

Université de Montréal

Élaboration d'une mesure opérationnelle des processus projectifs :
une étude théorique et empirique

par

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Université de Montréal
Faculté des études supérieures

Cette thèse intitulée :

Élaboration d'une mesure opérationnelle des processus projectifs :
une étude théorique et empirique

présentée par :

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Résumé

Cette thèse vise l'élaboration d'un modèle théorique et conceptuel ainsi que le développement d'un outil opérationnel permettant de mesurer différentes composantes de la projection retrouvées au sein d'entrevues de psychothérapie dynamique. Elle comporte deux objectifs principaux : (1) revoir le concept de projection en tant que processus multi-dimensionnel et ainsi en proposer un modèle théorique intégratif basé sur les théories psycho-dynamiques du développement et (2) développer et valider l'instrument de mesure PPM au sein d'un contexte psychothérapeutique dynamique.

L'étude théorique de la projection nous conduit à définir deux caractéristiques importantes retrouvées dans tout processus projectif : la distinction interne/externe et le mode de relation propre à toute projection. Par définition, tout phénomène projectif fait intervenir une confusion des limites entre l'intérieur et l'extérieur et entre le sujet et l'objet. Ceci en raison d'une relation «narcissique» avec l'objet puisque ce dernier ne devient que la réflexion de la projection du sujet. Nous sommes ainsi amenés à définir trois types de projection : la projection primaire, la projection secondaire et la projection tertiaire, qui s'échelonnent sur un continuum de maturité quant à la qualité de la différenciation sujet-objet qu'elles font intervenir.

Le Projective Processes Measure (PPM) est une mesure opérationnelle des différents types et niveaux d'activités projectives, pouvant être répertoriés dans des entrevues de psychothérapie. L'élaboration de cet instrument est basée sur une compréhension s'appuyant sur l'étude théorique ainsi que sur les théories de la relation d'objet. Le PPM comprend quatre dimensions : la forme de la projection

(persécutoire, distorsion de l'image, classique et adaptative), le degré d'appropriation (non-appropriation, appropriation limitée, appropriation complète), l'intention de la projection (manipulation, séparation, empathie) et le contenu (affects, fantasmes, représentations). L'instrument fait également intervenir deux variables additionnelles : la valence projective (négative, positive) et l'épreuve de réalité (perte totale de l'épreuve de réalité, confusion notable des limites).

Le PPM a été mis à l'épreuve dans l'étude empirique portant sur 20 sujets consultant en psychothérapie dynamique. Quatre entrevues par sujet, deux en début de traitement et deux entrevues 30 mois plus tard ont été cotées à l'aide du PPM. Les accords inter-observateurs obtenus font preuve de la bonne fidélité du PPM. Les résultats indiquent également une bonne validité concomitante avec des instruments mesurant les défenses : le Defense Mechanisms Rating Scale (DMRS) et le Defense Style Questionnaire (DSQ), ainsi qu'une validité divergente avec des instruments de mesure symptomatologiques (GSI, GAF). En ce qui concerne le changement thérapeutique, les sujets font preuve d'une baisse symptomatique à la suite d'un traitement de 30 mois mais aucun changement significatif n'est répertorié quant à leurs fonctionnements globaux projectif et défensif, ce qui suggère que le PPM ainsi que le DMRS sont des mesures plus « structurales » que symptomatologiques.

En conclusion, cette thèse soutient que le PPM est un instrument pertinent à l'étude empirique des changements de structure éventuellement opérés par le biais de la psychothérapie. L'application du PPM a permis d'ouvrir de nouvelles avenues de recherche qui pourraient maximiser le potentiel de l'instrument. Ainsi, il serait

important à l'avenir de combiner certaines dimensions du PPM et de n'inclure que les deux plus importantes : la forme et le contenu projectifs.

Mots clés : projection, processus projectifs, maturité projective, mécanismes de défense, changement thérapeutique, validité.

Summary

This thesis aims to elaborate a conceptual model of projection and consequently to develop an operational instrument measuring different dimensions of projection as observed in dynamic psychotherapy sessions. It comprises two main objectives: (1) to revisit the concept of projection as a multidimensional process in order to propose an integrative theoretical model based on dynamic theories of development, and (2) to develop and validate the PPM in the psychodynamic therapeutic setting.

Through a theoretical study of projection, the thesis defines two important points that are fundamental to all projective processes: the distinction between internal and external worlds and the specific nature of the relation that projection entails. By definition, a confusion in boundaries between internal and external realities and between subject and object is found in all projective processes. This results from the “narcissistic” relation established with the object, in which the other becomes the reflection of the subject’s own psychic activity (projection). Through this understanding, the thesis defines three forms of projection: primary, secondary and tertiary, which are located on a continuum of maturity based on the quality of the differentiation between the subject and the object.

The Projective Processes Measure (PPM) is an operational measure of different types and levels of projective activity that can be found in psychotherapy sessions. The elaboration of this instrument is based on the understanding of projection proposed in the theoretical part of the thesis as well as on object relations theory. The PPM is composed of four dimensions: projective form (persecutory,

image-distorting, classical, adaptive-creative), degree of appropriation (non-appropriation, limited appropriation, complete appropriation), motive (manipulation, separation, empathy), and content (affect, fantasy, idea). Two complementary scores are added to this measure: projective valence (negative, positive) and reality testing (loss of contact, notable fuzziness in boundaries).

The PPM was tested in the present thesis on 20 subjects in dynamic psychotherapy. Four sessions per subject, two beginning and two middle-phase sessions (approximately 30 months in the therapy) were scored with the PPM, for a total of 80 sessions. This instrument showed good inter-observer reliability. The results also indicated good concurrent validity with measures of defensive activity: the Defense Mechanisms Rating Scale (DMRS) and the Defense Style Questionnaire (DSQ), as well as good discriminant validity with symptom measures (GSI, GAF). As for therapeutic change, subjects improved on symptomatic measures after 30 months of treatment but no significant change was observed as to their global projective or defensive functioning scores. This suggests that the PPM and the DMRS can be considered as indicators of one key structural dimension of personality, in contrast to the symptomatic level.

In conclusion, this thesis shows that the PPM is a pertinent measure for the study of structural change, a most elusive concept that presumably takes much longer time to be observed as a result of psychotherapy, in contrast to symptomatic change. The application of the PPM opens new avenues for research that may maximize the potential of the instrument. For instance, it seems important in future studies to combine projective form with content, thus simplifying the procedure.

Keywords: projection, projective processes, projective maturity, defense mechanisms, therapeutic change, validity.

Table des matières

Résumé	iii
Summary	vi
Liste des tableaux	x
Liste des abréviations	xi
Remerciements	xiii
INTRODUCTION	1
ARTICLE 1	
The “Return of the Projected”. On Revisiting the Concept: Some Theoretical and Clinical Considerations	9
ARTICLE 2	
The Projective Processes Measure: an Examination of Reliability, Validity and Relation to Outcome	44
CONCLUSION	88
APPENDICE A	
The Projective Processes Measure Scoring Manual	xv
APPENDICE B	
Tableaux complémentaires	lvi

Liste des tableaux

ARTICLE 2

Tableau 1. Illustrations of the PPM Projective Form categories	83
Tableau 2. Pearson correlations between PPM scores and similar-construct measures	85
Tableau 3. Pearson correlations between PPM scores and different-construct measures	86
Tableau 4. Means and t scores of measures at intake and follow-up	87

APPENDICE B

Tableau 2a. Pearson correlations between specific PPM scores and similar-construct measures	lvii
Tableau 4a. Means and t scores of specific PPM variables at intake and follow-up	lviii

Liste des abréviations

ACP	Adaptive-Creative Projection
AFF	Affective content
BPD	Borderline Personality Disorder
CA	Complete Appropriation
CP	Classical Projection
DMRS	Defense Mechanisms Rating Scale
DSQ	Defense Style Questionnaire
E	Empathy motive
FAN	Fantasy content
GAF	Global Assessment of Functioning
GEVA	Grille de l'Élaboration Verbale de l'Affect
GPF	Global Projective Functioning
GSJ	Global Severity Index (SCL-90R)
IDE	Ideation content
IDP	Image-Distorting Projection
LA	Limited Appropriation
M	Manipulation motive
NA	Non-Appropriation
NEO-FFI	NEO Five-Factor Inventory
ODF	Overall Defensive Functioning (DMRS)
ODSQ	Overall Defensive Functioning (DSQ)
PP	Persecutory Projection

PPM	Projective Processes Measure
S	Separation motive
SCL-90R	Symptoms Checklist 90 items Revised
WCON	Weighed projective Content score
WDA	Weighed Degree of Appropriation Score
WMO	Weighed projective Motive score
WPF	Weighed Projective Form score

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Introduction

La projection est un terme couramment employé dans la littérature psychologique et psychanalytique pour rendre compte de phénomènes multiples. Pour plusieurs (Bond, Gardner, Christian & Sigal, 1983; Cramer, 1999; Lingardi et al., 1999; Perry, 1990) la projection est avant tout un mécanisme de défense immature défini de manière unidimensionnelle et souvent observé chez des sujets qui présentent des troubles de personnalité (p. ex., personnalité paranoïde, personnalité limite). D'autres, tentent de rendre compte des implications cliniques de la projection, en signalant par exemple, son importance dans la relation transférentielle (Bion, 1962; Freud, 1911; Kernberg, 1992) éclairant ainsi ce concept complexe qui semble souvent intangible. Une troisième perspective regroupe les chercheurs cognitivistes qui démontrent à l'aide de leurs travaux empiriques l'importance des mécanismes cognitifs d'attribution, observés chez des sujets «normaux» (Halpern, 1977; Heilbrun & Cassidy, 1985; Neck, Godwin & Spencer, 1996). Ces auteurs mettent l'accent sur les résultats empiriques sans toutefois offrir une théorisation complète du concept de projection.

Ces diverses contributions ont permis d'élargir la base de référence permettant que des recherches empiriques et théoriques intégrées qui traitent de la projection puissent mieux rendre compte de la complexité des phénomènes en cause (p. ex., Lewis, Bates et Lawrence, 1994). Les études empiriques consistent à démontrer la présence et l'usage de la projection dans des populations particulières, tels que les troubles de personnalité ou les troubles de l'humeur (p. ex. Spinhoven & Kooiman, 1997). Certaines études s'inspirent d'une compréhension plus différenciée de la projection (Messner, 1987; Kernberg, 1992) en situant notamment la projection

et les processus projectifs sur un continuum de maturité. Par contre, peu de travaux ont cherché à redéfinir cette notion diffuse au-delà de sa présentation de base, soit celle d'un processus qui consiste à attribuer à l'autre ce qui est intolérable pour soi. Regroupant sous son parapluie des notions très différentes (mécanisme de défense, mécanisme à l'œuvre dans notre compréhension des relations d'objet, mécanisme impliqué dans le transfert), «la projection» demeure un concept à la fois très couramment employé et imprécis, contribuant pour beaucoup à notre confusion. Il semblait donc évident qu'une présentation intégrée et plus complète des phénomènes projectifs s'imposait comme une nécessité à laquelle nous nous sommes employée dans cette thèse.

La présente thèse s'inscrit dans une perspective d'intégration de plusieurs contributions théoriques et empiriques concernant l'étude des phénomènes projectifs. Sa réalisation repose sur deux piliers principaux : le premier tente de définir un modèle théorique qui puisse rendre compte des multiples facettes de la projection, le second concerne l'élaboration en parallèle d'un instrument de mesure des divers processus projectifs dégagés par l'analyse conceptuelle.

Le premier volet de la thèse tente de développer une compréhension théorique des multiples concepts de projection issus du courant psychanalytique. Suite à une recension de la littérature sur le concept de projection, un premier article examine sous l'angle théorique, deux phénomènes mis en cause dans tout processus projectif : la confusion des limites et le mode de relation narcissique à l'objet. La confusion des limites oblige à discuter de la différence entre perception et projection. La perception apparaît comme la «voie royale» empruntée par la projection, qui nous permet ainsi

de relier le monde matériel au monde psychique. Une discussion visant à comparer les mécanismes impliqués dans le rêve et la projection est ensuite proposée, avant d'examiner le mode relationnel narcissique dans lequel la projection place le sujet. Sous l'emprise du mode projectif de la relation, l'autre ne devient alors que l'image reflétée des désirs et des conflits du sujet. L'objet est investi de façon narcissique, ce qui ajoute une «couche» perceptive à ce dernier.

En s'inspirant de la compréhension de De M'Uzan (1999) sur la différenciation entre le sujet et l'autre, l'article définit trois niveaux d'activité projective. Le premier niveau, celui de la projection primaire, est défini comme un processus qui permet d'établir les limites de l'individu. Ce niveau de projection est très archaïque et sert à défendre la psyché contre les angoisses les plus anciennes. En d'autres termes, la projection primaire sert à créer l'individualité de la personne, individualité acquise par une première différenciation fondamentale et fondatrice à l'intérieur même de l'individu. Celle-ci assure ensuite une seconde différenciation, entre l'individu et l'autre. La projection secondaire quant à elle est plus mentalisée et plus spécifique. C'est à travers les relations objectales découvertes via la projection primaire que se fait la projection secondaire. Elle est secondaire non seulement dans la mesure où elle fait suite à la projection primaire dans le développement mais aussi parce qu'elle repose sur des mécanismes de défense préalables, et qui visent à la dénégation, au déni ou à la scotomisation de certaines expériences psychiques, parmi les plus intolérables. C'est au sein de ce niveau de projection que s'élaborent différentes *formes* de projection, selon leurs degrés de maturité. Enfin, la projection tertiaire consiste en une forme de pensée plus élaborée qui permet au sujet une plus

grande liberté de pensée en établissant entre soi et l'autre un espace intermédiaire. À partir d'une relation plus mature, le sujet est ainsi en mesure de percevoir plus «objectivement» l'expérience de l'autre.

Le second volet de la thèse consiste en l'élaboration d'un instrument de mesure et d'évaluation des phénomènes projectifs : le Projective Processes Measure (PPM). Cette mesure fut développée de manière parallèle avec l'élaboration théorique de l'article précédent et suite à un recensement des écrits sur la projection. Ces écrits rendent compte des différents termes sous lesquels est répertoriée la projection (Lewis et al., 1994; Meissner, 1987; Rappaport, 1952). Ces auteurs, dont les contributions sont à la fois théoriques et empiriques, définissent souvent des types de projection différents selon les rôles qu'ils occupent. Alors qu'il existe des instruments mesurant les mécanismes de défense (dont la projection) sur un continuum de maturité (Bond et al., 1983; Perry, 1990), il n'existe à notre connaissance aucun instrument permettant d'opérationnaliser la projection sous ses divers aspects. Le PPM vise donc à mesurer les différentes formes et les divers contenus de l'activité projective situés selon un continuum de maturité. Le PPM définit quatre dimensions générales : la forme de la projection, le degré d'appropriation, l'intention projective et le contenu de la projection. Deux cotes additionnelles sont ajoutées à ces composantes : la valence de la projection et la présence ou non du maintien de l'épreuve de réalité. Chacune de ces dimensions regroupe des catégories différentes qui se situent sur des continuums de maturité projective. Cet effort d'intégration consiste à dégager des facettes importantes d'un

phénomène multidimensionnel ce qui permet d'enrichir notre compréhension de ce concept méconnu.

Le présent travail poursuit donc deux objectifs principaux :

1. Le premier est d'élaborer une compréhension théorique plus intégrative de la projection. Pour ce faire, la thèse présente un premier article consacré aux enjeux importants au sein de tout phénomène projectif et à la multidimensionnalité d'un tel processus qui s'explique de façon développementale à partir de la distinction entre l'intérieur et l'extérieur puis entre le sujet et l'objet. Cet article a été soumis à la revue International Journal of Psychoanalysis (mai 2003).

2. La thèse vise en un second temps à démontrer la validité du PPM en tant que mesure de processus projectifs situés sur un continuum de maturité. Le PPM est mis à l'épreuve dans une étude empirique à l'aide d'entrevues de psychothérapie dynamique. L'objectif de cette étude est double. L'étude vise simultanément à comparer et contraster le PPM avec d'autres instruments de mesure ainsi qu'à apporter une validation additionnelle en examinant son comportement en lien avec le changement thérapeutique chez les mêmes sujets. Cet article a été soumis à la revue Psychotherapy Research (juillet 2003) et reflète un travail de collaboration entre les chercheurs de l'Institut de Psychiatrie Familiale et Communautaire de l'Hôpital Général Juif et ceux de l'Université de Montréal.

Le manuel du PPM se trouve en appendice de la thèse. Il contient une élaboration théorique des processus projectifs, les étapes d'opérationnalisation, de segmentation et de cotation. Enfin, des exemples cliniques illustrent chacune de ses étapes et chacune des dimensions du PPM.

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Article 1

The “Return of the Projected”.

On Revisiting the Concept: Some Theoretical and Clinical Considerations

Running Head: RETURN OF THE PROJECTED

The “Return of the Projected”.

On Revisiting the Concept: Some Theoretical and Clinical Considerations¹

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Université de Montréal

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The “Return of the Projected”.

On Revisiting the Concept: Some Theoretical and Clinical Considerations

Abstract

The concept of projection has been part of the psychoanalytic vocabulary almost from the beginning. Projection refers to processes of attribution of one’s feelings, ideas, affects and motives onto objects, the external world, etc. The underlying mechanisms of projection and their link to psychic functioning need to be reexamined. Disagreement remains on the role that projection plays in the psyche (as a defense, as a form of mother infant relationship, as a key element in normal thinking, etc.). This paper defines three distinct major levels of projective activity: primary, secondary and tertiary, based on a genetic view and an understanding of multiple functions that ensue from these successive stages. Although these three types of phenomena are sometimes quite distinct, they are for the most part related and can, therefore, be analyzed in light of a dual dimension inherent to any projective activity: the confusion in boundaries and the “narcissistic” relating to the external world. How these viewpoints compare to previous psychoanalytic understandings of projection and their relationships with a clinical case are discussed.

« Là où je ne suis pas est
l'endroit où je suis moi-même »²

The “Return of the Projected”.

On Revisiting the Concept: Some Theoretical and Clinical Considerations

For more than a century now, the term projection and its various attendant conceptions are regularly found in mostly all psychoanalytic writings. Projection denotes several distinct processes in the psyche, ranging from a defense mechanism as seen in paranoia, to a way of communicating (Ogden, 1979), or a way of relating to the external world, that is clearly observed within the transference. Laplanche & Pontalis (1973) define projection as an:

“operation whereby qualities, feelings, wishes or even objects, which the subject refuses to recognize or rejects in himself, are expelled from the self and located in another person or thing. Projection so understood is a defence of a very primitive origin which may be seen at work especially in paranoia, but also in ‘normal’ modes of thought such as superstition” (p. 349).

From early on, Freud (1895, 1911) emphasized the role of projection in the defensive functioning of the ego and, hence, in psychopathology. Projection is essentially an active misconception, as seen in multiple symptomatic manifestations, such as pathological jealousy, paranoia and phobia (Freud, 1895, 1911, 1922; Rosenberg, 2000). Its implication in paranoia, and in psychotic symptomatology is well established (Gauthier, 2000; Sali, 2000). If hallucinations are sensory perceptions without a perceived object, numerous authors (Freud, 1911; Racamier, 2000; Rosenberg, 2000; Sali, 2000) comment on the relationship between projection and hallucination, understood as a return through external reality of what was abolished inside.

Although most authors view projection in the light of its function in psychopathology only a few (Freud, 1895, 1911; Klein, 1934/1984) recognize the role played by projection in such normal psychical phenomena as animism (Freud, 1913), empathy (Klein, 1946; Heimann, 1952) or accurate perception as seen in projective techniques (Anzieu, 1960). Empirical work dedicated to the establishment of the existence of projection in non-clinical populations (Halpern, 1977; Lewis, Bates & Lawrence, 1994; Neck, Godwin and Spencer, 1996; Heilbrun & Cassidy, 1985) has underscored the extent to which projective activity is a basic psychic process at work both in defensive and non-defensive functioning. In light of the diverse roles taken on by projection and taking into account its complexity and multiple meanings, it stands out as a unique task to offer a coherent and unified theoretical understanding of projection. Further, differences observed at a clinical level in the various projective processes must be accounted for across different pathological conditions. Through a theoretical and clinical examination of the notion of projection, this paper addresses these issues.

Projection as a paradoxical mental activity on the inner/outer boundaries

From a genetic perspective, projective activity is a fundamental mechanism in the establishment of primary object relations (Klein, 1946; Heimann, 1952) and is intimately related to the differentiation between inner and outer spheres of the psyche (Freud, 1895, 1915, 1920). Both these aspects need to be addressed in order to take into account the complexity of projection. Freud (1915, 1920) underscored that projection only takes place once a primary distinction has been firmly established

between inner and outer worlds. However, in essence, projective activity implies, paradoxically, to blur and put in jeopardy these same boundaries on which it relies. It hence plays a preponderant role both in the establishment of boundaries and in their confusion. This points to what we define as the inner/outer paradox in projection.

A closer examination of this paradoxical situation leads us to explore two distinctive criteria common to all projective processes. The first is that projection cannot take place in the psyche without the creation of a momentary fuzziness in boundaries. The inner and the outer spheres are for a moment confounded. The subject uses this confusion in order to project. Second, this establishes a “narcissistic” way of relating with the object that is not perceived and represented independently of the subject’s ego. Each criterion will now be discussed in turn.

Confusion in boundaries – perception and projection

Projection is closely related to other psychic phenomena involved in all forms of relating to the exterior. It necessarily involves perception as a means of passage to express the affective and representational contents to be projected. Projective activity necessitates this perceptive passage in order to link internal and external worlds; it, thus, implies creating and maintaining misperceptions in one form or another. Although projection uses perception as one of its component processes for its expression, these two phenomena must be distinguished from one another. Perception is inherent to all acts by which material (objective) and interoceptive reality is revealed to us. It involves its own self-organizing complexity. In projection however, the perceptive experience takes place but it is further recruited by a higher order process involved in creating a new meaning (Sami-Ali, 1970). Without leaving

the perceptive field, projection contributes to the elaboration of sensory-motor experiences because it compensates their shortcomings (e.g. in the psychic field). In a sense, projection thus appears as a special form of perception. But while projection constitutes an important part of some perceptual activity, perception generally involves more than just projection because it is our link not only to the imaginary but also to reality. Perception creates a first layer within the psyche, one that is responsible to establish and maintain contact and interaction with the external world. This layer is part of what Freud (1900) called the perception-consciousness system. Therefore it seems clear to state that projection takes place mostly in the imaginary field, while perception is involved with “reality”.

By its very nature, projection accomplishes a back and forth movement between perception and representation. Again, paradoxically, while defining the boundaries between perception and representation, it also serves to blur these same frontiers. It is via perception that projection takes place. Projection uses perceptual material as its “raw material”, acts on it and transforms it into imaginary and representational constructions. The perceptual functions are used by projective processes in order to achieve the psyche’s aim. In this sense, perception is a unique vehicle for projection, a form of royal road borrowed by projection. Perception, defined as part of the perception-consciousness system (Freud, 1900), is a peripheral function of the ego. Perceptions create a passage, a link between inner world and material world for all psychic phenomena. Projection borrows the perceptive route, but in projection, perceptions become experienced against the background of the individual’s past development. They are checked against memory systems which these developments

have produced. In projection, stimuli are selectively perceived as determined by the individual's wishes, desires, or impulses. Traces (from the exterior world) become meaningful almost immediately as they run through the perceptive field and are integrated in the memory schemata. Both the content (fantasies, needs, motives, wants, etc.) and the function (as a mechanism) of projection are memorized, simultaneously giving rise to self-organizing templates or dynamic schemas. Projective activity inscribes in the psyche a path, a "facilitated route" that becomes re-actualized and reactivated with every usage.

Contemporary theories in cognitive science underline the role played by higher level cognitive processes in perception (Edelman, 1992; Leuzinger-Bohleber & Pfeifer, 2002; Morton, 1997; Moser & Von Zeppelin, 1996). Hence, perceptions involve a first level of "interpretation" : that of the representation of material reality. Perceptions thus become closer to a "neutral" process. But projection is a distinct order of psychic phenomena because it touches on the "intentionality" of the subject (Putnam, 1981). The subject makes use of his perceptual experience to activate his intentions, thus revealed in the nature of his projections. By definition, projection is a unique, idiosyncratic and subjective experience, and much more than a generic cognitive activity.

Projection challenges the polarity that exists between inner and outer worlds. It creates a retrograde movement within the psyche. In a manner similar to dream work, it also reverses the direction between ideation and perception, and creates a topographical regression as seen in the dream process (Freud, 1900). Projection inverts the direction that takes place in simple awareness: it consists in bringing the

ideational representative to the perceptive pole. This enables the psyche to reduplicate material reality and thus transform it into an apparently extra-psychical external reality. The projective process trades a representation for a perception, thus creating a mental situation whereby these representations appear as if coming from an external perceptual activity. However, the individual under the influence of projection does not necessarily misperceive material reality. Hence, projection does not necessarily entail a loss of contact with material reality rather it becomes a quasi-false perception. It is not false because of the connection to external reality. Yet it is a misappropriation of the subject towards his inner reality. Projection pushes perceptual activity to its limits, playing with it.

Projection is thus first organized around the perceptive pole, one of the key functions of the ego (Freud, 1895; Hartman, 1964; Heimann, 1952). Since it takes the perceptive road, projection is hence accompanied by the conviction that the projected content retains an autonomous reality in the external world. Again in a paradoxical way, the distance that separates the subject from what is “projectively perceived” seems insurmountable while it is abolished. As projection abolishes the distance, intertwining subject and object, it also creates a gap between perception and representation. What really belongs to the interior is now mentally apperceived as part of the exterior. This results inevitably in a certain blurring of boundaries.

Seemingly divergent views persist in discussions of projection over the nature of its relation between internal and external realities. Although Freud (1895, 1920) insists on the cleavage that projection creates between the interior and the exterior, others (e.g. Heimann, 1952; Klein, 1946) refer predominantly to the link that it

creates between the subject and the object. Both viewpoints are valid, and the role projection plays in both object relations and ego development remains preponderant. In our understanding, these apparently diverging views refer to two related and necessary dimensions or polarities. The first, internal/external polarity, is chiefly linked to the gradual establishment of ego boundaries via projection. The second, subject/object polarity, concerns the development of primary object relations. The ego cannot create itself without elaborating the object relations that it constructs in part via projection. Hence, projection is involved in both polarities, that sometimes come to coincide. This suggests that the partial loss of boundaries that is provoked by projection is also a blurring of boundaries between subject and object.

Narcissistic mode of relating and the economic interior

By attributing to the external world his own fantasies, desires, affects, emotions or ideations, the projecting subject enters into contact with the external world. This creates a mode of relating that is somewhat specific to projection. It is narcissistic because it relies on the ego's investment of libidinal and aggressive charges onto the object. Grunberger (1971/1979) believes narcissism to be "... as absolute and forceful in its demands as an instinct" (p.105), but he notes: "yet libido and narcissism activate different trends". The ego narcissistically invests the object of interest, in part for purposes of defense. Mostly through condensations, projective activity, hence, becomes intensely affectively charged. It has the powers of a quasi-drive. It takes place in a mostly archaic and/or narcissistic relationship, the extent of which depends on the subject's level of maturity.

By ascribing to another his own impulses, desires, fantasies, etc., the subject unknowingly searches for and perceives some aspect of himself in the object that is of interest to him because of the projective charge that unites them. The external world becomes a mirror which the subject either cannot use as he completely denies himself, or perhaps uses to recognize himself in part.

This narcissistic mode of relating implies that a specific frame of mind is active, which organizes the psychic apparel by creating new representations, and memories of specific links between the subject and the object. These in turn become part of the dynamic schema. This inscription creates in the psyche a form of habituation or facilitation (Freud, 1895; Leuzinger-Bohleber & Pfeifer, 2002). At a later time, the ego more easily reactivates this “facilitated” route for later defensive purposes. Further, the narcissistic mode of relating contributes to being in contact with the external world which in turn exerts its influence on later projections and subsequent relations (as in the transference). The object of the projection changes, but the mode of relating remains the same, for it is intrinsic to a specific projective system.

As a result of projection, the subject links himself to the other in a way that the other loses something of his own separate identity. The object “accumulates” something of the subject. This describes a narcissistic “prolongation” of the subject and is essential to any projective activity. The object is, therefore, denied in his otherness. The result is apprehended, as though equivalent to a perception. It is this perception or “pseudo-perception” that links the subject to the object in the projective experience. Therefore, in projection, there is, simultaneously, a creating of new meaning, the result of the subject’s interchange of representations (self-object; inner

perception and outer perception) as well as a cathecting of these representations.

Grammatically expressed, the “you” is felt as more important than the “I”, but this, of course, is a consequence of the initial narcissistic investment.

The ego is narcissistically invested in the external world. This tints perception and adds to the chain of “rational” thinking a part of the ego filled with desire and fantasy. This “new” reality is now associated to an unconscious process, that of projection. Beyond the universal cognitive phenomena discussed in epistemology, a psychoanalytic view of projection implies that the ego adds a layer of unconscious element to the perception of the object. This first stage of projection creates a modified “perception” and a narcissistic investment. Only then can meaning be attributed, judgement operate, as part of a second stage. This higher order process of attribution takes as it’s “raw material” a content that is already based on a kind of “return of the projected”, meaning a transformed percept, already modified by the projective process. This creates a second-order process: an “after-effect” which takes place both intrapsychically as well as interpersonally; intrapsychically, because the subject can utilize its return in order to make sense of the projection for his own self; interpersonally, because the ego might need the other in order to recognize the reality of his projection. In this sense, the object serves as a “perceptive reality”.

In sum, taking into consideration the dual dimension involved in all projective activity, we define projection as a dynamic and constructive psychic process, on the one hand, and influenced by the external world, on the other, via perception. This complex activity will now be examined through the multiple functions and roles that it fills.

Multiple levels of projective activity

Taking into account the numerous roles and functions occupied by projection within the psyche (defense mechanisms, animism, object relations), multiple levels of projective activity must be defined. Genetically, these functions can be understood as successive and, more or less, integrated levels of maturation and development of dynamically related projective phenomena creating a projective cycle. As several authors have pointed out (Anzieu, 1960; Freud, 1895, 1911; Gauthier, 2000; Heimann, 1952; Klein, 1946; Sali, 2000) projection can be understood in regards to a certain number of criteria. These criteria will be addressed as implied in three levels of projective activity, that are part of the projective cycle.

Primary projection

Primary projection is defined as a form of “pre-projection”. It is primary because it precedes the development of a more mature, more elaborate secondary level of projective activity. It is established by the “ego-psyche” in order to alleviate it from excesses in anxiety. Primary projection has a clear initial developmental function. It is involved in the development of boundaries, and, as such, it helps the resurgence of the self and subject from elements of experience and experiencing. In one meaning, the subject is mainly defined as an amalgam of representations of self and others, which approximates the notion of self. In another sense, the subject is seen as a structure endowed with intentions (Cahn, 1991; Putnam, 1981). As described by De M'Uzan (1999), it is postulated that in order to establish its own identity, the self must differentiate itself from the non-self elements of experience including others. This requires that a more primitive distinction be established, between the self

and itself allowing a transformation from a pre-subject to a true subject. The initial lack of internal and external boundaries precludes the subject from differentiating itself from the self. For De M'Uzan (1999), the identity of the subject is based on the creation of an intermediary space, called a "spectrum of identity", which allows the crystallization of a duplicate, the basis of processes of identity elaboration.

At this stage, as many authors have underscored (Klein, 1946; Freud, 1895, 1920), the archaic self or ego needs to defend itself from whatever puts into jeopardy its integrity and cohesiveness. To rid itself from the anxiety provoked by impulses or by narcissistic pressures, it puts into place a mechanism that will differentiate its boundaries by externalizing what is anxiety provoking. This externalization permits the self to free itself from parts that it does not recognize as its own, a stranger in the self, which will be addressed as the non-self, what De M'Uzan (1999) has called the non-ego. This, as numerous authors have recognized, summarizes the role of projection in the establishment of boundaries and in the establishment of the self or the ego.

But De M'Uzan (1999) further postulates that this first cleavage is at the core of identity. In our view this first distinction in boundaries is accomplished via primary projection. It is involved in the creating of the subject out of the less differentiated pre-subject structure. Through the externalizing function involved in primary projection, the first distinction created by projection is in the psyche itself. Parts of the psyche need to be externalized, since they are experienced as unbearable. Once this primitive identity has been established in intimate relation with another psyche, the psyche can create its first object relations. This simultaneously helps to create the

“subject” in the context of more elaborate and higher level representations. Hence, primary projection is a foundational activity, which serves as a universal protector of the “core” of the psyche and of its boundaries. Once established, these distinctions need to be maintained in order to secure a certain cohesive structure within the self, between the subject and the object. In this sense, primary projection responds to the core self-preservation instincts of the individual. It serves to establish a cohesiveness in the mind, making it stronger to confront later anxieties and needs. Taking into account its role in the psyche, primary projection resembles an undifferentiated type of projection, as it serves in the elaboration of the psyche. It is mainly an externalization onto the “object” (the non-self) of any content that puts into jeopardy the boundaries of the subject. For instance, a patient that feels threatened by an external force, without being able to further elaborate this feeling.

Secondary projection

Secondary projection is a second order, supraordinate level of activity, which takes as its material the products of primary projection: self/non-self and subject/object boundaries. This contributes to a further development, by a continuous process of investing complex mental activities between the subject and its various objects within the ego. Secondary projection is only possible because primary projection has taken place. As primary projection, it is mostly defensive but it becomes more specific than primary projection, since the psyche, through the support of a secondary level of projecting, reaches a comparatively more coherent, complex and relatively stable state. Secondary projection protects the ego from very different anxieties, namely those resulting from the newly established object relational

possibilities, which also give form to and help integrate the various needs and impulses on the way to become wishes, etc. (mentalisation of affects). This level is therefore more complex and subtle than primary projection because of the primary developmental issues that have already taken place. An example of this level of projection is portrayed in a paranoid transference where the subject attributes to the therapist an orality that is his, thereby experiencing the situation as a potential source of exploitation, abuse and intrusion. This puts the clinician in a bind from which he needs to emerge.

Secondary projection, thus defined, consists in mentally externalizing any form of element (desire, affect, representation, etc.) which is part of the subject's psyche and attributing it to the currently invested object. Such attributions rely on previously active negation mechanisms. For instance, Rosenberg (2000) has argued that in order for the projecting subject to search outside what cannot be tolerated inside, some form of scotomization, denial, or splitting must first exert its influence. This opens the way for a scrutinizing of the object in order to "find" what has been lost. To illustrate, Kernberg (1992) has established a distinction between projection and more primitive projective identification, based in part on the notion that projective identification rests on an ego structure organized around splitting whilst projection has its roots in repression. Depending on which of these specific operations is active (denial, negation, splitting and/or repression), secondary projection will be expressed in different forms. It can take on a "paranoid form" in paranoia or in some forms of jealous delusions. Paranoid projection rests more specifically on mechanisms of splitting and denial whilst a more "classical form" as seen in phobic avoidances and

in other manifestations of neurotic functioning depends mostly on negation and repression.

The relative use of these forms of secondary projection will therefore depend greatly on the relationship between the structural characteristics of the ego and the specific scotomizing operations that it relies on (denial, splitting, negation and/or repression). If the ego's defensive organization is determined mostly by such mechanisms as splitting and denial, then the form of projection will be closest to a projective identification or paranoid projection. The more the mechanisms on which projection relies are immature and archaic (splitting and denial), the more the form of projection is immature, thus passing from paranoid projection to image-distorting projection – which is used as an exaggeration of the object's qualities – to a more “classical” form of projecting.

Tertiary projection

The roots of tertiary projection are embedded in the two previously discussed types of projection since it stems from the development of both levels of projective activity. Once the ego enables itself to create this fluidity, it also allows itself a certain degree of freedom that is not found in other types of projection. Tertiary projection resembles a mechanism that is closest to certain forms of perceptual activities. In the same way that perception serves to reveal to the psyche what is exterior to itself, tertiary projection is also a means for the psyche to establish a truth value concerning itself. Tertiary projection differs from perception however, as it further elaborates a higher form of thinking. It serves to build the world the subject lives in, by constructing it through the subject's needs, wants, and desires. It enables

an elaboration of the subject through the acquired understanding of the object via the projective activity that unites them. This also defines the end point of the projective cycle. Here, the subject reaches some level of objective knowledge concerning his own subjectivity.

This type of projection is used differently than the other forms of projective activity since it is mostly linked to a way of elaborating, of association between representations. Since both primary and secondary projection have played such a crucial role in the genesis of the psyche, defining its boundaries and ensuring its security, in its tertiary form, projection makes use of these inner processes and this becomes our way of relating to the external world. The grounds have already been set for this use. By attributing to the external world his desires, fantasies, wants and needs, the subject, via the projective relationship installed with the object, takes a distance, thereby creating an intermediary space (Winnicott, 1951) that serves as a form of mental elaboration and thinking on oneself. This form of projection is at the service of the ego and facilitates its future development through a continuous movement between the subject and the object.

Tertiary projection is less defensive than the previous levels of projective activity. However it maintains a defensive root that is mostly visible in a certain form of tertiary projection that we call adaptive-creative projection. It is what resembles mostly to an “amicable form” of projection (Klein, 1952), closest to empathy. It underlies our way of entering in contact with the exterior while keeping what is interior as “neutral” as possible. The unconscious is always active and conflicts always present. In tertiary projection, what emanates from the interior does not

disrupt access to the exterior but helps to understand it better. This can be seen mostly in a form of “identification” with others via empathy or even as a form of understanding that exceeds intellectual comprehending. It is a form of being simultaneously “true” to oneself and to others because it takes into consideration with “equal” importance both the self and the other. This may be called “freedom of perception”. It confers to the ego a sense of freedom to endorse and modulate the drive pressures whilst ensuring a level of cohesion that makes it possible for the subject to truly understand and contain (Bion, 1957) the other. Although tertiary projection requires the achievement of a certain degree of maturity, it also involves and actuates a form of “objective”, or asymptotic function.

Inasmuch as the form of projective activities is fundamental in structural considerations, an additional criterion is of importance in the constructive and dynamic nature of all projective activity: the degree of appropriation or the level of consciousness used by the subject in the “after-effect”. This question will now be addressed.

Projection as the basis of two types of “judgements”?

As defined by Heimann (1952), judgement is the internal correlate of perception, as it consists in a form of undoing of projective activities. Judgement is the “anti-projection” agent, acting against the return of the projected to the subject’s psyche. As such, its asymptotic function enables the subject to objectify itself. Identification is often considered as the main counterpart to projection, however, as defined here, judgement occupies this distinct, key function, with respect to projection.

Although by definition all judgement functions tend to establish some statement about the state of objective reality, different types of judgements can be differentiated. Confirmatory judgement is implied in a tacit repetition to confirm the distinction between the subject and the object. Therefore, it serves to repeat the distinction of what belongs to the subject and what belongs to the object. The defensive aspect is emphasized. This type of judgement serves as a “secondary defense” because it does not put into question the “perception” that is created via secondary projection. By contrast, discriminatory judgement involves a judgement on the quality of the perception and on its veracity. Therefore, it challenges the distinction on which it relies and it enables the ego to reflect on the boundaries that were created. Doubt being the essential element in discriminatory judgement, it also allows the psyche to establish a more fluid terrain, a more complex network between representations for later uses of secondary projection and to break the repetition that the ego was implied in.

The circular movement between the levels of projection

This discussion has established a schematic and set developmental sequence within the adult psyche, whereby the three levels of projection come to life. But projection does not operate exclusively in the first years of life. In adult mental life, there is an incessant oscillation and circular movement between the different levels of projection. This interplay is achieved through the judgement function. Inhibitions and a lack of elaboration in projective processes result in more or less chronic confirmatory judgements, as in severe personality disorders. The different levels of

projection are involved with each decision that the ego makes in a continuous, dynamic process.

Primary projection manifests itself in adult thinking especially in its most archaic forms (in hallucinations and delusions) as distinctions are abolished between ego/non-ego and subject/object. Not chiefly exclusive to psychosis, primary projection involves the externalizing of the psyche in its entirety. This leaves the subject with a sense of inner void, a feeling of alienation and estrangement. At this stage there is barely any space for the judgement function. It resembles a form of precarious "judgement" of disconfirmation, one that is mostly the continuation of the negation or scotomization that precedes projective activity. Using this immature judgement, primary projection can be achieved through the regression or disinhibition³ of secondary projecting.

Secondary projection is seen in various forms of defensive functioning. It can either follow and expand from primary projection via the confirmatory judgement function, which permits to corroborate the distinction between subject and object. The subject, thereby, verifies that what is perceived is part of the object. Secondary projection may also be a regression from tertiary projection, where the subject, under the impact of an empathic stance towards the object, will find himself overemphasizing the exterior at the expense of the interior, while believing he is in touch with the object. In analyzing countertransference, Racker (1968) has described concordant identifications whereby the analyst's psyche momentarily finds itself in a quasi-synchronism with what is currently activated within the patient. Whenever concordant identifications are momentary and reversible, they imply tertiary

projection. Because it is momentary, the consonance is then usefully discriminatory. If too rigidly maintained (as in countertransference), it involves disinhibition of the level of secondary projecting. The analyst as subject at this point thinks that he is being empathic, but using a confirmatory judgement, he blinds himself to what is actually in process: i.e. a part of himself is being perceived as the essence of the patient.

Tertiary projection is a product of a maturing ego, which is continuously elaborating itself via notably its discriminatory judgement function. Discriminatory judgements allow the ego only to minimize the impact of what belongs to the internal world, as it opens up a space for the psyche to perceive its own functioning. It takes into account the preconscious/unconscious elements in order to minimize their influence on our perceptions and our comprehensions of others and of the world around us. This consists in the mentalisation of “perceptions”. Redefinitions of boundaries, the development of new links to the external world imply, within tertiary projection, a questioning and doubting of the specific nature of the subject-object, or me-you (or that) dichotomy established via secondary projecting. Tertiary projection could be seen as a dynamically important form of metacognition insofar as it enables a revision of defensive activity. This implies the capacity to inhibit and, therefore, reverse the processes involved in secondary projection.

The adult psyche is thus filled with a perpetual movement between primary, secondary and tertiary projection. These levels and forms of projecting co-exist and their importance varies. How the ego chooses to use them depends on its judgement function and on its maturity. There is therefore not only an incessant trade, a back

and forth operating and reciprocal influence between the different types of projection, but also between the types of judgement. A clinical vignette will illustrate this understanding.

Clinical Vignette⁴

Chloe, a 24 year-old patient came looking for psychoanalytic psychotherapy without identifying any clear symptoms or specific complaints, apart from the fact that she did not feel completely “right”. At times, she reported feeling as though she was detached from her body and experienced “dissociative periods”. These experiences occurred mostly in public places or when feeling anxious. She thought that others were feeling what she was or that they were contributing to her “paranoia”, less so because of the threat they constituted, than because of their felt presence. Their physical proximity was sufficient to “transfer” onto her their feelings and states. In our early sessions, Chloe portrayed a good example of the use of primary projection in her difficulties in establishing boundaries for and in herself. It was mostly through the split between her mind and her body, a body that seemed not to be part of herself, but mostly alienated, that this first distinction was established. Our first sessions seemed indicative of a pre-psychotic^{4a} state in Chloe because of the fragile nature of her boundaries and her inhabited discourse, so much so that it was quite difficult for me (N.S.) to feel empathetic towards her or even to feel and to establish any form of relational contact with her, no matter how hard I tried. However, in sharp contrast, outside this intimate sphere, Chloe functioned quite well and was successful in her graduate program.

During our early sessions, which were established on a weekly basis, Chloe had very little to say about her mother, who remained an unknown figure. In response to a comment about this, she feared that speaking about her mother would tarnish her image. Chloe, in a sense, refused to remember her past with her. She could not apparently tolerate her felt presence⁵. She however reported moving out of her mother's house at the age of nine to live with her father and her stepmother. She recalled very little else except perhaps that while living with her mother, she felt "restrained" and "smothered".

In therapy, Chloe could not find nor express her emotions. Because of the "split" or the dissociation between her body and her mind, her body's sensations and reactions had become her emotions. For instance, when she felt anxious, she felt as though her arm was not her own. One could say that she had projected her vulnerable emotional subjectivity onto her body. This as a primary way of projecting, taking her body as an "object" from which she needed to differentiate. Meanwhile, her more hopeful, aware aspects, the ones better linked to the reality principle were sought after in other's opinions and judgements. As a result, in order to "inhabit" her emotions, she needed to "borrow" them from others. This, she explained, as a movement to acquire other people's judgement, whenever she felt that a situation needed to be "judged emotionally". If what was required was an emotional conduct, she asked herself via others, mostly in actual fact and on occasion in fantasy, what they thought, how they would react. She then mimicked or emulated their reaction. She forged herself to their wants and needs. All this, not as a hysterical solution to an Oedipal conflict but as a means to "exist" and to feel alive. Anxieties were mostly

felt as a form of disintegration of herself. By linking herself to others, she felt that she could express her emotions and thereby “survive”. She, thus, continued this type of relating with all relationships that she formed, most of the time reversing roles and “reading” into other’s desires, needs and fantasies, as a projective solution to her identity difficulties, thereby annihilating the “disequilibrium” and the “destructive” distance that separated her from others.

As with others, this way of disguising herself appeared in her relationship with me where she tried to become the perfect patient, thinking that she would thus satisfy my needs and desires. All this, at a time where it was quite difficult for me to feel any form of empathy towards her. I often felt “numb” and indifferent. The sessions seemed void, nothing seemed to happen. Nevertheless, Chloe seemed to take advantage of the therapy since she no longer experienced dissociative periods. However, I always had the urge to compare her to another one of my patient’s with whom the therapeutic work was quite seductive. At this point we were both trapped in a primary projective process, almost at a pre-verbal state. I soon felt that my countertransferential reaction was in some way linked to an unconscious fantasy. I eventually asked if she knew anything about her origins and her mother’s pregnancy. She explained the oddness of her relationship with her mother and realized herself that she had always felt like an unwanted child, a child that was conceived to repair the relationship between her parents. She soon realized that this could have prompted her to leave the maternal household. Her mother, she explained, always had wanted a blonde, thin child with blue eyes⁶. Her being short, chubby and a brunette, she could never satisfy her mother’s needs and always felt inadequate.

After realizing this and by elaborating myself on these unconscious fantasies, I gained a form of interest in Chloe, felt more her presence in our relationship which led me to occupy a more empathetic position. This probably allowed her to experience a more containing environment and enabled her to develop a more mentalised level of projection. She spoke in detail about her relationships and was, in some way, more involved with others rather than feeling estranged and just acting out her impulsive urges (by having sexual relationships with strangers in order to feel her body's existence). She, however, started, at times, attributing to others the fact that she often felt abandoned, realizing after that she was the one that kept her distance. She also went from a passive position to a more active and exploratory one in her relationship with me. She was even able to contradict me, tolerate our differences in opinion and the "disequilibrium" that it provoked between us. This also got her to talk about a depressed mother, which she had to protect and for whom she felt responsible. A mother, unable to empathize in a good enough way with her baby's basic needs because, too taken by her own needs. These deficiencies in the early interactions with her depressive mother had a detrimental effect on her projective development, which was organized, at a primary level.

A few months later, I started to develop a more worrisome fantasy about Chloe. I started to feel paranoid, thinking that I would meet her on the streets or that she would call me at home. When these thoughts occurred to me during our sessions, I linked them to something she had described earlier on in the treatment. She continued taking her ex-boyfriend's phone messages at a distance since she remembered his code. Was my "paranoia" a projective identification in which I was caught? Were my

own fantasies interfering with the therapeutic work? The fantasies were becoming more and more present when Chloe, right before my summer vacations, told me that she had looked me up on the Internet and found my personal address and phone number. I felt violated, intruded upon, but also realized that the paranoid fantasies had in a sense a link to the transference reality. I intervened by asking Chloe "You want to be me?". To this, she answered "It's more that I want to have you inside of me". She also started to speak more freely about her emotions and the fact that she felt not only abandoned by me but that she felt that I would no longer exist if I were to leave her. This led us to discuss her disintegrative anxieties and the projective solution that she used in order not to feel them. She would borrow other's "psychic pieces" in order to introject them in herself, as she did in her enactment with me. As a correlate to this internalization, she would find herself in a projective and externalizing position by existing and by defining herself through others, as a very passive way of being. This contributed to the fact that she could never speak of her emotions and that her utterances were difficult to "believe" because estranged to her. She, thus, felt more dead than alive.

This realization, the consolidation of the therapeutic relation and more importantly the interpretation of both our transference and countertransference reactions, allowed her to even feel empathetic towards me, putting herself in my position and realizing that I must have felt terrified by her actions. This marked the beginning of the development of a tertiary level of projecting through the judgement acquired via the elaboration in therapy.

In sum, we can state that Chloe first came to therapy organized around a primary level of projecting. She was permeable to the exterior, not occupying space but melting into it. This is how paradoxically she acquired a sense of identity. Physical proximity was equivalent to fusion and to losing of her boundaries. The first distinction in boundaries was achieved via her body. However, once I (N.S.) was able to analyse my countertransferential reaction, it led to a more containing environment which allowed an elaboration on Chloe's part which in turn led to a higher level of projecting. This was quite apparent in her increased involvement in relationships and in her increased involvement in the therapeutic relationship. This is also when she was more explicit about her mother. A second more disturbing countertransferential reaction led to quite a productive elaboration. Using a discriminatory form of judgement, Chloe was able to understand and elaborate on her reactions and on mine⁷. This also enabled her to differentiate herself from me and gain a certain sense of identity.

Conclusion

It is through our understanding of the numerous layers of projection that we can define projection as a paradoxical mechanism and dynamic interactional process that enables the subject at the same time to falsify a certain form of reality while it brings one closer to one's true self when used accordingly. In this sense a suitative, constructive understanding of interactions is a precondition for projective elaboration. Elaboration and mentalisation are, thus, dependent on a dialogue between inner and outer realities with an object, an experience between two persons.

It is via the ego's implication and investment with these objects that projection refers mostly to the imaginary aspect of the perceptive experience, therefore, bringing this mechanism to an intermediate space, where the rupture between inner and outer is never total and where the judgement function occupies a key role in the establishment of boundaries. This space relies on a semi-circular movement that emerges from perception and joins it back while passing and collecting some of the subject's representations. This movement is why projection is at the same time part of reality and part of the imaginary. It involves simultaneously a regression and a progression that coexist, showing the vicissitudes that the subject links and unlinks in a world always changing and yet always equal to itself.

It emanates from this discussion that the optimal dealings with "reality" imply maintaining a constantly fluid, openly circular dynamic distinction and differentiation between the internal and the external worlds through the judgement functions of the ego. Projection, as part of this task, is a form of duplicate of "reality" in the imaginary psyche. As such, this duplicate resembles a verbal rhyme to the ear. A rhyme which involves at the most and at the least two elements in order to take place, elements that one without the other would partly lose their respective identity.

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Footnote

¹ The masculine gender is employed in this article as a generic. It designates both masculine and feminine genders.

² Auster, P. (1991). Trilogie New-Yorkaise, p.9. Préface de Jean Frémon.

³ In this, we follow Sandler and Joffe's (1989) revised concept of regression, understood as a form of disinhibition of earlier structures. This implies that psychological structures are not lost. It allows the simultaneously heterogeneous, if not, contradictory existence of both the subject and the object, the internal and the external worlds, the mentally elaborated or the non-elaborated, the one never totally free from the other.

⁴ Case reported by N. Sanlian.

^{4a} In our definition of a prepsychotic state we follow Despland & Schild-Paccaud (1996) which define prepsychosis as a structure of personality that is an intermediate between borderline and psychotic structures in that it is understood as an organization with a fluctuating sense of reality.

⁵ More recently, the therapeutic work led her to realize that talking about her mother destroyed the symbiotic relationship between them by creating a "space" for another, through which judgement could operate.

⁶ Here, I (N.S.) wish to add that the patient whom I referred to earlier and whom I compared to Chloe, was tall, blonde, and thin.

⁷ Obviously, we here chose to show the progression in therapy with Chloe. However, in any form of development, progression and regression coexist and contribute to the dynamic nature of all psychic processes.

Article 2

The Projective Processes Measure:

An Examination of Reliability, Validity, and Relation to Outcome

Running Head: PROJECTIVE PROCESSES MEASURE

The Projective Processes Measure:

An Examination of Reliability, Validity, and Relation to Outcome¹

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The Projective Processes Measure:

An Examination of Reliability, Validity, and Relation to Outcome

Abstract

This study investigated the reliability and validity of the Projective Processes Measure (PPM; Sanlian, 2002), a new scale designed to measure different forms and levels of projective activity. Four psychotherapy sessions, two early and two middle phase sessions (average of 30 months into the therapy) from 20 subjects each were used. The results indicated inter-observer agreements of kappas ranging from .63 to .84. There was also good convergent validity with measures of defensive activity (DMRS and DSQ), as well as good discriminant validity with measures of symptomatology and functioning (GSI and GAF). No global differences were found between early and middle phase sessions, in either level or form of projective activity. However, when using the PPM to differentiate between immature and less immature subjects, improvement in projective content was observed for the mature group in contrast to a regression found in the immature group. These results indicate the need in future studies to differentiate subjects as to their projective maturity prior to examining their outcome.

The Projective Processes Measure:

An Examination of Reliability, Validity, and Relation to Outcome

Projective processes are a key component of defensive activity that have stimulated much interest among clinicians and empirical researchers. Studies have revealed the existence of projective mechanisms in both normal and pathological samples (Halpern, 1977; Heilbrun, & Cassidy, 1985; Neck, Godwin, & Spencer, 1996). Empirical research has documented links between the maturity of defensive activity and psychopathology (Bond, Paris, & Zweig-Frank, 1994; Cramer, 1999; Laor, Wolmer, Cicchetti, 2001; Perry & Cooper, 1989; Sammallahti & Aalberg, 1995; Vaillant, 1994; Watson, 2002) as well as outcome (Akkerman, Lewin, & Carr, 1999; Hersoug, Sexton, & Hoegland, 2002; Kneepkens, & Oakley, 1996). The underlying assumption of these studies is that ego defenses are located on a continuum of adjustment from immature to mature defenses, including the various projective processes (Bond, Gardner, Christian, & Sigal, 1983; Bond et al., 1994; Perry, 1990, 2001; Vaillant, 1994; Watson, 2002).

The construct of projection has generally been embedded within the larger concept of defense mechanisms. Studies examining the relation between projection and either psychopathology or outcome were mainly interested in the more global concept of defensive maturity (Lingiardi, et al. 1999; Perry, 2001; Sammallahti & Aalberg, 1995; Vaillant, 1994). These studies demonstrated that projection, as part of immature defenses, was characteristic of subjects with personality disorders (Cramer, 1999; Devens, & Erikson, 1998; Laor et al., 2001; Lingiardi et al., 1999; Paris, Zweig-Frank, Bond, & Guzder, 1996; Sammallahti & Aalberg, 1995). Immature

defenses (including projection) were also more prominent in psychiatric outpatients in comparison to non-psychiatric control groups (Laor et al., 2001; Spinhoven & Kooiman, 1997).

Although most of the aforementioned studies view projection as a one-dimensional process, some researchers have described projection as a multi-faceted mechanism, including projective form (Cramer, 1987; Lewis, Bates, & Lawrence, 1994), level of appropriation (Lewis et al., 1994; Meissner, 1987; Rapaport, 1952), and projective motive (Kernberg, 1988). Yet, to our knowledge there exists no instrument that would propose a complete, integrative definition of these various components involved in projective processes.

The Projective Processes Measure (PPM; Sanlian, 2002) provides such a descriptive, operational definition of the forms and levels of projection. This instrument was specifically devised as a measure of projective processes and projective experiences for use in text-analysis methodologies. It is designed for application to the verbal material of psychotherapy sessions, RAP episodes (Luborsky, 1990), Adult Attachment Interviews (AAI; Main, & Goldwyn, 1998) or virtually any textual data (transcripts). Further, the PPM takes into consideration both the formal aspects and the specific contents involved in projecting.

The empirical formulation of the PPM categories was inspired by both cognitive social psychology and clinical psychodynamic ideas and descriptions. First, basic concepts on cognitive attribution were used to sketch the general forms of projection (Lewis et al., 1994). Second, psychoanalytic contributions (both theoretical and empirical) on defense mechanisms and projection were used to locate

the PPM variables on a continuum of maturity (Kernberg, 1988; Meissner, 1987; Rapaport, 1952; Vaillant, 1994).

As a result, as part of the PPM, four major components are postulated to be involved in projective mechanisms: form of projection, degree of appropriation, projective motive and nature of the projected content. To these four dimensions, a complementary component is added: projective valence. A first formulation of the empirical and operational categories was applied to preliminary data, followed by the corrections of the conceptual definitions as required and a reapplication. The presently tested version of the PPM is the third. Although the forms of projection, degree of appropriation and motives were clearly identified in the above-mentioned contributions, the other categories were articulated using theoretical (Kernberg, 1988) as well as operational notions (Lecours, 1995; Perry, 1990). A short description of the PPM and its components follows.

Projective form concerns the more or less developmentally elaborate manner that projection is expressed. Persecutory projection (PP) is the most archaic form, defined as an attribution of intense feelings (such as rage or sexual desires) to the object of the projection. Both positively and negatively valenced affects, wishes or desires can be projected and attributed to others. Boundaries between self and other, inside and outside mental space are easily confused, which leads to a return of the projection that haunts the individual. The subject is only partly successful in getting rid of the material. In other words, the person now fears his own projection.

Image-distorting projection (IDP) is organized around narcissistic issues and is more mature than the latter form. It is closely related to exaggerated, distorted, and

partial positive or negative representations of both self and others. Further, these images are easily reversed, whereby a self-image can be attributed to another, and an image of a significant other can be endorsed by the subject as a self-image. IDP is typically used by the person to protect the ego's sense of self from humiliation, or to aggrandize the self. It consists in an exaggeration of the other's qualities or defects resulting in either an idealizing or devaluing process. This enables the ego to inflate itself, either by comparing notes with the other and coming out of the ascription as the "strong one", or by gaining from the attachment that is formed with the other.

Classical projection (CP) is the most common form. Hierarchically more mature than PP and IDP, it is presumably based on prior disavowal mechanisms (such as repression and negation). It first requires a successful disavowal of projective contents (representations, affects, and desires) before its attribution to another person. This double process is quite efficient since it allows the person to maintain his self-object and inside-outside boundaries intact. Fuzziness in boundaries is sustained at a minimal level.

Adaptive-creative projection (ACP) is a developmentally higher order of defensive activity, involved mostly in empathy and in awareness of identification with others. ACP is used essentially when achieving an understanding and in establishing a mature relatedness to the external world. Although identification seems a paradoxical term as used in the context of projection, adaptive-creative projecting involves the ascription of feelings, fantasies and ideations to others in order to understand them better and to empathize with them. ACP requires set boundaries but

a flexible differentiation between the self and the other. Table 1 illustrates each of the four levels of projective form.

Please insert Table 1 about here

The second component in the PPM, *degree of appropriation* consists in defining the level to which the subject is aware of his projection. Once a projective mental action has taken place, the subject may be variously aware of it being projective. Non-appropriation (NA) is a form of denial of the role the subject played in the projecting. In this case, the subject talks in an externalizing way. For example, after an argument with a friend, a subject describes this friend as a “raging bull” while completely disavowing this rage in herself. Limited appropriation (LA) involves the partial recognition by the subject of the active role he played in the projecting. There is ample evidence that the subject attributes to himself a substantial role in his projection, but due to limited appropriation he does not talk nor elaborate on the projected affects, fears, and anxieties, thus, partly disavowing them. For example, a subject tells her therapist how much her husband is competitive around her but asks herself if she has anything to do with this competition that she senses. Complete appropriation (CA) qualifies a degree of total awareness, whereby the individual shows his knowledge that the projection has emanated from him. This is followed by a manifest sharing of the fears, anxieties and difficulties that are his own and seen as being at the source of the projecting. Insight is typically high and the person establishes links between his attitudes, behaviors, etc. and his internal and

external history. This usually requires a capacity for high mental elaboration. For example, while telling her therapist that she feels he is looking at her differently, a patient realizes that this is linked to the way she often felt in front of her father when she hoped for his recognition and that this is generalized to most men.

Projective motive includes a categorization of the underlying issues at stake in projection. It answers the question of why the subject is projecting. The most immature motive is manipulation (M), whereby the subject tries to control the object via the projective act. The subject actively seeks to “puts into” the other a part of his self experience, attempting to induce it in the other and make the other feel what the experience is like. The matter is actively interpersonal and is not limited to the intrapsychic realm. As an example of manipulation, a subject tells her therapist that he’s helpless and unwilling to help her, which may induce in the clinician a sense of incompetence and anger. The separation (S) motive is a projective process that the subject uses to mentally separate himself of the projected material or more importantly of the object. The problem is predominantly active in the intrapsychic sphere, within the person. In contrast with the manipulation motive, the subject does not force something onto the object, but is mostly interested in ridding himself of something that is unacceptable to his ego. By doing this, the subject attempts to gain distance from his conflict and from the object, while establishing better boundaries. For example, a subject ascribes to her colleague her own fears of separation, by insisting on the disunion between them. Empathy (E) is the more mature motive, whereby the subject uses his projection in order to understand the other, as he believes the other would like to be understood, rather than to control the other or

keep his boundaries separate from him. As an example, a mother talks about her daughter's financial situation and is able to understand the difficulties faced by her daughter, without being devaluing of her.

A fourth dimension involves the *projective content* maturity level. Verbally expressed affects (AFF) are the least mentally elaborate contents that can be projected. They include various forms of affect and emotional constellations (i.e. anger, guilt, boredom, love, hate, etc.) or "affects in act" (i.e. being abusive, being caring, etc.). For instance, a subject will complain that her boyfriend is abusive immediately after forcefully asserting that she always utilizes men for her own needs. Fantasies or desires (FAN) involve a higher degree of mental elaboration. They are more closely related to wishes and part of other "imaginary" scenarios that the subject creates. Included is projection into the future, a form of the imaginary. A subject shares how exposed she feels in front of her therapist who she believes is looking at her in a sexual manner, thus ascribing her upsetting/unacceptable sexual wishes to him. Ideas or representations (IDE) result from an even higher degree of organization. The projection is mostly that of an image or of an image in action (i.e. being impolite), as when a subject says about a friend that she is a "peasant".

A final, complementary component concerns the *Projective Valence*, as projected content can either be positive or negative.

The purpose of the present study is to empirically assess the reliability and validity of the PPM. It provides information about its convergent and discriminant validity through the examination of relationships between the PPM and independent measures of defensive functioning, and various diagnostic measures. As well,

measures of change within a dynamic psychotherapy process on the PPM will be examined.

We hypothesize that (a) projective processes can be described along four major dimensions; (b) that projective processes are distributed along a continuum of maturity; (c) that projective processes will correlate moderately with the DMRS (Perry, 1990) Overall Defensive Functioning (ODF); (d) that the PPM maturity levels will correlate with the DSQ (Bond et al., 1983) Overall Defensive Functioning (DSQ-ODF); and (e) that these scores will correlate with treatment outcome.

Method

Participants

Twenty participants were recruited from the Institute of Community and Family Psychiatry of the Jewish General Hospital in Montreal (16 women and 4 men, mean age = 35.05 years). All were White Canadians. Eleven of the subjects were Jewish, and 4 came from mixed ethnic backgrounds (Portuguese, Italian). All were outpatients participating in an ongoing outcome study on dynamic psychotherapy (Sanlian, Perry, Oppenheimer & Bond, 2001). They consulted for various reasons, mostly depressive episodes, dysthymia, anxiety disorders and personality disorders. At intake, these subjects all underwent an initial diagnostic assessment using a history taking semi-structured interview (GCI; Perry, 1994) and the SCID for Axis I (Spitzer, Williams, Gibbon, & First, 1992). The Defense Style Questionnaire (DSQ; Bond et al., 1983), the NEO Personality Inventory (NEO-FFI) (Costa, & McCrae, 1992), and the Symptoms Checklist (SCL-90R; Derogatis, 1983) were used. An

initial Global Assessment of Functioning (GAF) was also obtained as part of the SCID diagnosis.

Material

Eighty psychotherapy sessions were tape recorded and transcribed according to the rules set forth by Mergenthaler and Stigler (1997). We obtained four sessions per subject, with two taken very early on in treatment (usually, sessions 3 and 4) and two approximately 2.5 years later (mean session number = 108; mean number of months = 30). Treating therapists were all experienced (mean experience = 16 years) psychodynamically based clinicians (psychiatrists, psychoanalysts and psychologists) and differed from the interviewers conducting and scoring the diagnostic interviews. In all, 13 therapists were involved: 7 were female and 6, male.

Measures and Procedures

Observer-rated Instruments

The Structured Clinical Interview for DSM Axis I (SCID-I; Spitzer et al., 1992). The SCID-I is a structural interview that enables to diagnose subjects on all aspects of Axis I. Organized in modules, it is scored for each diagnostic section of the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed., rev. [DSM-III-R]; American Psychiatric Association, 1987). A trained graduate student administered the SCID. Multiple studies have addressed this measure's reliability (Segal, Kabacoff, Hersen, Van Hasselt, & Ryan, 1995; Zanarini & Frankenburg, 2001). Although some of these findings are controversial, they show that the SCID for Axis I disorders generally possesses good reliability, with kappas above .70 for most disorders (Skre, Onstad, Torgersen & Kringlen, 1991).

The Guided Clinical Interview (GCI; Perry, 1994). The GCI is a history taking semi-structured interview that facilitates the diagnosis of Axes I through V. In this study the GCI was administered by an experienced and trained clinician (J.C.P.). At first the interviewer probes for any psychiatric antecedents before addressing reasons for consultation. Similarly to the SCID, emphasis is then placed on symptomatology while the rest of the interview is focused on the subject's history, levels of functioning and behaviours. Scoring of the material is done both during and after the interview. A score of 0 is given when the symptoms are absent, a score of 1 when the symptoms are sub-threshold, and a score of 2 is assigned for the definite presence of a symptom. Of particular interest for this study is the diagnosis of Borderline Personality Disorder (BPD). The GCI possesses acceptable reliability scores. For both Axis I and II, the kappas are all above .63 and the mean intraclass R is of .76 (Perry, Grief, Ianni & Roy, 1999).

The Projective Processes Measure (PPM; Sanlian, 2002). The PPM, described above, is a measure of different forms and contents of projective activities located on a continuum of maturity. It defines four general dimensions: projective form, degree of appropriation, projective motive, and projective content. It includes a complementary component of projective valence. Scoring procedure involves that a team of raters identifies projective units on the transcript before scoring them with the PPM categories. Projective units consist in portions of the transcript that involve any attributing of an affect, a desire, an emotion, a fantasy or an ideation to another object or person. This process can either be seen to happen in the immediate present or it can be reported and discussed by the subject, as having taken place in the past.

Unit length varies from a sentence to a paragraph at the most. The PPM includes a manual (Sanlian, 2002) in which a clear definition of the various dimensions and their respective levels of projecting is given. Information in the manual facilitates the rating by establishing clear distinctions between the criteria and illustrating their specific categories.

Three female graduate students in clinical psychology, grouped in teams of two, scored the PPM. Both the identification of affective units and the scoring proper were performed following a predefined set of rules organized in a decision-tree manner and described in detail, with illustrations (Sanlian, 2002). The raters received approximately 40 hours of training, during which, on five of the training interviews, the reliability, calculated with kappas, ranged from .57 to .82. For the present study, reliability was computed on 25% of the material.

The Verbal Elaboration of Affect Scale (GEVA; Lecours, 1995). The GEVA is a measure of the degree of elaboration of verbally expressed affective experiences. It involves two orthogonal dimensions of verbal affective expression: tolerance, related to levels of affect containment, and modalities of affective representation, both located on a continuum of maturity. Of particular interest for this study is the third level of tolerance (L3). L3 is the externalizing level where the subject recognizes an affect while being unable to tolerate it. Thus, it is perceived as if caused by some external event or agency. For instance, the affect may be disowned and generalized to a group of people.

In this study, two trained graduate students rated the GEVA. Reliability estimates were tested on five random subjects (20 sessions in all). The kappa for levels of tolerance was .84, which is considered to be excellent.

The Defense Mechanisms Rating Scales (DMRS; Perry, 1990). The DMRS is a measure of 28 defense mechanisms, all categorized on a hierarchical scale of maturity as they appear in the discourse of the subject. The first level is the less mature and contains archaic defenses, such as help-rejecting complaining, passive aggression and acting out. The second level includes “borderline” defenses such as splitting and projective identification. The third level is that of denial, rationalization and projection. Narcissistic defenses, such as omnipotence, idealization, and devaluation are elements of the fourth level. The fifth level contains “neurotic” defenses, such as repression, reaction formation, and displacement. Obsessional defenses constitute the sixth level. They include intellectualization, isolation of affect and undoing. Finally, level seven comprises the more mature defenses, such as sublimation, self-assertion, self-observation, etc. An overall defensive functioning score (ODF) is given by weighing each of the defenses by their respected categories (Perry, 1990, 2001; Perry & Hoglend, 1998).

The DMRS includes a manual in which each defense is clearly defined and information in the manual facilitates the distinction between defenses. Reliability of the DMRS is acceptable. A previous report (Perry, 2001) obtained a median reliability for the seven levels of defensive activity (intra-class $R = .63$, ranging from .52 to .80) and for ODF (intra-class $R = .83$).

Self-report Measures

Defense Style Questionnaire (DSQ; Bond et al., 1983). The DSQ is a self-report measure of the conscious derivatives of defensive functioning. It consists in 88 statements that are scored on a 9-point scale. These items can be sorted into four defensive styles located on a continuum of defensive adaptiveness. Style 1 consists of immature defenses, namely, withdrawal, acting out, regression, etc. Style 2 consists of image-distorting derivatives of defense mechanisms, such as, omnipotence, splitting and primitive idealization. Defensive style 3 is closest to neurotic derivatives of defense mechanisms, namely reaction formation and pseudoaltruism. Style 4 is the more adaptive derivative and consists of mechanisms such as suppression, sublimation, and humor. An overall defensive score for the DSQ (ODSQ) is calculated using Perry's (1990) formula for defensive functioning (ODF).

The DSQ shows good test-retest reliability after 6 months for the four defense styles, correlations ranging from $r = .68$ to $r = .73$ (Vaillant, Bond, & Vaillant, 1986). Concurrent validity with measures of ego strength yielded significant correlations ($r = -.91$ between style 1 and the Loewinger ego strength scale; Bond & Wesley, 1996).

Symptoms Checklist 90-item version revised (SCL-90R; Derogatis, 1983).

Subjects were asked to complete the SCL-90R. This questionnaire has a summary score (Global Severity Scale; GSI) that serves as measure of global psychopathology. This self-report measure has been widely used and has demonstrated adequate reliability and validity (Peveler & Fairburn, 1990).

NEO Five-Factor Inventory (NEO-FFI; Costa & McCrae, 1992). Subjects were also given the NEO-FFI, which is the shortened version of the NEO-PI-R

(Costa & McCrae, 1992). It consists in 60 items that measure five personality traits: neuroticism, extraversion, openness, agreeableness, and conscientiousness. Studies have demonstrated good reliability and validity for the NEO-FFI (Costa & McCrae, 1992; Zeiger, 1996).

Results

Reliability and Psychometric Properties of the PPM

Interrater reliability for the PPM was evaluated by computing kappas on each of the five dimensions on 20 sessions: projective form ($\kappa = .80, p = .00$), degree of appropriation ($\kappa = .63, p = .00$), projective motive ($\kappa = .64, p = .00$), projective content ($\kappa = .74, p = .00$) and valence ($\kappa = .84, p = .00$). Two of the five kappas could be considered excellent since they exceed .75 and the three remainder are considered good (i.e. .63 to .74; Fliess, 1981; Tabachnick, & Fidell, 2001).

Data Transformation and Grouping

The PPM includes measures of projective processes as applied to both positive and negative material. Projections of negatively valenced contents are more relevant to the description of clinical processes (Henry, Schacht, & Strupp, 1986; Lecours, Bouchard, St-Amand & Perry, 2000). Since correlations between negative projections (specific projections) and non-specific projections (negative and positive) ranged from $r = .70, p < .01$ to $r = .98, p < .01$, only negative projections were retained for data analyses.

Prior to analyses, variables with the most discrepant distributions, which had the greatest departure from normality, were transformed according to the strategies

recommended by Tabachnik and Fidell (2001). Transformations were dependent on distributions and relied on skewness and kurtosis. They included square root and logarithmic transformations as well as dichotomization. When distributions had negative skewness, we reflected² the variable before applying the appropriate transformation. Persecutory Projection (PP), Complete Appropriation (CA) and Empathy (E) were dichotomized. The reflect and square root transformations were applied to Classical Projection (CP) and Non-Appropriation (NA). Adaptive-Creative projection (ACP), Separation (S) and Fantasmatic content (FAN) were transformed using square root functions. The logarithmic function was applied to Limited Appropriation (LA). Distributions of transformed scores were checked for skewness and kurtosis and compared to the normal distribution curves. They were found to distribute normally.

For each of the four variables (projective form, degree of appropriation, motive, and projective content), an overall weighted score similar to Perry's (1990) DMRS formula for overall defensive score was devised. These scores were calculated by weighing each category in terms of maturity. Projective form scores were weighted thus: total number of persecutory projection units was multiplied by 1, image-distorting projection was multiplied by 2, classical projection by 3, and adaptive-creative projection by 4. This method was also applied to each of the other dimensions: degree of appropriation, projective motive and content. We thus obtained four weighted global dimensional scores of projective functioning. An overall global projective functioning score (GPF) was also devised by taking the mean of these four weighted components. Correlations between the GPF and global

scores ranged from $r = .38, p = .07$ to $r = .59, p < .01$. This indicates some degree of homogeneity of the various projective dimensions, as reflected by the GPF.

Concurrent and Discriminant Validity

We next examined the Pearson correlations to establish relations between GPF, weighted scores and other relevant measures, sorted into four categories: 1) observer-rated measures of similar constructs (DMRS, Level 3 on the GEVA); 2) observer-rated measures of different constructs (Diagnostic Measures, GAF); 3) cross-method measures of similar constructs (DSQ); 4) cross-method measures of different constructs (GSI, NEO-FFI).

Please insert table 2 here

Table 2 presents the relationships between the PPM and other measures of similar constructs. All correlations were obtained using the means of the two intake sessions and the means of the two follow-up sessions. A moderate correlation ($r = .49, p < .05$) was obtained between the global projective functioning score on the PPM (GPF) and the DMRS overall defensive functioning score (ODF). This is consistent with the expected positive correlations ($r = .46, p < .05$; $r = .46, p < .05$, respectively) of GPF and the more mature defenses (level 7 or adaptive defenses and levels 5 and 6 combined, or neurotic defenses), as well as in the negative correlation ($r = -.56, p < .05$) obtained with immature defenses (action and immature defenses - levels 1, 2 and 3 combined³). Further, a moderate correlation ($r = .46, p < .05$) was obtained between GPF and the overall defensive functioning on the DSQ (DSQ-

ODF). This supports the parallel continuum of maturity between projective processes and defenses, as hypothesized and adds further support to both ODF and DSQ-ODF.

Results further showed that the weighted score for projective form (WPF), which summarizes the maturity of the projective form component and as such is part (along with the three other weighted scores) of the GPF, does not correlate with either ODF or DSQ-ODF. However, it negatively correlated ($r = -.51, p < .05$) with disavowal defenses on the DMRS (level 3 defenses, that include projection and denial). This suggests that projective form on the PPM and defensive projection on the DMRS are moderately related. More specifically, table 2a (appendice B) shows that persecutory projection was negatively correlated with ODF ($r = -.57, p < .05$), while the more mature form of projection, adaptive-creative projection, was positively correlated with this global score, as expected ($r = .67, p < .01$). Further, persecutory projection correlated positively with low level DMRS defenses and adaptive-creative projection positively correlated with high level neurotic DMRS defenses ($r = .49, p < .05$; $r = .52, p < .05$, respectively). And predictably adaptive-creative projection also correlated negatively with lower level defensive activity ($r = -.49, p < .05$), while image-distorting projection correlated positively with minor image-distorting defenses ($r = .52, p < .05$).

Contrary to our hypothesis however, table 2a (appendice B) also shows that classical projection correlated positively with immature defenses ($r = .56, p < .05$). This was detailed in the positive correlation between level 3 defenses, which includes projection and denial ($r = .52, p < .05$). Although results obtained with classical projection were unexpected, in general these results support the hypothesis of the

shared continuum between form of projection and defensive maturity, more specifically for three of the four forms of projection (persecutory, image-distorting, and adaptive-creative projections) and provide support to the convergent validity of the PPM.

By contrast, the weighted dimensional scores for both degree of appropriation (WDA) and projective motive (WMO) showed no significant correlations with any of the defense scores. However, the weighted dimensional score for projective content (WCON) was seen to be positively correlated with ODF ($r = .51, p < .05$) but not with DSQ-ODF.

Table 2 also shows a negative correlation between immature defenses on the DMRS (D123) and weighted projective content ($r = -.46, p < .05$). This is broken down into correlations between ODF and both affective ($r = -.50, p < .05$) and ideational projective contents ($r = .45, p < .05$; see table 2a). A trend correlation was also obtained between DSQ-ODF and affective content ($r = -.42, p = .06$). This again supports the notion of a maturity continuum, this time in projective content, from affects to fantasies to ideas.

As expected, correlations between the PPM and the GEVA showed that the externalizing level of tolerance of affects on the GEVA was positively correlated with GPF ($r = .65, p < .01$). This suggests that both scores tap into similar constructs. Further, both weighted scores for degree of appropriation (WDA) and projective content (WCON) were correlated with the third level of tolerance (L3) on the GEVA ($r = .48, p < .05, r = -.49, p < .05$, respectively). As shown in table 2a (appendice B), this was more specifically portrayed by the correlations between both non-

appropriation and limited appropriation with L3 ($r = .46$ and $r = .50$ respectively, $ps < .05$), as well as with affective content ($r = .52$, $p < .05$) and ideational content ($r = -.46$, $p < .05$). These observations suggest that level of externalization is a key defining character in the PPM.

Table 3 shows the correlations obtained between the PPM and measures of different constructs. Borderline Personality Disorder (BPD; obtained with the GCI) was negatively correlated with the weighted dimensional score for projective content ($r = -.53$, $p < .05$). This was detailed by the positive correlation obtained with affective projective content ($r = .57$, $p < .01$) and the negative correlation with ideational projective content ($r = -.46$, $p < .05$) and BPD. This supports the clinical theory that subjects diagnosed with BPD experience difficulties with affects. As expected and as shown in table 3, Axis I diagnoses (obtained with the SCID-I), GAF and GSI showed no significant correlations with PPM scales. Finally, extraversion and conscientiousness were both positively correlated with the weighted dimensional score for projective form ($r = .52$, $p < .05$; $r = .60$, $p < .01$, respectively), indicating that the more extraverted and conscientious a subject, the more mature the projective form will tend to be.

Please insert table 3 about here

PPM in Relation to Outcome

As shown in table 4, two-tailed paired-sample t-tests were applied on observer-rated measures (PPM, DMRS, GEVA, and GAF) and cross-method

measures (DSQ and GSI). These t-tests were based on the mean of the two intake sessions and the mean of the two follow-up sessions. Subjects improved on symptoms and functioning measures over time. Both GSI and GAF scores improved with psychotherapy, $t(19) = 3.29, p = .00, t(19) = -2.54, p = .02$, respectively. Subjects also showed improvement on style 1 of the DSQ, $t(19) = 2.23, p = .04$, indicating that they used less immature defenses after 2.5 years of treatment. However, DSQ-ODF did not change over time.

Please insert table 4 about here

Similarly, results indicated a mean decrease on the first, most immature DMRS level, $t(19) = 2.42, p = .03$, and an increase on the most mature level, $t = -2.44, p = .03$, although no significant change was noted for ODF scores. This indicates that subjects were less “immaturely” and more “maturely” defensive, although the global maturity of defensive functioning did not change, as it relies on five other defensive levels, which showed no significant change. Results showed a significant decrease for symptom measures but not for global scores (ODF, DSQ-ODF, GPF).

Two-tailed paired-sample t-tests also compared levels of projective activity at intake and follow-up. Table 4 shows that there were no significant differences between means at intake and means at follow-up on all PPM variables. The GPF, the four weighted dimensional scores and the more specific categorical scores did not show significant change over the 30-month therapeutic process (see table 4a –

appendix B). This indicates that subjects did not change on the structural projective and defensive levels.

Based on the distributions of our variables, we used the PPM to differentiate subjects into two groups: 10 subjects who were rated as having no persecutory projection at intake and 10 who were. ANOVAs for repeated measures were performed across the intake and follow-up variables of the PPM, taking into account the PP variable as a differentiating factor. Ideational content diminished over time in subjects who were using the more immature form of projection ($M_{\text{initial}} = 55.00$, $SD = 11.53$, $M_{\text{final}} = 45.41$, $SD = 11.55$), while it increased in subjects who were not using the immature form of projection ($M_{\text{initial}} = 50.02$, $SD = 15.85$, $M_{\text{final}} = 55.37$, $SD = 10.81$), $F(1, 18) = 5.92$, $p = .03$. This indicates that the more immature subjects at intake were also using less mature projective contents in their projections after 30 months of psychotherapy, while mature subjects were using more ideational contents.

Discussion

The results of this study are consistent with preliminary findings indicating that the PPM can be reliably scored. Overall weighted scores on the PPM yielded positive correlations with both overall defensive functioning on the DMRS and on the DSQ. This shows good concurrent validity between the global projective functioning score (GPF) and other similar construct scores, and suggests that the PPM measures overall similar constructs to both these defense instruments. Although these measures are similar, the GPF offers a more detailed and complex image of externalization, since it relies on four different components of projection (form,

content, appropriation, and motive), although the data do not yet indicate its potential predictive advantages over the other measures.

As for divergent validity, as expected no significant correlations were found between Axis I disorders, GAFs, GSI scores, and the global and dimensional weighted scores of the PPM. Thus, the PPM is mostly unrelated to symptomatology. Positive correlations obtained between the weighted dimensional projective form score and both extraversion and conscientiousness as well as the negative correlations between this dimensional score and BPD further support the notion of a continuum of maturity of the projective form dimension (from the more immature projection – persecutory projection – to the more mature projection – adaptive-creative projection). These results are consistent with other findings that extraversion and conscientiousness are linked to subjective well-being and mental health (Costa & McCrae, 1980; Goodwin, Hoven, Lyons & Stein, 2002).

Outcome results showed no significant change between intake and follow-up on any of the PPM dimensions. These results may further suggest that the PPM is actually an indication of the structural degree of functioning, which by definition are much slower to show change. The PPM was used to differentiate participants into comparatively more and less immature projecting sub-groups. Ideational content decreased in immature subjects while it increased in more mature subjects. This indicates regression at 30 months into the psychotherapy process for the less mature group and progression for the more mature subjects. Several studies have found that subjects present differential patterns related to outcome (Luborsky et al., 1993; Piper et al., 1991; Piper & Duncan, 1999; Piper, Joyce, McCallum & Azim, 1998), with

some subjects showing delayed treatment effects. Hence, it may be important for future research to take these findings into consideration and future directions should examine which patient characteristics might differentiate those subjects that need more time in or after treatment.

When examining the more specific PPM scores in comparison with other measures of defensive activity, results showed that of the four weighted dimensional scores, only projective content was positively correlated with ODF and negatively correlated with low-level defenses. This suggests the presence of a continuum of maturity on the content dimension, in which affective content is the least mature projective content as it correlates negatively with ODF, and ideation is the more mature projective content as it correlates positively with defensive functioning. Although the overall weighted dimensional score for projective form does not correlate with either overall defensive functioning scores for the DMRS or for the DSQ, the hypothesized least mature form of projection - persecutory projection, correlated negatively with ODF while the more mature form of projection – adaptive-creative projection was positively correlated with this overall defensive score on the DMRS. This suggests that both these extreme levels can be located on a continuum of projective form maturity. As expected, image-distorting projection correlated positively with minor image-distorting defenses on the DMRS. However, unlike what was expected, classical projection correlated with the presumed more immature disavowal defenses (level 3 defenses on the DMRS). This may suggest that since classical projection relies on disavowal mechanisms as its initial, “foundational” process it should be considered as less mature than image-distorting projection,

contrary to what clinical theory indicates. Future studies need to confirm these findings using larger samples and control groups. If these results are maintained, an inversion between classical and image-distortion projection maturity scales will have to be made. Further, the correlations between projective form, projective content, and ODF suggest that the DMRS is a measure of both defensive form and defensive content.

One may also note that results show a stronger correlation between PPM scores and the observer-rated measure of defenses (DMRS) than with the self-report measure (DSQ). This reflects that measures sharing the same data perspective (both observer-rated) are likely to correlate better than if they employ different perspectives (Sanlian et al., 2001). These results also suggest that the PPM and the DSQ, although both measuring defensive activity, address this construct in distinct ways. While the PPM requires observers to make specific inferences concerning hypothesized unconscious processes from the verbalization of the subject, the DSQ depends on the subject's self-perception, thus relying on conscious processes, and their potential for distortion.

The global projective functioning score (GPF) was found to be highly correlated with the GEVA externalizing score. Further, both weighted degree of appropriation and content were correlated with this variable. This may suggest that the level of tolerance of affect is mostly linked to content ratings rather than form ratings. This validates the idea that the PPM measures externalizing processes, as it is intended. By contrast, form ratings and projective motive did not correlate with the

level-3 GEVA score, supporting the multi-dimensional character of projective processes.

Further, individuals diagnosed with BPD were more likely to project affective contents and less likely to project ideas. This is in accordance with studies on personality disorders suggesting that these subjects use more immature defenses revolving around affective contents, such as rage (Devens & Erikson, 1998; Johnson, Bornstein, & Krukonis, 1992; Maffei et al., 1995; Perry, 2001). This also supports the hypothesis that subjects diagnosed with BPD project a psychic material that is less mentally elaborated.

In sum, the PPM shows good reliability, convergent and divergent validity. It is however, a complex instrument. Degree of appropriation and projective motive yielded very few significant results. Based on these findings, it appears that form and content are the two most relevant dimensions of the PPM. Future directions should emphasize on regrouping these two variables into one more homogeneous score.

One limitation of this study is the small sample size and low statistical power. Future research is necessary to ascertain whether these results are generalizable to other treatment settings and modalities. With a larger sample, future studies should examine the number of dimensions involved in the PPM using factor analysis. In addition the present protocol did not include a control group comparison, which could determine whether a clinical sample is less mature in terms of their projective processes than a non-clinical sample (Laor et al., 2001; Spinhoven et al., 1997). Further research using the PPM is needed on different groups of subjects, using randomized and controlled studies.

Future studies should also re-examine reliability, validity, and efficiency of a simpler instrument in which, projective form clustered with projective content may be measured. Treatment outcome may also be improved by an investigation of how the PPM construct of projective functioning and other measures such as structural measures (e.g. ego development measures) complement one another. Also, by comparing different therapies, future studies should ascertain whether the present results are limited to only psychodynamic psychotherapy or whether the PPM is a transtheoretical measure of projection, regardless of therapeutic focus (e.g. cognitive, humanistic, interpersonal, etc.). One may test whether cognitive therapies induce less regression in subjects since they do not address transference issues and thus continually abate or correct projective processes. In sum, the PPM, along with other process and diagnostic measures, may help to further explain the structural and personality characteristics of subjects and differentiate observed outcomes of psychotherapy.

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Footnote

¹ The masculine gender is employed in this article as a generic. It designates both masculine and feminine genders.

² The reflection of a variable is achieved by adding 1 to the largest score in the distribution and by subtracting each score from this constant.

³ A combined score for levels 1, 2 and 3 on the DMRS was devised by taking the average of these three scores. This combination takes into account the hierarchy of the DMRS in terms of maturity. These first levels can be considered as the least mature levels on the DMRS. The same combination was applied to levels 5 and 6 since they both are constituted by neurotic defenses.

Table 1

Illustrations of the PPM Projective Form categories

Projective form	Illustration
PP	<p>After acting-out his anger about his break-up, a subject says to his therapist:</p> <p>“If I distrust somebody, I don’t associate with them. And usually if there is just one thing, maybe something they do not even consciously... if it’s just a feeling I get about them, I avoid them. I mean there’s a couple of weeks, since my ex-girlfriend and I broke up, there is this one girl that is interested in me, calling me and stuff, but I refuse to associate with her. I don’t trust her. I don’t know why, but I just have a bad feeling about her, and I won’t do anything to go out of my way to make contact with her. I go, as a matter of fact, I go out of my way to avoid her! It is something with trust, I don’t know”.</p> <p>Comment:</p> <p>The patient fears a girl that he just met following a break-up with his girlfriend. One can postulate that, due to the separation, he is angry and that his anger is projected onto this new girl. However, since the boundaries are not so clear (as he says about getting feelings about others), this anger comes back in a way to haunt him.</p>
IDP	<p>“He’s just so brainless”</p> <p>“I mean, he’s just the best person in the world. He understands me. He’s just all around wonderful”</p>

Table 1

Illustrations of the PPM Projective Form categories (continued)

Projective form	Illustration
	<p data-bbox="558 464 678 495">Comment:</p> <p data-bbox="558 531 1382 625">The subject is either very demeaning about others or very idealizing of them.</p> <p data-bbox="558 661 1382 758">This enables him to either shore up self-esteem by devaluing others or by associating himself with them.</p>
CP	<p data-bbox="558 793 1398 898">When talking about her own judgmental nature, a subject says about her husband: "I don't tell Danny everything because he judges too easy".</p> <p data-bbox="558 930 678 961">Comment:</p> <p data-bbox="558 997 1349 1031">The subject is attributing her own judgmental nature to her husband.</p>
ACP	<p data-bbox="558 1062 1430 1297">A father says about his son who is moving to another city to attend university: "So I can understand that he is quite depressed, I know I would probably be depressed too, because he needs to leave his family and friends in order to go to Columbia."</p> <p data-bbox="558 1329 678 1360">Comment:</p> <p data-bbox="558 1396 1393 1497">While ignoring how difficult his son's move might be on him, a father is able to identify with his son's separation anxieties.</p>

Table 2

Pearson correlations between PPM scores and similar-construct measures

Other Scores	Global and dimensional PPM scores (<i>N</i> = 40)				
	GPF	WPF	WDA	WMO	WCON
ODF	.49*	-.34	-.08	.32	.51*
D123	-.56*	-.09	.26	-.03	-.46*
D7	.46*	-.22	.14	.38	.15
D56	.46*	-.09	-.04	.16	-.09
DSQ-ODF	.46*	-.19	.14	.02	.40
L3	.65**	-.07	.48*	.22	-.49*

Note. GPF = Global Projective Functioning; WPF = Weighted Projective Form score;

WDA = Weighted Degree of Appropriation score; WMO = Weighted projective

Motive score; WCON = Weighted Projective Content score; ODF = Overall

Defensive Functioning on the DMRS; D123 = Mean of defense levels 1,2 and 3 on

the DMRS (immature defenses); D7 = Adaptive defenses on the DMRS; D56 = Mean

of defense levels 5 and 6 (neurotic defenses) on the DMRS; DSQ-ODF = Overall

defensive functioning on the DSQ; L3 = Level 3 on the GEVA (externalizing level).

**p* < .05 ** *p* < .01

Table 3

Pearson correlations between PPM scores and different-construct measures

Global and dimensional PPM scores ($N = 40$)					
Different measures	GPF	WPF	WDA	WMO	WCON
BPD	-.33	.22	.05	-.02	-.53*
AX1	.23	-.25	.21	-.27	.19
GAF	-.25	.03	.07	.38	-.42
GSI	.19	-.04	-.31	-.14	.34
N	-.07	-.32	-.17	-.17	-.04
E	-.20	.52*	.14	.21	-.19
O	.16	-.18	.11	.40	-.15
A	.03	-.23	.18	.24	-.23
C	-.09	.60**	-.14	-.17	.28

Note. GPF = Global Projective Functioning; WPF = Weighed dimensional Projective Form score; WDA = Weighed dimensional Degree of Appropriation score; WMO = Weighed dimensional Motive score; WCON = Weighed dimensional Content score; BPD = Borderline Personality Disorder Diagnosed with the GCI; AX1 = Axis I Disorders Diagnosed with SCID-I; N = Neuroticism on NEO-FFI; E = Extraversion; O = Openness; A = Agreeableness; C = Conscientiousness.

* $p < .05$ ** $p < .01$

Table 4

Means and t scores of measures at intake and follow-up

Measures	<i>M</i> _i [<i>n</i> = 20]	<i>M</i> _f [<i>n</i> = 20]	<i>t</i>	<i>p</i>
GSI	1.32 (0.81)	0.95 (0.70)	3.29**	.00
GAF	54.33 (4.25)	56.98 (5.82)	-2.54*	.02
DSQ-ODF	2.58 (0.19)	2.62 (0.21)	-0.75	.42
S1	4.29 (1.00)	3.77 (0.90)	2.23*	.04
S2	3.00 (1.12)	3.15 (1.54)	-0.48	.64
S3	3.96 (1.03)	3.81 (0.77)	0.70	.50
S4	5.01 (1.55)	5.28 (1.34)	-0.65	.52
ODF	4.62 (0.46)	4.82 (0.57)	-1.80	.09
DMRS1	9.34 (6.74)	6.06 (5.69)	2.42*	.03
DMRS2	1.13 (1.59)	1.42 (2.42)	-0.48	.64
DMRS3	15.05 (4.68)	15.42 (6.08)	-0.26	.80
DMRS4	12.90 (7.59)	11.55 (6.17)	1.26	.22
DMRS5	21.49 (6.25)	24.12 (9.61)	-1.45	.16
DMRS6	30.57 (9.01)	26.72 (9.86)	1.67	.11
DMRS7	9.50 (4.17)	13.70 (8.86)	-2.44*	.03
L3	23.69 (6.39)	21.79 (7.39)	0.92	.37
GPF	1.98 (0.06)	1.96 (0.07)	0.81	.43
WPF	2.84 (0.09)	2.82 (0.12)	0.92	.37
WDA	1.31 (0.12)	1.29 (0.11)	0.74	.47
WMO	1.67 (0.13)	1.68 (0.13)	-0.23	.82
WCON	2.10 (0.27)	2.07 (0.24)	0.41	.68

Note. Values enclosed in parentheses represent standard deviations. *M*_i = Mean at intake; *M*_f = Mean at follow-up; *SD*_i = SD at intake; *SD*_f = SD at follow-up; GSI = Global Severity Index on the SCL-90R; GAF = Global Assessment of Functioning; ODSQ = Overall defensive functioning on the DSQ; S1 to S4 = Style 1 to Style 4 on the DSQ; ODF = Overall Defensive Functioning on the DMRS; DMRS1 to DMRS7 = Defensive levels 1 to 7 on the DMRS; L3 = Level 3 on the GEVA (externalization of affects); GPF = Global Projective Functioning; WPF = Weighted Projective Form score; WDA = Weighted Degree of Appropriation score; WMO = Weighted Motive score; WCON = Weighted Content score.

* $p < .05$ ** $p < .01$

Conclusion

Ce travail a tenté d'élaborer une conceptualisation théorique, opérationnelle et empirique des processus projectifs retrouvés dans des séances de psychothérapie dynamique. Le premier article a exposé les aspects théoriques sur lesquels se base le Projective Processes Measure (PPM). L'objectif premier de cet article était de redéfinir le concept de projection en réexaminant ses implications théoriques fondamentales, dont celle selon laquelle la perception constitue la «voie royale» de la projection. L'article met en parallèle le processus de projection avec celui du rêve et définit ainsi la régression topique qu'opère la projection au sein de l'appareil psychique. Une telle régression pose inévitablement, selon nous, la question de l'épreuve de réalité puisqu'elle effectue une inversion entre le pôle de la représentation et celui de la perception. En ce sens, il est facile de penser que la projection constitue une entrave à l'épreuve de réalité. Mais il nous semble qu'au lieu de constituer une infraction à cette épreuve, le processus de projection opère plutôt une sorte de confirmation de la réalité psychique. Comme le discute Leclair (2000, 2003), l'épreuve de réalité ne peut plus être réduite à un simple résultat d'inversion entre perception et représentation. Elle se présente plutôt comme un phénomène complexe qui fait intervenir avant tout le jugement et l'activité motrice. Il semblerait donc important de clarifier dans un autre travail la nature des liens qu'entretiennent la projection et l'épreuve de réalité.

Cet article a également permis de découvrir les multiples facettes du phénomène projectif. L'article décrit des processus projectifs pluridimensionnels qui se situent sur un continuum de maturité quant à leur perspective développementale plutôt qu'un mécanisme unique et unidimensionnel de projection. L'idée centrale

veut qu'il n'existe pas une seule forme de projection mais plusieurs, selon le niveau d'élaboration atteint par l'individu. La différenciation des multiples formes de projection repose sur la discussion portant sur la distinction entre le monde interne et le monde externe et par conséquent, entre le sujet et l'objet. Ces distinctions sont inhérentes à tout processus projectif.

Une vignette clinique illustre ces propos en examinant l'interaction dynamique entre une patiente et sa thérapeute. Alors que la patiente est aux prises avec une modalité projective archaïque, un travail thérapeutique portant sur l'interprétation projective transférentielle permet à cette dernière d'avoir graduellement recours à une élaboration projective, ce qui se manifeste par l'utilisation des modes projectifs plus mentalisés (projection secondaire et tertiaire).

Cette réflexion permet de suggérer l'idée selon laquelle les différents niveaux de projection sont le fruit de transformations successives, la projection n'étant donc plus considérée comme un mécanisme immature sous la seule emprise de la compulsion de répétition (Bond, Paris, & Zweig-Frank, 1994; Perry, 1990; Vaillant, 1994), mais bien plutôt comme un processus dynamique de représentations plus ou moins élaborées opérant au sein de la psyché. Ceci nous amène à nous interroger plus précisément sur la hiérarchisation des mécanismes de défense telle que définie par de nombreux chercheurs (Bond et al., 1994; Perry, 1990, 2001; Perry et Hoglend, 1998; Vaillant, 1994). Une hypothèse encore intuitive mais non sans intérêt concernerait les 27 autres mécanismes de défense définis dans le Defense Mechanisms Rating Scales (DMRS; Perry, 1990). Selon une vision plus intégrative et multidimensionnelle, le continuum de maturité ne se ferait plus uniquement entre des défenses spécifiques (à

savoir que la formation réactionnelle est d'emblée plus mature que l'idéalisation) mais également de manière à tenir compte d'un continuum de maturité au sein d'un même mécanisme de défense (à savoir qu'une formation réactionnelle basée sur un déni massif pourrait faire partie d'une structure psychotique tandis qu'une idéalisation adaptée à une situation, par ex. de mentor, pourrait faire partie d'une structure plus névrotique). Selon cette vision, la capacité plastique et d'élaboration du moi exercerait une influence déterminante.

C'est dans cette même optique dynamique et développementale que s'est construit le PPM, de façon parallèle à la conceptualisation théorique des processus projectifs. L'article empirique a permis de mettre à l'épreuve les questionnements conceptuels mis en place dans l'article théorique et dans le développement de la mesure. Les résultats obtenus sont intéressants. Deux des quatre dimensions du PPM donnèrent des résultats concluants : la forme projective et le contenu. Ces deux dimensions ont été validées à l'aide du DMRS et du Defense Style Questionnaire (DSQ; Bond, Gardner, Christian & Sigal, 1983). Les corrélations plus spécifiques entre les niveaux défensifs différents sur le DMRS (niveau 1 à 7) et les deux dimensions projectives (forme et contenu) suggèrent également une hiérarchisation au sein d'un même mécanisme de défense : la projection. Ce résultat vient soutenir l'hypothèse selon laquelle il est possible et en un sens plus exact de situer chaque mécanisme de défense selon un continuum de maturité, défini notamment par son degré d'élaboration psychique.

Les deux autres dimensions du PPM, l'intention projective et le degré d'appropriation n'ont pas produit des résultats concluants. Il serait sans doute

prématuré d'éliminer ces deux échelles sans les avoir mises à l'épreuve auprès d'une plus grande population, de préférence avec un groupe contrôle afin de comparer des groupes différents en termes de maturité psychiatrique sur le PPM. Cependant, il s'agirait dans des recherches futures de déterminer l'utilité de ces deux dimensions. Il serait important pour améliorer la grille, de définir plus clairement chacune de ces deux variables. Par ailleurs, il semble peu utile de codifier le degré d'appropriation. Il est en effet difficile à partir de verbatims d'entrevue de coter l'appropriation qui est faite dans l'après-coup de la projection. Ceci s'explique par le fait que très peu de cotes d'appropriation complète furent répertoriées. En principe, dans un verbatim d'entrevue, lorsque la personne s'appropriait la projection, elle n'était plus dans un processus projectif pouvant être cotée à partir du PPM. Ceci pourrait indiquer que l'après-coup de la projection sert à la nuancer et la moduler, au point quelquefois de la camoufler, ce qui pourrait présenter une avenue intéressante pour une prochaine réflexion au sujet de la transformation opérant au sein des processus projectifs.

L'intention projective est considérée comme la plus inférentielle, puisqu'elle fait intervenir la «cause» ou le motif de la projection. Bien que cette dimension ait présenté une fidélité convenable ($\kappa = .64$), un certain travail devra être fait afin de réduire le degré d'inférence «projective» inhérente à cette variable.

Sur le plan méthodologique, quelques modifications au niveau de la cotation de la grille contribueraient à son amélioration. Il s'agirait d'affiner et de rendre le PPM moins complexe puisque la cotation est longue et coûteuse. Le PPM pourrait bénéficier de catégories plus homogènes où les deux variables les plus importantes seraient combinées ensemble afin de donner une cote unique plutôt que deux cotes

distinctes. Ainsi, les analyses statistiques pourraient porter sur une variable plus homogène plutôt que de prendre plusieurs variables séparément (p. ex., la forme de la projection serait combinée avec le contenu pour donner une seule cote spécifique). Ainsi, la forme projective serait selon nous déterminante et contraindrait la maturité projective. À cela, s'ajouterait le contenu projectif mais de façon secondaire. Cela simplifierait la cotation du PPM en vue de sa prochaine aventure empirique...

Le PPM pourrait également bénéficier de se jumeler à d'autres grilles de processus et d'interaction thérapeutiques, par exemple l'Analytic Process Scale (APS; Sharf, Waldron, Firestein, Goldberger & Burton, 1999) ou le Psychodynamic Intervention Rating Scale (PIRS; Cooper & Bond, 1996). Ces deux mesures évaluent la qualité du contenu des interventions du thérapeute (clarification, interprétation, etc.). L'APS donne également un aperçu de la productivité subséquente du patient dans son discours suite à l'intervention thérapeutique. L'ajout de telles grilles permettrait de mesurer l'influence des interventions du thérapeute sur le discours projectif du patient et de mesurer ainsi l'effet interactionnel et dynamique des processus projectifs.

En terminant, s'il est vrai que les processus projectifs se situent sur un continuum de maturité et que par analogie, tout mécanisme de défense peut se comprendre en tant que processus pluridimensionnel plutôt que mécanisme unidimensionnel, il est également vrai qu'une constellation défensive rigide composée de mécanismes dits immatures, sera toujours signe de pathologie. Il s'agit pour le thérapeute et le chercheur de faire appel à sa propre plasticité moïque afin de

jongler à la fois entre le concept de mécanisme et celui de processus projectifs et défensifs.

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Appendice A

The Projective Processes Measure (PPM)

Scoring Manual

Projective Processes Measure (PPM)
Scoring Manual¹²

Version 3.1

by

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¹ The masculine gender is employed in this manual as a generic. It designates both masculine and feminine genders.

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Projective processes

Projective processes refer to an endopsychic or internal mental activity. One that presumably takes place as part of the internal, subjective world, within the psyche. It is postulated that several different kinds of psychic activities are revealed in an interactive process such as the psychotherapeutic situation. The key postulate is that some of these activities are projective while others are not. An initial, generic definition of projection, in its most general form, has been proposed : projection is an operation whereby the subject evicts from the self and locates in the other his feelings, affects, fantasies, or ideas that he refuses to recognize or cannot tolerate in himself (Laplanche and Pontalis, 1967, p. 344). Hence, projection encompasses different types of mechanisms which play a preponderant role in both pathological and normal phenomena.

Thus defined, any type of projective activity, be it pathological or normal, immature or mature, introduces a narcissistic mode of relating³ to the external world (Sami-Ali, 1970). The projecting subject, in quest for his own identity, searches for himself in the object that is of interest to him because of the projective charge that unites them. In this type of object relating, the world is in some way a mirror where the subject recognizes himself in part or in whole. In projection, the object is thus denied at least partially in his otherness and is treated as though equivalent to a perception. It is this perception or “pseudo-perception” that links the subject to the object in projection. Yet, projection differs from perception since it takes place in the imaginary field, more precisely in the transitional space created between self and the external world, where the subject-object distinction becomes irrelevant (Winnicott, 1951). Projective processes are thus tinted with fantasy but exist only at the intersection of both worlds: reality and fantasy. Hence, one can speak of projection when an element takes on the intensity, the vividness, the substance and the “exteriority” of a real object, just as in dreams and in hallucinations. Such is the paradox of projection: it intertwines both internal and external worlds while trying to separate them.

In a clinical and relational perspective, Klein (1946) describes the importance of projection in the exchange between a mother and her child in the first months of life. Thus defined, projection expresses itself by both sadistic attacks on the breast or the maternal womb as well as libidinal charges onto the gratifying breast. Accordingly, projection is conceptualized as a mechanism involved with both positive and negative contents. Although defined by Klein (1946) as being developmentally “normal”, its recurrent use is often considered to be pathological.

Hence, most Ego Psychology authors (Bond & Wesley, 1996; Cramer, 1999; Perry, 1990; Perry & Hoglend, 1998; Vaillant, 1994) conceptualize projection as an immature one-dimensional mechanism, part of other defensive activities. In contrast to these views, a few authors (Kernberg, 1988; Meissner, 1987; Rapaport, 1952) recognize the multi-dimensional quality of projection or projective processes, which rely on multiple components.

³ This mode of relating is not equivalent to a narcissistic pathology but should be understood as an investment of libidinal charges on the ego (Freud, 1914/1969).

As an adherent to this latter group, Kernberg (1992) defines projection as a defense mechanism that is more mature than projective identification. In his view, projection is mostly neurotic as it is based on an ego structure revolving around repression while projective identification is used more often by borderline- and psychotic-structured individuals and is based on an ego structure revolving around splitting. Projection requires a higher level of development than projective identification, a level that is more mature because of the distinction between the self and the object. Kernberg (1988) also distinguishes between different projective motives according to the ego's level of maturity. Neurotic projection revolves around separation issues while archaic projection (borderline and psychotic) relies more on manipulative issues. This places projection and projective identification on a continuum of maturity, in which both mechanisms are based upon a same generic process.

More empirical researchers, such as Lewis, Bates & Lawrence (1994) add to these findings by conceptualizing four forms of projection: classical projection, attributive projection, complementary projection and Panglossian-Cassandran projection. The differentiation of these projection types revolves around two criteria: the appropriation of the trait, state, or emotion and the degree of transformation of the state, trait, or emotion resulting from the projection. Of the four forms defined, two are of particular interest since they address the appropriation issue. Classical projection is based upon the denial by an individual of a “negatively valued aspect of the self and its ascription to others [...]” (Lewis et al., 1994, p. 1297). Here the characteristic is denied, therefore unconscious, and the characteristic projected is identical to that denied. Attributive projection is defined by an ascription of a mood or a personality characteristic to others that justifies one's possession of that characteristic.

In sum, projection and projective processes can be described as multi-dimensional phenomena ranging from immature to more mature processes. As such, projective activities are not necessarily archaic defensive mechanisms but can also be part of high adaptive functioning. Projection becomes our ticket to the “psychic external” world. It consists not so much in our relation with our representation of the world as we perceive it in “reality”, but rather in our relation to the world as we perceive it and represent it subjectively, yet seemingly not being fully aware of this process. Hence, it does not necessarily imply to misperceive reality, but that this perception is falsified because it is the means of a misappropriation of the subject towards himself.

Projective activities underlie a large number of mechanisms, such as all processes that are implied in the link between the external and the internal: perception, empathy, and externalizing mechanisms. However, these phenomena have something in common. While they definitely clash in terms of maturity, they are reunited by the ascription that they entail of affects, fantasies or ideas to another while denying as originating within the subject. The present manual proposes clear and specific definitions of the different types of projective processes that can be identified in verbal material, such as in psychotherapy sessions.

Overall Approach

The present system is a psychoanalytically-based descriptive and operational measure of projective processes actualised in a therapeutic session or in semi-structured interviews. The aim is to provide a measure of the patient's mental projective processes. It is meant to be used both as a research instrument and for training.

Rating Procedure

I. Preliminary Rating – Recognizing a Projective Unit (PU)

Delimiting projective processes

The preliminary rating entails the identification of projective units (PU). This involves reading the transcript and delimiting successive spontaneous projective figures as they form through the flow of the events of the session. This also means specifying the beginning and end of each PU that is defined through this process. PUs may be as short as a couple of words or as long as a paragraph or two.

The beginning and end of each projective process may be determined by several indications. This is probably the most difficult step in the scoring because of the multiple forms that projective processes can take and because of the great complexity of the discourse. It is also important to differentiate our own projections from the subject's. For example, a narcissistic person can bias us to score him as being more aggressive or more immature than he really is. That is why rules are set, to alleviate the decision making process.

Definition of a projective unit and process

Since clinicians have some knowledge of what is projection, it is important to mention that their understanding of projective processes and the definition given in this manual are sometimes quite distinct. It is important that the raters be aware of this difference when they score.

What is defined as a projective unit is any number of words that comprise a projective process. A projective process is the manifestation in the subject's verbalization of an affect, a desire, fantasies or ideas that are ascribed to another person or object without the awareness of the subject's own involvement in this endeavour, while projecting. As such, it is an unconscious process. The subject is not aware of the source of what is projected, either because the motivations are denied in consciousness, that they are repressed, or split. Yet, projective processes recover two points in time. The first being that of projection per se, a time where the subject is projecting and unaware of this activity. The second is that of the "after-shock", the "differed action", a time where the subject becomes aware of what happened. This second point in time is a moment where consciousness can recover, reality taking over and constructing a story.

In order to recognize a projective unit, there needs to be a psychic relational transaction (or link) between the subject of the projection and the object (person, thing or body) that can be identified. More precisely, the subject must refer to any interaction (symbolic or real) between himself and the other (person, thing or body). If the other comes out of this interaction by being the bearer of the subject's intentions, or with any part of the subject, we then talk about projective processes. This corresponds as a momentary confusion between the self and the other without necessarily entailing a loss of contact with reality. Projection always entails some form of fuzziness in boundaries. Thus, the object of the projection, far from disappearing into the anonymous world by losing its singularity, becomes very interesting by his newfound characteristics. This process can either happen in the session (here and now – as in transference) or reported in the session (extra-transferential).

Since projective processes occupy such a significant role in the psyche whether it be concerning normal or pathological psychic activities, they are inherent to a certain number of phenomena that involve externalization or any form of communication between the interior and the exterior, wherein a certain investment, be it libidinal or aggressive, is “transferred” to the object of the projection. Hence, their recognition in a transcript is oftentimes quite difficult. Here, we can identify two major difficulties in defining projective processes and projective units.

- The first and the most important difficulty consists in identifying the expression of projective phenomena in the verbatim of the subject. This is a larger problem since no strict definition can be given to the term projection. However, some examples are proposed as an illustration to help the rating process.
- The second difficulty is the level of inference required for the identification of projective units. What level of inference should be used and to what point should one interpret the meaning of the text.

In order to alleviate these difficulties, the rater should follow certain steps.

Steps to follow in order to identify projective processes

(a) Read the material carefully in order to identify projective units or processes.

The rater should read the verbatim while keeping the definition of projective processes in mind. When reading, the rater should try to have an “evenly suspended attention” in order to identify projective units while having the instrument in mind. The scoring is done exclusively on the verbal aspects of the verbatim, this excludes any non-verbal or introjectory speech. The rater should base himself on the way the person is talking about his issues and not if these issues are “real” or not. For example, the subject says while talking about an important person in her life, that this person is paranoid and that everybody is scared of her. The rating should not be based on the “veracity” of this argument i.e. knowing if everybody is in fact scared or

not. The rater should identify a projective unit because the person uses this instance in therapy to alleviate her anxieties and fears by attributing them onto another. **THUS, IT IS IRRELEVANT FOR THE RATER TO KNOW IF WHAT THE SUBJECT IS SAYING IS TRUE OR NOT. ANY VERBALIZATION SHOULD BE TAKEN AT FACE VALUE AND SHOULD BE SCORED AS AN EVIDENCE OF A RATABLE MATERIAL OF A POTENTIALLY RELEVANT INTRAPSYCHIC PROCESS.**

Practically, the definition of a projective unit can be summarized. A projective unit is any number of words that account for a psychic process in which any psychic experience is either:

- 1- externalized or ascribed on a defensive basis, to protect the psyche from an unacceptable internal or external reality or,
- 2- attributed to another in order to create a bind between internal and external realities.

Thus, projective processes encompass different levels of defenses. From the more immature mechanisms (very archaic defenses) to the more mature and adaptive (identification and empathy). This diversity may vary across different subjects but also in a given subject at different times in the interview. **IT IS VERY IMPORTANT TO KNOW THAT EACH PERSON HAS THEIR OWN WAY OF PROJECTING AND THAT THE USE OF THE VOCABULARY AND THE LANGUAGE IS NOT THE SAME FROM PERSON TO PERSON. ALTHOUGH THE RATER SHOULD STANDARDIZE HIS WAY OF RATING, HE ALSO HAS TO TAKE INTO ACCOUNT THE PERSONALITY OF THE SUBJECT AND THE WAY THE PERSON TALKS, WHICH MAY DIFFER GREATLY FROM ONE TRANSCRIPT TO THE NEXT.**

Since projective processes encompass a certain number of phenomena, it could at first be confounding as to what is a projective unit versus what isn't. It is therefore important for the rater to ask himself the fundamental question in projective processes: **Who is the subject talking about? Is he talking about himself, or about others? Is there a transfer onto the object (object, person, or body) of a charge belonging to the subject? Is there an identifiable underlying conflict (internal or external) from which the subject is defending himself?** For a projective unit to be scored, the answers to all these questions should be affirmative.

Example:

A subject after having exposed in some detail, but never very explicitly his anger toward his wife, will then project that anger onto another.

“When it comes to things the way Shari (the subject's wife) is, uh, just plain stupidity, certain things. I can't give you an example just off hand. Um, whether it's leaving certain things on, or not locking up and Kelsey (the subject's daughter) could open the door and go down the stairs type thing, um, and [she gets so angry that it's almost like, uh, so much hatred there].” CP/NA/S/Aff/Neg

Explanation:

The subject is quite angry with his wife's behaviour vis-à-vis their daughter. However, one can infer from the way that he talks about it that it is difficult for him to talk about these feelings. He therefore attributes this anger on to her.

Example:

[Anyway, I had this friend that I met in the hospital, when I was in the hospital, that nobody would go near, 'cause she was so paranoid, on the ward. Oh, my. Everybody was scared of her. I mean she just glowered at everybody and she just dared everybody.] CP/NA/S/Aff/Neg

Explanation:

The subject is attributing her fear of this person to others. Again, we are not interested in knowing if others are really fearful of this person or not but more importantly that the subject is using this projection at this point and time in the therapy, possibly to protect her ego from her own fears.

Examples:

[She's mad, she's one mad cat] IDP/NA/S/I/Neg

[What kind of stupid world are we living in?] IDP/NA/S/I/Neg

Explanations:

In these two similar examples, the subject of the projection makes derogatory comments about others (person and world) and attributing to them her own devalued self in order to aggrandize her ego and sense of self-esteem.

Example:

After leading on about how shameful coming to therapy is for her, a subject says:
[I've come this close to tell my mother that I am in therapy, but I can't because I know it will be so hard for her.] CP/NA/S/Aff/Neg

Explanation:

The subject is attributing to her mother her own difficulties about coming to therapy.

(b) Delimit the projective unit, so that it is the shortest possible without cutting any important data.

Preferably, a projective unit should be as short as possible (from a few words to a paragraph or two). The delimitation of these units is done at a microscopic level. However, they should contain enough information to encompass all the elements necessary for the determination of the score. A PU should be short enough for someone to ideally rate the segment without having any other information. Thus, it should contain enough information in order to judge the nature of the link between the subject and the object.

Delimiting projective units can sometimes be a difficult process. It involves a certain number of rules.

- 1- Rate different projective units when the subject changes objects of projection. For example, the subject attributes to work his own anger and then talks about how his family upsets him. Even though the affect and what is said about both objects is mostly similar, these paragraphs form two distinct projective units.

Examples:

[*“Work is still fucking me over all the time. It is the same old shit everyday”*].
IDP/NA/S/Aff/Neg

[*Nothing has really changed. Whatever I tell you is basically the same thing I tell you every week. The same thing with my family, the same with my ... with my wife and kids, with people in general, with me, everything’s the same ! They’re all fucked up ! (pause)*] IDP/LA/M/Aff/Neg

Explanations:

In the first unit, the subject is talking about work in a demeaning fashion. The rater can decipher that the patient is feeling lost or “fucked up”. This is different from the second unit. Even if the narcissistic theme is present and the affect is similar, they are two different units.

In the second unit, one may also notice that the subject addresses himself more to the therapist by attributing him unconsciously some blame that the therapy is not being helpful.

- 2- Very often, subjects use pronouns like “it” or “that” in order either not to repeat themselves, or to express affects, fantasies or ideas. It is important to translate what function “it” has in the sentence, as it may contain projected contents.
 - i. When the subject uses “it” or “that” for purposes of replacing something he does not want to repeat in the former phrase or in the same phrase, **do not** delimit two different projective units when the object and the theme are the same and when the scores are identical in all aspects. However, if the object is different and the scores are differing even in one aspect, then delimit two units. The rater should always ask himself the question, what is the “it” or “that” replacing? For example, if a subject says: “The world is stupid. It is really stupid”, the rater should only delimit one unit because the subject is basically repeating himself and the object of the projection in the second phrase is the same as the first.

- ii. When the subject uses “it” or “that” in a passive form, the rater should be quite weary. The rater should differentiate this passive form from a projection. Not every use of a passive form is enough evidence to score a projective unit. For example, if the subject says “I find it quite difficult”, referring to his relationship and gives no more evidence of a projective process, then do not rate the unit. **IN SUM, DO NOT DELIMIT A UNIT IF THERE IS NO CLEAR REFERENCE IN THAT UNIT TO THE OBJECT. AN “IT” OR A “THAT” ON ITS OWN DOES NOT QUALIFY AS AN OBJECT. DO NOT DELIMIT A PU WHEN THERE IS NO OBJECT OTHER THAN “IT” OR “THAT”. A PU SHOULD BE LONG ENOUGH TO INCLUDE THE OBJECT OF THE PROJECTION.**
- iii. It is also important to differentiate a projection from facts. If the verbalization of the subject is a repetition of what others and himself said, then it is most likely not a projective unit (for example: he said this...). The rater can score a projective unit in the case that the subject explains in his own words the unfolding of the situation. It should be rated only when **psychical reality** takes over in the subject’s discourse. For example, a subject says: “And my boyfriend said ‘how awful is this course, it sounds ridiculous’”. This should not be scored as a PU since the subject is repeating something that another says.

Example:

The subject is talking about his ex-girlfriend and how it was difficult for them to have a simple relationship. He then says:

[“It’s just not fair. I thought that she was the one. I thought that this was it. This stupid depression ruined it! It’s gonna ruin my life! If I don’t do something about it ... and I don’t know what to do”] IDP/NA/M/Aff/Neg

Explanation:

It is quite clear that the subject is blaming the depression in a derogatory manner for the fact that his ex-girlfriend left him. This depression has become an object all by itself. It seems narcissistically hard for the subject to take part of the responsibility for his relationship turning sour. This PU includes the object of the projection as well as the pronoun that designates it.

- 3- In a projective unit, there should ideally be enough information to help the rater justify his delimitation of that specific unit. The unit should be long enough to include all the information on the projective process and some information as to the justification of the rating. A person reading the unit should be able to rate it. At a minimum, it should contain the subject, the verb and one complement.

Example:

[*“She is a fucking peasant”*] IDP/NA/M/I/Neg

Explanation:

In order to shore up her self-esteem, the subject needs to exaggerate the other’s defects because she is angry against this person. This is a good example of a short projective unit.

Example:

[*“If I distrust somebody, I don’t associate with them. And usually if there is just one thing, maybe something they do not even consciously... if it’s just a feeling I get about them, I avoid them. I mean there’s a couple of weeks, since my ex-girlfriend and I broke up, there is this one girl that is interested in me, calling me and stuff, but I refused to associate with her. I don’t trust her. I don’t know why, but I just have a bad feeling about her, and I won’t do anything to go out of my way to make contact with her. I go as a matter of fact, I go out of my way to avoid her! It is something with trust, I don’t know.”*] PP/LA/S/Aff/Neg

Explanation:

This is an example of a fairly long projective unit. Earlier on in the session, the subject describes the fact that he was quite aggressive with his former girlfriend. Since they broke up, it seems that he is unable to deal with the pain and possibly with the guilt. He projects all these feelings onto this new girl and is now distrustful of her, without fully being aware of it. This is a classical example of when the affect that the subject tries to project comes back to haunt him in the form of a persecution.

Example:

A father says about his son who is moving to another city to attend university:
[*“So I can understand that he is quite depressed, I know I would probably be depressed too, because he needs to leave his family and friends in order to go to Columbia.”*] ACP/LA/S/Aff/Neg

Explanation:

Without talking about how difficult his son’s move might be on him, a father is able to identify with his son’s separation anxieties, while recognizing his own in part.

II. Rating of Projective Processes

The rating of projective processes involves four steps: the first rests on form rating, the second involves level of appropriation, the third, projective motive, and the fourth, projective content. Additional ratings include projective valence and reality testing. It is quite important that all raters use the same scoring procedure, respecting the order of the scoring. It is important to begin identifying the form of the projective processes before all other scores.

A- Form rating

Projective units can take on different forms, going from very immature types of projection to more mature types. We can define four types of projection in accordance with the level of maturity. The form rating deals with **how** the subject is projecting. It concerns the more or less developmentally elaborate manner in which projection is expressed.

1. Persecutory or paranoid projection - PP

This type of projection is quite archaic and is an attribution of anger, rage, or desires onto the object of the projection. The boundaries between the subject of the projection and the object being fuzzy (during this projective moment and/or before and after), the projection comes back to haunt the subject who now becomes the "object". This "return of the projected" is experienced by the subject as being an aggression and a persecution from the other. The subject can thus get quite paranoid and can even have paranoid delusions.

PP has to do with fears of expressing one's anger and/or sexual desires. The appropriation of these feelings could engender great anxiety and guilt which becomes somewhat unbearable for the subject's ego. The ego projects these affects and/or desires onto an object that is now tinted with newfound characteristics. However, the boundaries between the self and the other being so fragile, the projection comes back to the subject in a form that is now somewhat altered and reversed by the process of externalization. When this projection "hits" the subject back it is returned to him in a form that is no longer recognizable as his. It now belongs to the other and is threatening to the subject because of the resonance it provokes in him. It is not as alien to the subject as he would have wanted it to be. The threat comes mostly from the fact that the ego is not able to efficiently rid itself from impulses or affects and is now stuck with them. However, the process is efficient enough for the subject not to be aware of its origins.

Even if this type of projection is found mostly in individuals who are more regressed, some subjects can demonstrate this form of projective process during a momentary "regression" or at a time where things seem quite difficult for them.

In order to rate paranoid projection (PP), there needs to be a certain amount of information in the unit. The unit needs to contain the link between the subject and the object of the projection as well as the aggression (or libidinal desire) that comes back from the object as a persecution or as a frightening content.

Example:

["Well, I'm just so aware of your presence I suppose and what you think or what you might be thinking or that's what I said before that, that, whether you can or can't I feel like you can (sigh) see through me and, if you know all the workings of my mind, it seems like maybe I'm getting too much credit ... it's the same thing... ".]

PP/LA/M/Aff/Pos

Explanation :

The subject is attributing an omnipotence to the therapist who can see all that is happening in her. This follows the fact that she says that she feels him very close to her. However, this closeness is projected. The therapist comes out of this projection by becoming a clairvoyant. These “newfound capacities” come back to haunt the subject who is now quite fearful and anxious.

Example:

[*“And he, I’m sure, heard what was going on, so he was probably listening all along and he must have leaned over from his balcony, almost – like he was almost on our balcony. And he – I don’t – God knows how long he was watching there for. I don’t know.”*] PP/NA/S/Fant/Pos

Explanation:

This example follows a whole page of explanations about the subject having sex with her boyfriend while someone is watching them. She feels quite guilty of the position in which she was when the voyeur saw them because she says that she wasn’t having “conventional” sex. However, we find out that very little precaution was taken to close the window and the blinds. Here, the subject tries to project her own sexual “desires” or “perversions” onto the voyeur. This comes back to her in a way that haunts her. Even though there is a “real” voyeur, it is important to rate how the subject is dealing with this situation.

Example:

[*“If I distrust somebody, I don’t associate with them. And usually if there is just one thing, maybe something they do not even consciously... if it’s just a feeling I get about them, I avoid them. I mean there’s a couple of weeks, since my ex-girlfriend and I broke up, there is this one girl that is interested in me, calling me and stuff, but I refused to associate with her. I don’t trust her. I don’t know why, but I just have a bad feeling about her, and I won’t do anything to go out of my way to make contact with her. I go as a matter of fact, I go out of my way to avoid her! It is something with trust, I don’t know”.*] PP/LA/M/Aff/Neg

Explanation:

The subject seems to project his rage (originally directed against his former girlfriend) onto another woman whom he’s then afraid of.

2. Image-distorting projection - IDP

This form of projection is more mature than PP. As the designation shows, it is organized around narcissistic issues. The person is concerned with these issues, either to protect the ego’s sense of self from humiliation or to aggrandize the self. It takes on the form of an attribution of positive or negative value to the object in order to protect the ego. This idealization or devaluation of the other is oftentimes necessary for the ego which inflates itself either by comparing “notes” with the other and coming out of the interaction as the “strong one” or by gaining from the

attachment that is formed with the other. Sometimes, the object is not seen as a whole but in part because of the attribution of negative or positive qualities which emphasize the split of the object.

IDP entails an exaggeration of the object's qualities or shortcomings. Again, the distinction between the self and the other is somewhat permeable but not as much as in persecutory projection. This distinction can sometimes become "fuzzy" when there is a return of the projected and when the subject now becomes the "object" of the projection. The ego is then submerged with ideal or devalued parts, that have come back.

The rater should judge the nature of the interaction to score this type of projection. If it seems to him that the subject (especially for the negative aspects) is anxious or afraid of these newfound characteristics, then the unit should be scored as a persecutory projection. If there is no fear involved from the return of the projection, and that the conflict is a self-esteem issue, then the rater should score an image-distorting projection.

Example:

["If you want dysfunctional. Holy smoky. Thank you Lord. Something quirky about people with billions of dollars. Oh my God, horrible. I mean, and generation after generation it just got worst".] IDP/NA/S/I/Neg

Explanation:

The subject is devaluing people who are wealthy. This follows a stream of complaints about her being penniless. She projects her devalued part onto billionaires. The subject uses this type of projecting to defend herself against the envy she might be feeling.

Example:

["I mean, these people just make me sick, the way that they portray them. I'm pretty sure that's not what it's about. Why does it bother me so much?"]

IDP/LA/S/Aff/Neg

Explanation:

The subject is talking about people in a very devaluing way. Again, the people to whom the patient is referring to are billionaires. However, as opposed to the first example, she tries to re-appropriate a part of that projection, by asking herself why she is so bothered by these thoughts.

Example:

["I mean he's just the best person on the earth. He understands me. He's just all around wonderful".] IDP/NA/M/Aff/Pos

Explanation:

The subject is idealizing her boyfriend by attributing all the good to him, a way to either shore up her self-esteem, by being with him, or to devalue herself because stuck only with the negative aspects in her.

Example:

["I'm the patient and you're the therapist. So you tell me. You know what you're doing. I don't."] IDP/NA/M/I/Pos

Explanation:

The patient is attributing a form of omnipotence to the therapist that becomes through the projection a "know it all" clinician. One can also sense the effect that this must have on the therapist and the "aggressive" complaint that is hidden in such a comment.

3. Classical or "neurotic" projection - CP

This type of projection requires, as a prerequisite, the effects of a prior repression, minimization or denial. It is based on these defenses. It can be defined as an attribution to another of one's feelings, ideas, affects, desires, etc, once they are repressed or negated in the self. By this, the individual cannot deal with these affects and a first step consists in repressing them or denying them in order to project them after. This dual process is quite efficient because it allows the person to maintain his boundaries intact. The disavowal enables the person to set his limits, so that the affect or the impulse does not come back to haunt him. This category is much more diversified and has less fixedness than the other two. It can involve a number of desires (sexual or not) or affects (positive or negative). It differs from the former forms of projection because it implicates a separation in the boundaries between the self and the other, as well as maintaining a minimum level of fuzziness in these limits. Hence, the individual projecting is well protected with this mechanism in the sense that it does not come back to haunt him. Once the projection has occurred, the ego rids itself of the undesired impulses.

Usually, this type of projection is more frequently used by less regressed subjects but is not necessarily exclusive to them. It can mostly be used in order to protect the psyche from any kind of anxiety or fear. It is less rigid than the two other categories. However, it stays as a form of defensive activity by the ego who's role is to transpose onto another the intrapsychic danger that awaits it.

Example:

After saying how he is having difficulties with his memory, a subject says to his therapist: *["I don't know, you make me nervous] CP/NA/M/A/Neg. [You don't remember what I've said, you don't remember about the card..."] CP/NA/M/I/Neg.*

Explanation:

After repressing an ideation that may have surfaced (e.g. seen by the use of I don't know), the subject attributes to the therapist his own anxieties and his mnemonic difficulties. The therapist becomes the one who is feeling nervous and who can't remember.

Example:

After a stream of complaints about her physical health, the subject says:

[*“You look tired today”*] CP/NA/S/I/Neg

Explanation:

The person is attributing her own fatigue (physical as well as psychic) to her therapist. Again, whether or not the therapist is tired is not the issue. It is what the subject makes of this that is of interest.

4. *Adaptive-Creative projection - ACP*

This form of projection differs from the three others in the sense that it is not as defensive as the former. ACP is defined as a more mature defensive activity. It is involved in identification with others. Although the term identification seems paradoxical with that of projection, this type of projection is a developmentally higher order of defensive activity and is essential in the understanding and the relatedness to the external world. In a sense, when we read a book, we somehow identify with the protagonists. This involves a form of projecting, a “being like” the other by attributing one’s own feelings, affects, desires, fantasies and ideas onto the character. It is a form of empathizing with others. It involves an attribution of the subject’s qualities, histories, feelings to the script that others have prepared for him.

This type of projection differs from classical projection in the degree of “freedom” and fluidity that the subject manifests through it. It also requires set boundaries and a differentiation between the self and the other. The boundaries are less hazy than in classical projection. Thus, there is a realistic way of seeing things and others that confers to the integration of the good and the bad aspects. However, as in any projective process, the underlying activities or motivations stay unknown to the subject. This type of projection is mature in the sense that it helps to develop the psyche and that it also results from maturity.

Example:

[*“I mean, you know, I have a hide-a-bed if you want, or I can give you my bedroom and I’ll sleep on the hide-a-bed. That way you won’t disturb me and I won’t disturb you. So if that’s okay with you, it’s okay with me”*].] ACP/LA/E/Aff/Neg

Explanation:

Here, the person is able to empathize with the other, recognizing that this move will be disturbing but being able to read the other’s emotion. This type of “clairvoyance” is adaptive. The subject is able to put herself “in the other’s shoes” while not denying the difficulty that this may represent to her.

Example:

[*“And uh, you know, I understand how he feels. After we talked I think that he realized a bit what mess he was getting into. Because he should have been with me on our anniversary. He really felt bad.”*]] ACP/NA/S/Aff/Neg

Explanation:

The subject is trying to be understanding of her boyfriend. However, she is still somewhat defensive in the sense that she talks more about her boyfriend than she talks about herself. It seems that she is not using this instance to feel empathetic towards him but to separate herself from the anger by identifying with her boyfriend's guilt.

Example:

A father says about his son who is moving to another city to attend university: [*"So I can understand that he is quite depressed, I know I would probably be depressed too, because he needs to leave his family and friends in order to go to Columbia."*] ACP/LA/S/Aff/Neg

Explanation:

Without talking about how difficult his son's move might be on him, a father is able to identify with his son's separation anxieties, while recognizing his own in part.

B. Level of appropriation

Once the rater has segmented and rated for projective form, he has to proceed to score the level of appropriation of the PU. This component is defined by the level to which the subject is aware of his projection. Is the person able to reappropriate his projection? Is he aware or conscious of the fact that it emanates from him? Can he elaborate mentally on the significance of what was projected? This variable takes into account the second point in time of any projective process, the first being the projective time per se (T₁) and the second being a "meta-projection", or an "after-effect" (T₂). The emphasis rests mostly on what the subject does once he has projected. How does he recuperate his projection?

This criterion has three levels: non-appropriation, limited appropriation, or complete appropriation.

1. Non-appropriation (NA)

This form of appropriation is best described by a form of denial of the role played by the subject in his own projection. The subject does not recognize the projection as part of himself. Usually, the subject talks in an externalizing way. He makes use of pronouns such as "me or I" which are not used to interiorise the projection, but mostly for grammatical purposes. There is also a sense of belief and certainty that defines this category. Psychological reality is equivalent to material reality for the subject of the projection.

Examples:

[*"Anyway, I had this friend that I met in the hospital, when I was in the hospital, that nobody would go near, cause she was so paranoid on the ward. Oh my, everybody was scared of her. I mean she just glowered at everybody and she just dared everybody"*] CP/NA/S/Aff/Neg

Then she adds:

[*“She ’s mad, she ’s one mad cat”*] IDP/NA/S/I/Neg

Explanation:

Everything that the subject says is exterior to her. There is no appropriation of the anxiety or the negativity. It becomes that the subject perceives everyone as being scared of her friend while denying this in herself. The friend thus becomes paranoid while the subject rids herself of her own fears. However, this projective episode does not seem to have fully ridden her of her fears since the subject adds another comment, a more derogatory statement. The other thus becomes the tributary of the “madness” and the devalued part of the subject.

2. *Limited appropriation (LA)*

Limited appropriation consists in recognizing partially the role that one plays in the projection. The individual is not necessarily aware of his role in the projection, however there is ample evidence in the verbalization that the subject attributes himself a substantial role in the projective process. This is usually seen by the use of pronouns such as “me, I” or any other form of appropriation “It might be the way I see it, etc.” that shows the rater a way that the subject includes himself in the projection. However, this pseudo-insight does not enable him to talk and to elaborate on the affects, fears, anxieties or difficulties that he may have. He can still be defensive.

More precisely, the rater should score LA when:

- The subject talks in the first person while projecting (i.e. in T₁), for reasons other than simply grammatical purposes. If there is ample evidence that the subject is talking in the first person in the projection and that he is included in the projection, the rater should give a score of LA. There should be some evidence of “interiority”.
- The subject is not categorical in his projective statement. There is some place for doubt.

Example:

After extensively talking about how competitive she is and how her career is important to her, a subject talks about her husband:

“I felt that – that he wanted, you know, he wanted certain things for his life as a whatever, in a career and I felt that with him I was very, very, very submissive in that situation ...” CP/LA/S/Aff/Neg

Explanation:

After projecting her own competitive and career-oriented feelings onto her husband, the subject is able to nuance her projection by including herself in the equation. The fact that she says “I felt that” and “I was very submissive in that situation” goes to show that she is re-appropriating her own projection.

Example:

“Is it me or is it that he really is stupid when he talks about this?” IDP/LA/M/I/Neg

Explanation:

The subject starts with enunciating a doubt about her own perceptions. However, it still becomes an image-distorting projection because of the devalued way she speaks about her boyfriend.

Example:

“I – I have the potential – I have the capacity to be mean to him, but in – you know, in my own justification he doesn’t feel that I’m very mean to him”

CP/LA/M/Aff/Neg

Explanation:

The subject here acknowledges what is hers (the fact that she is mean) and this is differentiated from who her boyfriend is. She is trying to distance herself from this by justifying his own feelings.

3. Complete appropriation (CA)

After projecting, the individual is aware and explains how the projection emanates from him. This awareness is oftentimes followed by an opening on one’s own fears, anxieties and difficulties that are at the source of projection. At this level, the person can be very insightful. His awareness of the projection enables the establishment of links between other aspects of his story, construction or psyche. This allows the person to elaborate something that he was incapable of elaborating before. Although the elaboration is not necessarily long, the rater should judge the subject’s use of projection to make links and to elaborate.

Example:

“I feel you’re looking at me differently today. I’m feeling so exposed right now and I don’t know if it’s because I’m wearing shorts or whatever, I just, I thought to turn the chair around because I can’t tell you how vulnerable I feel in front of you. The same way I always feel in front of my father...”] CP/CA/S/Fan/Pos

Explanation:

The subject is uneasy in front of the therapist and is projecting this uneasiness onto him: she feels he’s looking at her differently. This would be considered as being the 1st point in time of the projection (T₁). However, in the second point in time (T₂), she starts to re-appropriate her projection when talking about the way she always feels, as illustrated by her association to her experience with her father.

Example:

“I guess I always see him as the greatest father. I always sort of like constructed this image of him as this sort of protector and, uh, this person who could do anything in terms of Ethiopian Jewry, when in fact this was not entirely true” IDP/CA/S/I/Pos

Explanation:

While projecting and idealizing his father, a subject is able to re-appropriate his projection and to see his role in this.

C. Projective Motive

This second criteria is defined by the role that the subject assigns the object. The most important question becomes why. Why is the subject projecting? What is the subject's intention in the projection? How does he use the object of the projection? This criteria looks at the underlying intention of the subject in the projection.

1. Manipulation (M)

The subject is trying to control the object by his projection. The subject puts in the other a part of his self in order unconsciously to make the other feel how he is feeling. It becomes an **interpersonal** matter rather than an exclusively intrapsychic one. By his projection, the subject "calls out" the participation of the object. A rating of "M" should be given when the subject addresses the therapist, or an imagined person with intentions of destabilizing him, when he tries to forge an image or an attitude on another, or when the intensity of the projection is so that it becomes an over-dramatization.

More precisely, the rater should score M when he feels that the subject **utilizes** the object of the projection either by:

- a) Exerting control on the object via his projection;
- b) Going beyond the other's limits. This is usually seen when the other seems to lose his identity. More precisely, this is seen when the subject uses the other to put words in his mouth, talking usually for the other in a discursive manner;
- c) Over-dramatizing a situation or a description – this can be seen by the intensity of the investment of the object of the projection;
- d) Addressing the therapist directly. Usually this is the case when a transference issue has come up in the session.

Examples:

[*"I guess I'm frustrated as you should be"*] CP/LA/M/Aff/Neg

[*"It just seems like the therapy would be so much more efficient (laugh) if you just said what we didn't talk about last week instead of you waiting for me always to say something ..."*] CP/NA/M/Aff/Neg

[*"I feel like you can see through me and, and if you know all the workings of my mind it seems like, I'm giving too much credit..."*] PP/LA/M/Aff/Neg

[*“I find it hard to understand why he is with me. I say, ‘Why are you with me?’ I am so messed up, I have so many problems. I don’t understand why you are with me.”*]

IDP/NA/M/I/Pos

[*“She is a fucking peasant”*] IDP/NA/M/I/Neg

Explanations:

In the first three examples, the subject is trying to force on the object of the projection – the therapist – her ways of seeing things and he becomes literally on the spot. All three are examples of the use of projection in the transference relationship.

In the fourth example, the subject questions with insistence her boyfriend awaiting for a reaction from him. These projections address an issue in the interpersonal arena rather than in the intrapsychic one.

In the last example, there is an intensity and a dramatization in the projection which seems as an exaggeration of the object’s faults or shortcomings.

2. Separation (S)

The subject tries to project on to the other a part of himself. However, the object stays detached from the projector. The conflict is mostly **intrapsychic**. The subject does not try to force an image onto the other but the projection helps him to stay separate from the object. By attributing what is his to the object, the subject gains distance from his conflict, desire, impulse, fantasy, etc. The separation issue can be seen when the subject and the object are not intertwined but stay reasonably separate in the verbalization of the subject.

Example:

[*“That voyeur is disruptive. He’s disrupting my whole life”*] CP/NA/S/Aff/Neg

Explanation:

The person is trying to rid herself from her fantasies of being seen by the voyeur and tries to attribute all her difficulties onto him. She stays quite separate in the sense that the “voyeur’s” image is not forced in any way but is used for defensive purposes to distance herself from him.

Example:

[*“So he’s just all around wonderful, he’s encouraging in a million different ways”*]

IDP/NA/S/Aff/Pos

Explanation:

The subject is projecting her idealized parts onto her boyfriend. It seems she uses this to separate the good from the bad in her. She then will say that she does not know how to live up to his wonderfulness. She keeps all the devalued part to herself.

Example:

After avoiding a question about her mother, the subject paraphrases what she said to a friend about his mother:

["I think your mother is someone you don't look at as a normal person. You don't look at your mother as another person would."] CP/LA/S/I/Pos

Explanation :

The subject is attributing to her friend how she feels about her own mother. She is using him in order to distance herself from this thought becoming conscious.

3. Empathy (E)

The subject uses projection in order to understand the other as he would like to be understood. He is able to empathize with either the pain of the other or his joy by projecting his internal world (aggressive or libidinal) onto the object. This does not mean that the subject loses his identity in this process, rather he becomes a good container for others' feelings, desires, or impulses. The rater should examine and analyze this motive for it not to be mistaken with manipulation, in the controlling sense. In order to score "E", there should be a good sense of "freedom" between the subject and the object, no matter how strong the link.

Example:

["And I said, I understand you haven't got a place to stay and how stressful that may be for you. So I'll tell you what. I don't live in any kind of luxurious place and it's very small, but I do have a room and if you want, you can stay with me until you figure out where you're going to go from here, if you don't mind being crowded"] CP/NA/E/Aff/Neg

Explanation:

The subject is projecting onto the object the fact that she will mind being crowded. However, this is done in a very empathetic way, since she understands the inconvenience this may cause as well as being empathetic to her situation.

Example:

Talking about how her shy mother was able to speak in front of others at a gathering, a subject says:

["And it was amazing how nervous she got. And she told the story and I thought it was so good. I was so happy for her."] ACP/NA/E/Aff/Neg.

Explanation:

This example speaks on its own. The subject is able to identify with her mother's difficulties and is empathetic and even happy for her.

D. Projective content

Many different aspects of the self can be projected. Three content categories are defined : affects or feelings, desires or fantasies, and ideas or representations. The rater should decide by undoing the projection, what the subject is trying to project. This criterion is sometimes difficult to rate, the rater should stick closely to the verbalization of the subject. In order to rate this dimension, one should pay attention to what the subject emphasizes in the projection. Sometimes, a consensus is difficult to reach. In such a case, the raters should use at the same time their judgement and the fact that they should be the less inferential possible when it comes to this rating.

1. Affects or feelings (*Aff*)

In order to rate an affective content, there should be an emotional tone or constellation to the projective unit. This would be an attribution to others of an emotional content that is either best portrayed by the use of emotionally-oriented words, such as anger, hate, love, surprise, boredom, etc. or by words whose use implies an affect, either words that are closer to an act: being abusive, etc. This is the most archaic content since it is the least mentalized.

More precisely, *Aff* is scored when:

- a) There is an emotional constellation to the projective unit which is seen by the use of emotional words, such as affects.
- b) The affective aspect is portrayed in a verbalized “action” term, such as: being abusive, caring, etc.

Example:

[“*She is very angry with me*”] CP/NA/S/*Aff*/Neg

Explanation:

The subject is projecting onto others her own anger.

Example:

[“*You know, all my relationships have been abusive, almost all of them. I guess, you know, in some way I probably sought out abusive relationships and in other ways they just flock to me*”] CP/LA/S/*Aff*/Neg

Explanation:

The subject is speaking about her relationships in “action” terms that undermine an affect.

2. Fantasies or desires (*F*)

The subject attributes to others his own fantasies or desires. The rater might sometimes find it difficult to differentiate between an affect and a fantasy. For

purposes of this manual, we define a fantasy as a libidinal desire (as opposed to a narcissistic need or want – which would be rated as an affect) or as an imaginary construction that takes on a hypothetic form which resembles a projection in the future. Again, it is quite useful to deconstruct the projection to see what the person is projecting. This content is more mature than the former. It necessitates a higher order of mentalisation.

More precisely, the rater should score F if:

- a) There is ample evidence of the projection of one's own desires;
- b) There is a sense that the person is speaking in the "imaginary", a sort of daydream. This is often seen when the subject talks in the future. Usually, this is also seen by a certain amount of doubt in the projective unit (example: could it be this, I can see it in the future...)

Example:

["And I read the riot act. I told her that that was good for a thousand bucks and that if my dog happened to take a few stitches – I mean, if her dog required a few stitches, if my dog got a hold of her – of that dog, and she took me to court, I'd end up taking her to court and she'd lose."] PP/NA/M/F/Neg/+/-

Explanation:

Here, the subject is talking at the hypothetic level which is therefore a proof of the projection of the fantasy.

Example:

["I feel you're looking at me differently today. I feel so exposed right now and I don't know if it's because I'm wearing shorts or whatever..."] CP/LA/S/F/Pos

Explanation :

This is clearly an example of the subject projecting onto her therapist her own sexual fantasies or desires.

Example:

A subject says while talking about one of her colleagues whom she desires:
["It's as if he was telling my husband, 'Are you the one who took her away' or something"] CP/NA/M/F/Pos

Explanation:

The subject is projecting her own wishes and desires onto her colleague, by putting words in his mouth.

3. Ideas or representations (I)

The person projects images and ideations onto the other. Sometimes, the qualifications that we use in order to describe the external world are rated under this category: we qualify people as intelligent, stupid, competent, superficial, etc... This

category should be differentiated from rationalizations and intellectualizations, although they sometimes get intertwined. The content of the projection should be an idea or a representation. Again, it is important to deconstruct the projection in order to see more clearly what is being projected. This content is the most mature of all three projective contents because it implies a higher degree of mentalisation.

The rater should score “I” if:

- a) the projection uses an image or a representation that is not necessarily affectively charged: i.e. stupid, intelligent, competent, etc. This can also be a stereotype, for example: being a peasant;
- b) The projection is that of an image but instead of being that of a representation it is an image in action. For example: having no manners would be the “active image form” of being impolite.

Example:

[“*Um, but then it turns out I have the stomach flu, so they probably think I did it on purpose to not come, but anyways*”] CP/NA/M/I/Neg

Explanation:

The subject is defending herself from the guilt of not going to the Christmas party. The way it comes out in the PU is in a very “rational way” where the subject is attributing to other’s her own thoughts about not attending the party.

Example:

[“*She’s a fucking peasant!*”] IDP/NA/M/I/Neg

Explanation:

The world peasant reflects an image or a representation.

III. Additional Rating

A. Projective Valence

This score has to do with projective valence. Is the content of the projection positive or negative? Is the projection based on negative or positive aspects of the self? This dimension of the scale is intended to be rated at a minimal level of inference. It is very close to what is said and to how the person says it. If the subject annuls or negates a content, rate the valence of the unit without thought to the negation process. For example, if a subject says: “She was not happy with me”, then this unit should be rated as a negative unit. Sometimes, the projective unit seems quite neutral. Therefore, the rater will have to infer the valence that is most suitable for the projective unit.

1. Negative valence (Neg)

All content that deals with aggressive aspects or negative narcissistic aspects: devaluation, etc.

Examples:

[*“What kind of stupid world are we living in?”*] IDP/NA/S/I/Neg

[*“My bones and my muscles can’t take all this aggravation”*] CP/NA/S/Aff/Neg

[*“Somebody who really respects me and likes me as a person is going to see that I’m a little cheat and a thief”*] CP/NA/S/I/Neg

Explanations:

While all these examples differ in many aspects, they all have negative valence. In the first example, it is clearly an example of devaluation of others. The patient is projecting her devalued parts on the world. In the second example, it seems to be more complicated in the sense that the patient is feeling that even the projection leaves her feeling anxious and worried. In the third example, the subject is attributing onto another his own guilt.

2. Positive valence (Pos)

This category includes all projective content that deals with libidinal aspects or positive narcissistic aspects (idealization, etc.). This consists of any positive aspect that is projected onto another object.

Examples:

[*“So, he’s just all around wonderful and I just feel his wonderfulness”*] IDP/NA/S/Aff/Pos

[*“He kept on wanting me, I couldn’t get rid of him”*] CP/NA/S/F/Pos

[*“I feel you can see through me and, and if you know all the workings of my mind it seems like, maybe I’m giving too much credit ...”*] PP/LA/M/Aff/Pos

Explanations:

In the first example, the person is projecting the positive and idealized aspects of her self. In the second example, the subject is in a much more “libidinal state” where her desires are attributed to her ex-boyfriend whom she can’t rid herself of.

The third example shows how the idealized aspects are projected onto the therapist who becomes a “clairvoyant”.

B. Reality testing

An additional rating is added to the five prior ratings if there is need to.
ONLY SCORE THIS CRITERION IF THERE IS A BREACH IN REALITY TESTING.

Any type of projection is accompanied by a sudden and momentary loss of reality. However, this criterion is about the prolonged loss of sense of reality. Is the individual that is projecting able to come back to an internal sense of reality? Is he hallucinating or delusional? Is there some loss in the boundaries that is not recuperated even once the subject has projected?

1. Loss of contact with reality (-)

Hallucinations and delusions are signs of loss of contact to reality. This is seen mostly when the subject continues to believe in his projection without being able to differentiate himself from the projection. There usually is no place for doubt. Fixedness at this level is oftentimes a sign of loss of contact. **This criterion is not to be mistaken with the fact that a patient is psychotic or not, as the patient may temporarily manifest some loss of contact with reality without meeting the full diagnostic criteria for a psychotic illness.**

Example:

["I know that she (a news anchor on television) wants me. She told me on the news. She follows me everywhere. We will marry and make peace in the world."]

PP/NA/M/F/Pos /-

Explanation:

A delusional subject attributes and projects his desires onto a news anchor, thinking that she is sending him messages. There is a definite breach in reality testing because the subject does not take into account the reality (that he doesn't know her) and there is a persuasion and a fixedness that is characteristic of psychotic thinking.

2. Fuzziness in the boundaries (+/-)

There is no definite loss of contact with reality, however, the rater should notice notable fuzziness in the differentiation between the self and ones desires, actions, impulses, and the other's. This is best portrayed by a PU where the subject is between loss and preservation of reality. A good way of distinguishing this is by delimiting who the subject is talking about? If there is confusion in this, then the rater should consider a rating of +/-.

Example:

After saying how she wanted to strangle her neighbour's dog, a subject says:

["And I read her the riot act. I told her that that was good for a thousand dollars and that if my dog happened to take a few stitches – I mean, if her dog required a few

stitches, if my dog got a hold of her – of that dog, and she took me to court, I'd end up taking her to court and she'd lose.”] PP/NA/M/ Fan/Neg/+/-

Explanation:

Here, the rater realizes that even the patient is not clear about who's dog she's talking about. The fact that there is an uncertainty in the verbalization is a good example of a rating of +/- . The person reading the transcript notices that there is a confusion between who the patient is talking about and who will be taking who to court.

Decision Making

It is important to add to this manual decision making trees. Exposed hereafter is the order in which the rater should take decisions.

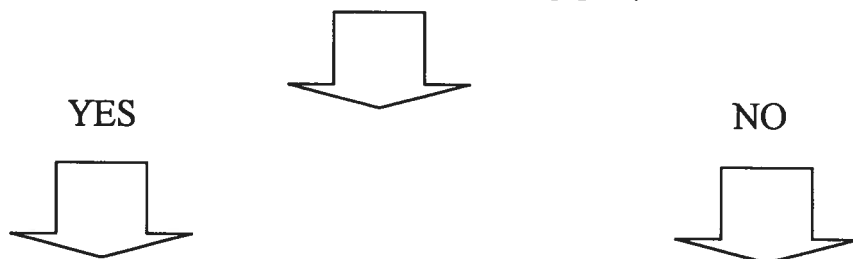
- 1- Read the transcript and try to find a projective process or a projective unit.
Delimit the unit with brackets.
- 2- Determine the projective form (PP, IDP, CP, ACP).
- 3- Score the level of appropriation (NA, LA or CA)
- 4- Define the projective motive (M, S, or E)
- 5- Score the nature of the content (Aff, F, or I)
- 6- Determine the valence of the unit (Neg or Pos)
- 7- Is there any breach in the reality testing? If so, then score (+/- or -).

When you have gone through all these steps start over with the next unit.

DECISION MAKING TREE

SEGMENTATION

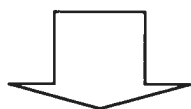
IS THERE AN **OBJECT** (PERSON, OBJECT OR BODY)
OF WHICH
THE SUBJECT IS TALKING ABOUT ?



IS THERE A “**TRANSFER**” ON OR IN
THE OBJECT OF SOMETHING
BELONGING TO THE SUBJECT ?

(Because of arisen conflicts,
is the subject being represented by
the object ? Is the subject talking
through the object ?)

STOP



DELIMIT A UNIT
(the smallest possible
keeping the subject, verb
and one complement)

STOP

FOUR RATING STEPS

A. FORM RATING

In order to rate PP, the rater needs all three criteria:

- 1- Return on subject of what was being projected on the other (person, material object or one's own body).
- 2- Confusion in the boundaries of what is the subject's and what is the object's.
- 3- Provokes an effect on the subject, either a haunting feeling, aggressivity or fear.

In order to rate IDP, the rater needs both criteria:

- 1- The principal issue of the projection needs to be a narcissistic issue (mostly to protect the narcissism)
- 2- An exaggeration of one's qualities or shortcomings that has an intensity which justifies an image distortion.

In order to rate CP, the rater needs three criteria:

- 1- Attribution of feelings, ideas, fantasies, desires, actions onto another that are intolerable for the self because repressed or denied.
- 2- Limits and boundaries need to be somewhat clear in the projection meaning that there will be limited fuzziness between the subject and the object.
- 3- There will be no return of the projection onto the subject but what is projected should stay in the object.

In order to rate ACP, the rater needs two criteria:

- 1- Something of the self that is externalized to help understand the other. Presence mostly of identification. There should be some emphasis on the other more than on the self
- 2- Clear respect of boundaries in the projection, which gives an idea of liberty and fluidity.

B. LEVEL OF APPROPRIATION

Rate NA when:

- 1- The subject does not include himself in the projection. The use of pronouns such as “I” or “me” serve only for grammatical purposes, and;
- 2- There is no link between the projection and any part of the subject.

Rate LA when:

- 1- The subject is included in the projection, either by using pronouns or words demonstrating some doubt in the projection (“I think so”, use of “me”), and;
- 2- The subject does not make links between any part of himself and the projection.

Rate CA when:

- 1- The subject recognizes his role in the projection or includes himself in the projection, and;
- 2- The subject makes links with other aspects of his history, or psyche.

C. PROJECTIVE MOTIVE

Rate M when:

- 1- The projection serves to exert control on the object, or;
- 2- The subject goes beyond the other's limits via his projection (putting words in the other's mouth), or;
- 3- There is an over-dramatization of the situation or the description of the subject. There is a certain sense of intensity in the verbalization, or;
- 4- The person addresses the therapist via his projection mostly seen in the transference.

Rate S when:

- 1- The projection serves to rid the person of his own conflicts, by the distance it creates with the object, or;
- 2- There is no sense of control in the subject's projection either by the lack of intensity or by the fact that the subject respects the other's limits.

Rate E when:

- 1- The projection serves to contain others and not to be mainly a scapegoat for the subject.
- 2- It is somewhat close to an understanding and an establishment of a link rather than a separation or a control issue. Although it talks about the other, it should also talk about the subject.

D. PROJECTIVE CONTENT

Rate "Aff" when:

- 1- There is an affective constellation to the projection or an affective sense to it, either with the use of affective words, such as sad, boring, anger, hate, want or need, etc., or;
- 2- The use of an affect in action, such as action words that underlie an affective constellation. For example: being caring, being abusive, etc.

Rate "F" when:

- 1- There is a projection of a libidinal desire (differentiate want and need from a desire), or;
- 2- The subject uses his imagination in order to daydream or talk about the future. This can be also in action. For example: a subject says talking about her mother that she probably will do this and that, etc.

Rate "I" when:

- 1- The projection uses an image or a stereotype. It could be a representation of a person, for example: calling somebody a peasant, or;
- 2- The projection is one of an act that is close to an image. For example: having no manners.

ADDITIONAL SCORES

A. VALENCE

Rate Pos when:

The content of the projection is either:

- Libidinal aspects, or
- Narcissistic positive aspects.

Rate Neg when:

The content of the projection is either:

- Aggressive aspects, or
- Narcissistic negative aspects.

B. REALITY TESTING

Rate “-” when:

- 1- There is loss of contact with reality, and/or;
- 2- The subject’s projection is either hallucinatory or delusional

Rate “+/-” when:

- 1- There is some fuzziness in the projective unit as to the differentiation between the subject and the object of the projection, and/or;
- 2- There is confusion in who the subject is talking about in the projective unit. The subject and the object seem intertwined.

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Appendice B

Tableaux complémentaires

Table 2a

Pearson correlations between specific PPM scores and similar-construct measures

Other scores	Projective form scores					Degree of appropriation scores					Projective motive scores					Projective content scores										
	PP	IDP	CP	ACP	NA	LA	CA	M	S	E	AFF	FAN	IDE	PP	IDP	CP	ACP	NA	LA	CA	M	S	E	AFF	FAN	IDE
ODF	-.57**	.14	-.20	.67**	-.02	-.09	.08	-.25	.16	.43	-.50*	-.14	.45*	.49*	-.53*	.56*	-.49*	-.24	.27	-.12	-.06	.15	-.34	.44	.12	-.43
D7	.17	-.16	.14	.18	.17	.08	.19	-.45*	.37	.23	.16	-.28	-.07	.18	-.16	.30	.52*	.03	-.02	-.08	-.10	.03	.15	-.34	-.35	.26
DSQODF	-.36	.04	-.09	.43	-.14	.13	-.03	.03	-.10	.29	-.42	.20	.35	.04	-.04	-.09	.43	-.14	.13	-.03	.03	-.10	.29	-.42	.20	.35
L3	.12	-.01	-.09	.21	.46*	.50*	-.10	-.17	.10	.09	.52*	-.14	-.46*	.12	-.01	-.09	.21	.46*	.50*	-.10	-.17	.10	.09	.52*	-.14	-.46*

Note. PP = Persecutory Projection; IDP = Image-Distorting Projection; CP = Classical Projection; ACP = Adaptive-Creative Projection; NA = Non-Appropriation; LA = Limited Appropriation; CA = Complete Appropriation; M = Manipulation; S = Separation; E = Empathy; AFF = Affective content; FAN = Fantasy content; IDE = Ideational content; ODF = Overall Defensive Functioning on the DMRS; D123 = Mean of defense levels 1, 2 and 3 on the DMRS (immature defenses); D7 = Adaptive defenses on the DMRS; D56 = Mean of defense levels 5 and 6 (neurotic defenses) on the DMRS; DSQODF = Overall defensive functioning on the DSQ; L3 = Level 3 on the GEVA (externalizing level).

p < .05 ** *p* < .01

Table 4a

Means and t scores of specific PPM variables at intake and follow-up

PPM scores	<i>M_i</i>	<i>M_f</i>	<i>t</i>	<i>p</i>
PP	1.37 (1.98)	1.00 (1.81)	0.89	.39
IDP	15.45 (7.80)	19.61 (10.29)	-1.59	.13
CP	80.24 (8.08)	75.80 (11.26)	1.78	.09
ACP	1.87 (0.69)	2.02 (0.73)	-0.97	.34
NA	69.42 (11.72)	71.62 (10.37)	-0.73	.47
LA	29.65 (11.60)	28.40 (10.29)	0.41	.69
CA	0.84 (1.26)	0.48 (0.88)	1.21	.24
M	34.59 (11.46)	33.98 (11.75)	0.17	.89
S	64.06 (10.80)	64.13 (11.20)	-0.02	.99
E	1.33 (1.96)	1.89 (2.74)	-1.07	.30
AFF	42.68 (13.21)	43.95 (12.11)	-0.35	.73
FAN	4.81 (3.74)	5.67 (4.46)	-0.79	.44
IDE	52.51 (13.73)	50.39 (12.03)	0.62	.54

Note. Values enclosed in parentheses represent standard deviations. *M_i* = Mean at intake; *M_f* = Mean at follow-up; PP = Persecutory Projection; IDP = Image-Distorting Projection; CP = Classical Projection; ACP = Adaptive-Creative Projection; NA = Non-Appropriation; LA = Limited Appropriation; CA = Complete Appropriation; M = Manipulation motive; S = Separation motive; E = Empathy motive; AFF = Affective content; FAN = Fantasy content; IDE = Ideational content.

* $p < .05$ ** $p < .01$

