included in this group. The second viewpoint defines projective identification as a mechanism, which arises in the transference and counter-transference transactions between the therapist and the patient during the psychoanalytic process. The third view claims that projective identification can be anything in human relations that a person has in his/her relationship with any other (person, association, group, or nation) (Demirergi et al. 1993).

Melanie Klein

Klein built “Object Relations Theory” on the primitive defense mechanisms of infants, which are used to overcome their internal conflicts, aggressive and cannibalistic impulses, and the anxi-

eties of being subjected to damage or destruction. In her concept, she declares that infants pass from a “paranoid-schizoid position” and a “depressive position”, respectively. The “position” here should be considered as a “state of ego organization that has its own anxieties, defense mechanisms and internal object relations” rather than a developmental phase (Alford 1989). The basic motivation in these two positions is derived from the aggressive impulse. The infant experiences objects as “part object”. The first part object for the infant is the mother’s breast, which fills the largest part of the baby’s living environment, and it actually forms a place in which the images that fill the imaginary world for his/her aggressiveness and other impulses are stored. In order to decrease anxiety, an infant in the paranoid-schizoid position tries to be purified from them by reflecting the aggressiveness and bad aspects inside to the mother, that is the breast. In this position, mother is totally “bad”. Later, in Klein’s depressive position, as the infant develops other relations, he succeeds in seeing him/herself and the mother as the sum of the “good” and “bad”, and he/she feels guilty for not recognizing the good aspects of the mother in the past.

Klein stated that the infant later internalizes the aggressive parts and impulses, which were transferred to the mother before. Similarly, any defecation of the infant is related to the sole psychological figure, the mother. During defecation, the infant actually discharges his/her bad part, the feces, to the mother. Here works the most primitive mechanism of “projection”; the baby projects the aggressive aspects (that he/she does not want for himself/herself) to the mother. During this period of infancy, the breast is perceived as an extension of the mother and the mother is regarded as being formed by the whole breast. Decreasing anxiety is a vital problem for the infant who goes between sucking the breast and emptying it, and then discharging the dangerous, unwanted parts to the mother. The mother/breast is the instrument that provides anxiety reduction.

Klein declared that the basic mechanism related to the “projection” is the mechanism of “splitting”. The infant keeps the psychological images of “good mother” and “bad mother” and “good self” and “bad self” separately, which means that the baby is splitting. As the experiences with the mother increase (as long as there are no problems

in this relationship due to insufficient or extreme parenting of the mother), this splitting evolves towards the perception of ‘mother and self with both good and bad aspects’. The basic motivator of this splitting defense that infants develop within the preoedipal period is to protect themselves from ‘bad’ aspects of the ego and object. In preoedipal stage, the pieces that are tried to be kept separately by the infant by means of splitting in the psychological device are projected onto the mother.

Klein stated that in projective identification, first the infant projects “a piece” to the mother and then takes it back and identifies with it. The basic aim here is to govern and control the mother rather than escaping from bad aspects and harming her. Projective identification from this point of view is actually a more primitive mechanism than “projection”; during “projection”, the negative content of the inner world is spewed onto someone else. In projective identification however, there is the aim of to control the behaviors of counterpart (Klein 1952).

As it can be seen, Klein’s views depend on the events within the infant’s imaginary world rather than a real mother-infant relationship, and the aggressive impulse is extensively mentioned. That is what Klein was criticized a lot for (Gabbard 1990), however these critiques do not eliminate the contribution of the mechanisms that Klein tried to define, particularly projective identification, in which is present in all human relationships.

Klein perceived that the origin of human behavior is in the relationship with mother, the fundamentals about the self are constructed within the first years of life. When she began to observe this relationship, she claimed that aggressiveness and power relations govern the human infant at the beginning of its life. The aggressive instinct and the desire to control others to survive exist from the very beginning of life and it is essential for the relationship with the mother. Projective identification is a description of the infant attributing its own negative aspects and deficiencies to the mother and motivating her to satisfy these needs, in other words, to control her.

Bion and Kernberg

Wilfred R. Bion, the English group analyst, examined the projective identification concept in the therapist-patient relationship (Bion 1959). Ac-

cording to Bion, projective identification can be used as an instrument of therapy by a therapist who understands the mechanism in detail. The therapist perceives that he plays an instrumental role in the relationship with the patient, that the patient projects his/her bad parts onto the therapist, who accepts what is projected without any resistance, contains and gives back them after they are modified; this allows the patient to receive his/her own projections changed and processed. During psychotherapy, in order to integrate all his/her bad aspects, and to develop, the patient proceeds from the paranoid-schizoid position to the depressive position; the real change arises at this point. The patient actually reproduces the patterns that he always repeats in his daily life by projecting the "bad" parts inside him/herself to the therapist and becoming purified from them. However, contrary to the people in daily life, because the therapist does not project these projections back (but holds onto them in), the patient does not internalize these "bad" projections. Thus, the patient internalizes the processed and more positive projections instead of the "bad" projections. The importance of Bion's approach is its recognition and correction of projective identifications, which plays an important role in human relations.

The first serious critiques of Melanie Klein's theory came from another Object Relations theoretician, Otto Kernberg. However, as all Object Relations theoreticians, Kernberg is also her follower. Like Klein, he also observed human relationships, not the psychological instincts. Kernberg is not interested in the aspect of projective identification that provides opportunity to understand the nature of human relations; he focuses on the representations of the mechanism in severe clinical phenomena, which is called borderline personality organization. According to Kernberg, projective identification is a primitive defense mechanism, thus it can be observed only in the most severe psychological disorders such as borderline personality disorders or psychotic conditions in which patients have an overwhelming need to project the bad objects (object representation) and self-representations of themselves (Kernberg 1967).

Kernberg agrees with Klein in that projective identification is a more primitive defense mechanism than projection. However, he claims that the reason is not related to the motivation of projective identification on setting dominance, as Klein

suggests, but with the infant's position of not yet being separated from the mother and to individual borders, which are not well defined. He thinks that empathy has an essential role in the processing of projective identification. In order to perform projection, the separation of mother and infant should be completed. Projective identification is a primitive defense mechanism because of the fact that it arises in a period in which the infant is not yet separated from the mother and cannot project. The empathy that Kernberg mentions here is not healthy empathy that provides reciprocal comprehension in human relations, but the more primitive one, the empathy that is the result from not being separated and has a negative meaning. From this point of view, within the period that the infant cannot differentiate from the mother, it internalizes everything that belongs to the inner world of the mother with empathy; that is the basis of projective identification. In this period, because the infant easily internalizes the psychological system of the mother and there is no other mechanism to protect him from dangerous psychological events, the infant is exposed to all the destructive effects of the mother's internal world. Kernberg claims that adults, who also do not have well-defined self-borders, use the same defense mechanisms in human relations as in infancy. If the individual borders are not well defined in a relationship, but intermingled, interactions in this relationship are basically projective identification. However, Kernberg later announced that projective identification might even be possible between individuals who have well-defined borders (Kernberg 1987). Kernberg's explanation of projective identification and its dependence upon empathy have important connotations for understanding human relationships and for comprehending the formation of self and identity. Projective identification, negative or positive, is a mechanism that arises in our relationships with objects to which we give importance, are close to us, and that we feel familiar with. Kernberg's contribution is important in understanding the appearance of more destructive emotional connections in close relationships and the destructive, negative, and alienating universal feelings between groups that live close to each other within the formation period of group (and community) identities.

Those Who Consider Projective Identification A Form Of "Communication"

Porder considers projective identification not

only as a defense mechanism but also as a mechanism that exists in usual human relationships. According to him, projective identification can be regarded as the continuous repetition of the interaction between the parent or caregiver and the infant (Porder 1987). The mother actually wants or forces the infant to behave in a certain way, and the infant learns to control others from his mother. Here, the mother is the first object that cares for the child. If the child has difficulties in his life, which are beyond its ability to solve, by reversing the roles in the mother-infant relationship, he/she begins to use the same behaviors that the mother uses to control the others, impersonating her role, because the infant has limited abilities and knowledge to survive. This usual mechanism for children may sometimes come up in the adulthood. Porder provides psychotherapeutic examples in order to prove his hypothesis. The patient, who is in a transference relationship with the analyst, perceives him/her as a powerful parent (mother). However, when projective identification comes into the relationship, this perception is reversed; the analyst becomes helpless, weak, the bad child, and the patient becomes a powerful, though, and critical parent (mother). In such a case, the patient begins to behave towards his therapist in that same way that his parents did towards him. According to Porder, here there is not the projection of the patient's emotions to analyst, as it is in any transference relationship, but an attempt by the patient to get the analyst to act in a particular way during the session. Projective identification can arise in all stages of psychosexual development and provides adaptation and needs of superego. In other words, in projective identification, there is no other process except the effort of using the defenses, which are used by the parents and are usually pathological, and the repetition of this effort in adulthood. In normal relationships, behaviors that arise in a person as the enforcement of another to behave in a certain way, projective identification is the implantation of the individual's internal parts into the "other's" psychological system in an effort to control him/her by existing as a part of the "other".

Zinner and Shapiro (1972) enlarged projective identification toward family and marriage therapy. Like Porder, they also consider projective identification not as a primitive defense mechanism, but as a mechanism, which exists in ordinary daily life. According to them, these defensive process-

es, which are regarded as pathological, are normal; moreover, relations, which are experienced in romantic relationships, are actually projective identification. Projective identifications are continuously experienced between married couples (Scharff and Scharff 1997; Zosky 2003). For instance, a husband inserts and projects the passivity and weakness that he does not want for himself to his wife and can keep his aggressive and competitive aspects of himself. This, in turn, is an ideal position for the woman who can provide the image of the passive, desperate, dependent individual in need of protection, by projecting aggressive and competitive features to the husband. Projective identifications between the partners, in this respect, have a supportive and complementary feature. Partners stay in the relationship by accepting these projective identifications. The same feature is consistent for the relationship between the child and the parent and it is usually the child who accepts the projections. Children easily accept the projections, mostly because of the fear of losing the parent's love.

According to Tom Main (1975), in projective identification "the other" is forced to feel the aggressive features and impulses, which are projected by the projector, and are actually not familiar to "the other". Therefore "the other" may feel bizarre and disturbed, and may feel anger towards the projector. However, against the weakness and fear of the projector, it can become quite difficult to resist the superiority and aggressive power that are being projected onto "the other". Such disturbances more or less affect the relationships of all couples. A woman, for instance, projects her frightening, unwanted, aggressive, and controlling aspects to her husband and then gets afraid of him and respects to him. On the other hand, the husband may feel aggressive and controlling due to the forcefully installed projections of his wife. Moreover, he may despise and deny certain aspects of his own personality due to personal reasons and project these to his wife, so he may also despise her. Thus, his wife may become installed not only with her own attributes but also with her husband's. Certain couples live in systems in which the connected projection imaginations are so dominant that each one experiences being married to a projected, unwanted, divided self, instead of another distinct individual. However, a dominant and rude husband and a reluctant and respectful wife may

be extremely unhappy with themselves and with each other, although the marriage is stable because one of the partners needs the other for narcissistic pathological goals. In other words, forced projection experiences, particularly projective identification, are present due to the inter-relationship between both individuals. "The other" (usually the person in close relation) is more or less always found in the projective identification and is affected by the process. Sometimes in relationships, the bonds, which are formed by projective identifications, create such a node mode that disorders within the space between the individuals, due to common personality depletions and occupations, may be seen.

The major contribution of those who consider projective identification a form of communication in human relationships is their definition of projective identification as a process that is at work in all human relationships and freeing the concept from the confines of severe psychopathologies.

Ogden's Model

Recent studies on projective identification are based on Ogden's model rather than Klein's, because Ogden developed a model on which a consensus can be arrived at by revising all of the theories that were summarized above. Ogden surmised that projective identification could be either normal or pathological. He concluded that the pathological form of projective identification can be observed in severe personality disorders and psychoses, and the material, which is projected here, is self-representations. The more healthy projective identifications, which can be observed in the neurosis and daily lives of normal individuals, are simply the projections of object representations (Ogden 1979; Ogden 1982). In his model, the projective identification is explained in three successive steps. These are the projection, interaction between individuals, and re-internalization of the projection, which are described as follows:

1. Projection: the person projects the part of him/herself that he/she wants to discard. The reason for this is the possibility that this part can destroy him/her. The self is a composite that is formed by the perception about one's self and the representations about the self and an object. If the psychic apparatus has not digested and internalized, although it contains these self and object representations, it projects these parts. Otherwise, these undigested

bad parts cause anxiety when they remain inside. Thus, an attempt is made to eliminate the anxiety through projection. As mentioned above, the projection of self-representations is considered a more primitive process than projection of object representations and arises mostly in borderline and psychotic disorders. The projection of object representations, in general, is a feature of transference; it can be observed in all human relationships, during psychotherapy, and neurosis.

2. Interaction between persons: an individual tries to affect another (or object) and change it as he/she sees fit. The message beneath the surface of this interaction is, "you are what I told you to be, accept it". The purpose is for "the other" to think, act, and feel in accordance with the projected parts of the projector. This is achieved in the interpersonal space rather than the intrapsychic one. This sought after control is the basis of the projective identification between persons and groups, and without this step related to the interaction between persons, projective identification is not achieved. The acceptance of the fact that the projective identification has an interactive nature, because of this step turns it into not only a defense mechanism but also a communication pattern (Jureidini 1990).

3. Reinternalization of the projection: the person who receives the projections, processes these and makes changes to them. Later, the person who projects, reinternalizes and identifies with these processed parts. The possibility of discarding from these parts and providing a change in a different way decrease as identification realizes. If the person who receives the projection has a quite different personality than the one who projects, the projected material is changed basically. According to Ogden, these processed parts may be so different that the person may not need to discard them when reinternalized. As we mentioned in the section about Bion, this step has great importance in psychotherapy, because the reinternalization process can be changed into a therapeutic change process with the help of appropriate interventions by a knowledgeable therapist. Therefore, a patient may find new ways of coping with the thoughts and feelings that he/she wanted to discard (Goldstein 1991).

Cashdan's Therapy of Object Relations

Sheldon Cashdan inserted the term projective identification into the communication concept by

taking Ogden's model into account, and developing his own object relations therapy approach, which is based on the projective identification concept (Cashdan 1988). After the substantial interpersonal theoreticians who considered psychoanalysis related not only to sexual instincts, but also to the mother-infant relationship, Cashdan claimed that similar dynamics are consistent in all human relationships, and it is necessary to regard projective identification in order to arrange and improve them. According to him, the determinative factor in projective identification is the induction of others to act in accordance with what is projected. A person inserts his/her own parts into "the other", regarding the sensations and structures of his/her own psychological system, which are formed by experiences. The receiver of the projections is forced to accept and act in accordance with these parts. The theoretician investigates how people who are exposed to projections become the target of such projections and allows the projector to force them to act accordingly. Cashdan points out the importance of characteristics of the recipient in the process of projective identification, and made his basic contribution by showing that a person intuitively knows which projections the recipient will accept and develops the necessary approaches.

According to theoreticians, there are two types of communication in human relationships (Ruesch 1980):

a. Overt Communication: it is direct verbal communication. Everybody understands almost 100% of what is communicated. Such communication is only possible in face-to-face relationships in which the choice of examining what is heard is possible with feedback and questions.

b. Covert (Meta) Communication: the messages between people are not verbal; it arises depending on the quality of the feeling and expression rather than the words used. Because of the fact that the meanings of the messages used in Covert (Meta) communication cannot be immediately considered by the receiver and there may be many comments on what is said, there may also be covert enforcement within these messages at the same time.

According to Cashdan, the first communication type forms the healthy aspect in interactions. Covert (Meta) communication, however, forms the basis of projective identifications by bringing the

secret enforcements to human relations. According to Cashdan, most of the projective identifications are the traces of broken object relations from within the early childhood period and are the traces of mother-father-child relationship. The mother-father-child relationship at the beginning of life works by Covert (Meta) communication, because the child is not capable of verbal communication at the time. The child perceives a secret message in his mother's attitudes that she will not give importance to, or love or care for him/her unless he/she behaves according to her expectations. He claims that the mother gives the message to her child that, "if you behave this way, I will not do this to you" and the child grows up receiving these messages. Later the infant takes over this aspect of mother-infant communication and continues furthermore. However, this pattern may change as the result of consecutive relationship experiences.

Object Relations Therapy, according to Cashdan, is based on attempts to change the projective identifications into healthy relationship forms by using the patient-therapist relationship, which can be considered a repetition of the mother-father-child relationship. Because object relations in infancy begin to form with representations and imagination before the use of language is acquired, the processes continue to work in the imaginary dimension after the use of language is acquired, even in adulthood. In order to minimize this, direct verbal communication is attempted during therapy. If covert communications are experienced during therapy, as in real life, it hinders the therapeutic process.

Cashdan described 4 basic types of projective identification, which come from pathological object relations in the early periods of life. These are dependence, power, sexuality, and ingratiation projective identifications, which are described as follows:

1. Dependence projective identification: the aim in this projective identification type is to force "the other" to help. Such persons usually look for someone else to offer help and support for themselves, even in situations that they have to decide themselves. Despite the innocent appearance of these calls for help, the underlying message on the covert communicative level is, "I cannot live without you". Such persons use expressions like, "what do you think?", "what should I do?", "can

you help me?”, and “I do not think that I can do it alone”. Actually, most of the time they have the power to overcome all these problems and most of them are clever persons. If these people cannot find "the other" to receive their projective identification or their wishes to satisfy, their dependence needs are denied by the others and as their anxiety increases crying attacks, hysterical crises, severe depressions, and even suicidal tendencies may be encountered. Regarding this aspect, the underlying mechanism in many cases of depression, agoraphobia, and conversion disorder is projective identification.

There is a strengthening of the dependence of a child for the mother in the covert communication of mothers who uses projective identification containing the message of, “the more you obey your mother’s orders, the more your mother loves you”. Thus, the determinative appearance in the mother-father-child relationship inhibits the initiative of the child by unnecessary advice and guidance.

2. Power projective identification: in essence, there is the desire of being dominant and to control others by making the "other" feel insufficient. Messages like, “do exactly what I say!”, “obey me!”, and “you cannot live without me!” are transferred to "the other" as covert communication. Here, there is the belief that the "other" cannot do anything unless he/she behaves like the projector. Sexual discrimination may serve to supporting this projective identification. We encounter power projective identification in corporations as the dominant relationship type. The parents of individuals that use this projective identification, make the child feel that the parent cannot even give care, and actually it is the parent that needs to be cared for. Such cases are usually encountered in parents who are physically or mentally handicapped, or who have chronic or malign diseases, or who are alcoholic. Children who have such parents see themselves as unwanted children and they are continuously in fear of being abandoned. A precocious type of child is encountered frequently with such parents. A child’s personality is obliged to transform into an adult image. This projective identification can be obtained imaginatively. The infant who is afraid of being abandoned by his mother thinks, in his imagination, that he controls its mother’s behaviors and with the help of dreams he/she lives as though he/she controls his mother. This, in turn, similarly leads to comprehension of

projective identification. Dependence projective identification is frequent in females, while power projective identification is frequent in males.

3. Sexuality projective identification: the person who uses sexuality projective identification forces the "other" to provide erotic reactions. Messages with sexual content are projected as covert communication. Differing from those that have normal sexual relationships in which there is sexuality projective identification, sexual function does not arise spontaneously and is not impulsive, and sexuality overshadows all other aspects of the relationship. This means that when sexuality disappears, the relationship ends. Sexuality projective identification is unique in that it depends upon the behaviors being highly valued by the child, rather than the restriction of them and usually arises from a mother-child relationship in which the message of, “you are desired as long as you make me feel excited and stimulate me” is given. The child learns that his communications that are coy and flirtatious, or that consist of sexuality are more valuable than the covert messages, which are not actually spelled.

4. Ingratiation projective identifications: the person who uses ingratiation projective identification continuously shows self-denial in order to gain the "other's" love. He ingratiates himself to the "other" by always putting himself in a secondary position. However, in instances of disappointment, this usually transforms into telling off or calling the "other" to account for what he has or has not done. Messages such as, “you did not appreciate the value of what I did for you!”, and “I sacrificed myself for you!” are found in the covert communication. The persons, who are exposed to ingratiation projective identification, on the other hand, always feel that they are in a position in which they are obligated to feel grateful and express gratitude. Moreover, the aim of the person who uses this mechanism is to be appreciated. The covert communication message in ingratiation projective identification is, “you belong to me!” The message that they can be loved as long as they are useful was given to such persons in their childhood. The child learns that he/she will be regarded as valuable and will be loved, and even will survive in such a case that he is useful and does things for the "other", in this case the parent. (Göka et al. 1993).

Benign and Malign Projective Identification

There can be malignant and destructive forms of projective identification that underlie many psychopathologies as well as benign forms that arise as a communication that is a necessity in human relationships (Young 1992). The material, which is discarded during the projective identification process, may contain positive and negative aspects of the self. If the process of projective identification is followed by reality testing, this process can help the person to understand him/herself and the "other". To evaluate or reverse projective identifications is difficult when they are strong and demanding. The source of the difficulty in malignant projective identification is not only the projection's strength, but also the disruption of the ability of the ego to evaluate reality, which is weakened by loss of the main part of self due to projection of it. Malign projection processes are found in both neurotic and psychotic patients, and can occasionally be observed in "normal" persons who have had great obstructions/disappointments. Persons, who are exposed to particularly stressful and anxiety-producing situations, may begin to use a more malignant projective identification and may project their most negative aspects onto the "other". Among persons who are in a better or temporary situation, the ability to evaluate reality helps them to struggle. Otherwise, in malignant projective identification, the self has become poor, the ability of reality testing is broken and the "other" is perceived as the one who contains the unaccepted features (as being either hated, or frightened, or perfect, etc.) of the self rather than being perceived as it is and the relations are unreal and extremely narcissistic (Main 1975; Main 1989).

Thus, the main parameter that identifies if the projective identification is benign or malignant is whether or not reality-testing ability is disrupted. Although for a person to be able to define him/herself, the projection of negative self-aspects to the "other" is the underlying factor for the need of an "other", projection of only the negative aspects is indicative of a more pathological projective identification. Benign projective identification includes being aware of not only the negative but also the positive aspects of the "other". However, understanding that these projections come from the self and the perception of negative and positive aspects as a whole may enable the projective identification to normalize and become a benign form, even

though it initially it is malignant. If the "other" is considered a positive individual, this means that positive aspects of the ego are projected to this person, more mystification and glorification are projected to him/her and he/she is made to feel adored. If the "other" is considered a negative individual, this is a malignant projection. The person projects his negative aspects to the "other" and decreases its value. There is the feeling of hatred here. Both are examples of pathological forms of projective identification because only one aspect of the "other" is considered and the diminished ability to evaluate reality. As a result, if a person cannot see both the positive and negative aspects of the "other", a malignant and pathological projective identification is being used.

There is no line between health and disease or benign and malignant projective identification. As the author Torras de Bea (1989) said, "From my point of view, projective identification is the effective element of any relationship, from homologous sensation to the most pathological and defending one", Young also (1992) thinks "this system is the basis of all human relationships".

Whether benign or malignant, during projective identification, the basic mechanism that works in our inner world is a system that arises from the first source of our humanity, the mother-infant relationship, and all types of projective identification can be observed in all human beings.

CONCLUSION

Melanie Klein observed that the effect of the experiences an infant has in his relation with the mother is great existential anxiety and created a theory regarding these concepts. Projective identification is one of the main elements of this theory. Others that followed Klein have expanded the theory, and today the concept has gone beyond its first definition and has been enriched by some other aspects like communication theory to become a key concept in the understanding of human relations. The space that is defined by projective identification includes almost all of human relations and comprises the dynamics and communication types of early childhood, of what we have taken and given and how we do this exchange. The concept of projective identification has opened up new frontiers by trying to understand what people do to each other in relationships and how to regulate the flow of personal desires between individuals in a relationship.

Today, we can easily see that projective identifications are inevitably found in our relationships because they are a part of all individuals and of our humanity. Better understanding of the importance of projective identification in socialization, in being human, in the processes of ego development,

and in forms of having relationships will contribute to the understanding of the nature of psychopathologies, the psychotherapeutic relationship, and psychotherapy, as well as the nature of many problems in normal human relations.

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