Adhesive Identification – revisited

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Adhesive identification, as a Kleinian concept of elementary infant thinking founded by Ester Bick and Donald Meltzer, has not been widely received so far. It remains, nevertheless, a very common and as-of-yet poorly understood phenomenon, both in psychological states before a borderline level and before projective identifications are reached, as well as at the societal level. A differentiated observer might experience adhesive identifications as "stupid" thinking, which are then repelled by the observer because the underlying state of mind of two-dimensional thinking – and of lacking any depth – is unbearable. At the same time, adhesive identification serves for the actor being observed as a defense against elementary fear and as a narcissistic restitution method.

Keywords: adhesive identification, psychoanalysis, projective identification, narcissism, inner space, Donald Meltzer, Melanie Klein, Esther Bick

Origins and reception

Kleinian ideas represent "common knowledge" in contemporary psychoanalysis, such as the expansion of Freud's countertransference model by Paula Heimann (1950) or the concept of projective identification, first named by Melanie Klein (1946). In contrast, adhesive identification, a concept that also goes back to Kleinians which was first mentioned by Donald Meltzer (1975), has been less broadly received. For example, there is just a short entry on adhesive identification in both editions of the *Dictionary of Kleinian Thoughts* (Hinshelwood 1989, Spillius et al. 2011). Albert Meltzer (1975) was the first to mention it, the essential foundations of adhesive identification go back to infant observation (Bick 1964, 1986).

Function considerations

Adhesive identification occurs when projective identifications coming from the infant are not received by the early attachment figure[1] and remain without resonance. However, the modification of the infant's states (β-elements) by the (mostly maternal) α-function is the all-important prerequisite for the development of an intrapsychic space. When resonance fails, the infant must cope with threatening and unbearable states in different

[1] No gender is used in the text for the sake of readability; importantly, when terms such as person, infant, therapist, patient are used, any conceivable gender is included.

ways. Infant observation named such existential states as "falling apart" or even "leaking out like a liquid without a container".

Under such circumstances, the formation of a "second skin" is necessary. Such descriptions might sound so strange that they may seem difficult to go along with. Based on observations at a neonatal intensive care unit, Cohen (2003) states that it is so much easier *not to imagine* the inner state – in that case of the premature babies – because empathy would simply be too unbearable. The formation of a "second skin" allows the infant to protect and show itself; then, an identification with the outer shell of the object emerges in the infant without any inner space present. This kind of identification is referred to as *adhesive*.

Moreover, adhesive identification might occure along with an identification with a shapeless and unidentifiable aggressor – without any intrapsychic or interpersonal conflict behind. This implies that adhesive identification should not be looked at as a classic defense mechanism, but rather as representing an attempt to self-regulate in a given situation through compensating for the failure of primary-process communication. Turp (2012) emphasizes that adhesive identification might also occur when parental narratives do not match the child's personal truth, forcing the child to conform to the parents' "false" narrative.

Phenomenology

Using adhesive identification, a connection with the object is established through external char-acteristics without any deeper experience. Outside of infant observation, simple examples of adhesive identification could be:

- This car is so great; it's so expensive!
- This jacket is just great! It is from the brand so-and-so!

Common reactions to such statements, which may often not be expressed for reasons of tact, might be "Oh, how shallow! How hollow of you!", "You don't mean that, right?", or in an extreme case, "How stupid of you to say this!". These descriptions showcase that there is *no inner space* in adhesive identification. Since there is this lack of inner space, there cannot be any *hollowness or emptiness*. There is no possibility to "give something into it". The object and the acting subject are two-dimensional and only surface, and two-dimensional things cannot be filled. This implies that spontaneous reactions that refer to emptiness and hollowness miss the extent of the possible horror to evade. Such reactions are a defensive maneuver.

We find adhesive identification in many facets of everyday life. An unquestioning acceptance of the orders and evaluations of a boss, if a form of adhesive identification, exempts one from questioning or discussing with the boss. It also protects one against revealing own lack of understanding, and strengthens an otherwise fragile bond with the object. Advertising slogans and efforts to promote identification with a brand also use adhesive identification: the possession of an object of a particular brand elevates the owner, making it so that any special quality of the product is then inconsequential.

Accordingly, adhesive identification can only be understood if own defense mechanisms against the notion of a shallow two-dimensional thinking are overcome. It can only be grasped if one does not project any "depth" into it. Moreover, if the origins of adhesive identification lie in the defense against unbearable, primitive states of existential fear and abandonment, such an existentially necessary maneuver cannot simply be "reversed" to arrive at the original intolerability.

Clinical examples[2]

The 10-year-old A suffers from receptive language disorder, and reacts to the news that an outing is planned with "Yay!". He knows that he should be happy. He would also not understand details of the outing plans in case of explanations anyway.

The 15-year-old B has a learning disability, is restricted in all areas of her life in which she could participate, and has no friends. She wears brand-named clothes bought by her wealthy parents together with a belt buckle, which proclaims "Sex" in metal letters. This signal appears "stupid" in a similar manner to her other "superficial" behaviors. Moreover, when in a group, she immediately comes into conflict with others. Her adhesive identification with sexual activity serves as a narcissistic regulation, whereby she is hardly able to feel anything deep like love, attachment, or friendship.

In the course of a therapeutic conversation, F says, "I'm going to be a therapist too. You earn good money here". His identification with his therapist is perceived by the therapist as an affront and a lack of understanding;

[2] It is usual in scientific publications for clinical case vignettes to not involve concrete, identifiable patients and persons. Indeed, for reasons of personal protection, the case examples presented in this paper were anonymized. They thus represent general and conceivable constellations, and not concrete individuals.

however, it is possible to resolve this countertransference in a friendly way with the help of reflections on adhesive identification.

The 19-year-old speech-impaired K marries her boyfriend of about the same age, although she has not experienced any sexual satisfaction with him so far. She gets into "trouble" after marriage because her partner now develops a pornography affinity in addition to his sexual desires for his wife. Specifically, K becomes overwhelmed by the perception of a discrepancy between own sexual experience, her motives for marriage, and the occurring reality. Her usual mode of adhesive identification fails against the reality of this concrete relationship.

Adhesive identification and mentalization

Adhesive identifications remain concretistic and thus stand at a teleological level in the sense of the theory of mentalization, whereby more than two-dimensional connections are already no longer a "thought". Particularly, a naming of affects is not yet possible in adhesive identification. This is why a state can arise in which no affects, in the otherwise known sense, prevail: there is only the surface of the affects, and they are without their content.

Treatment technique

Since there are no projective identifications, and no deeper affects, in the adhesive identification mode, there tends to be no countertransference, especially no second-order countertransference, which is considered as a message from the patient's unconscious. Countertransference reactions in adhesive identification are therefore usually a reaction of the therapist as a classical first-order countertransference. If we understand such a countertransference reaction as an inner protest of the therapist against superficiality, shallowness, and the reduction of feelings on the part of the patient, then such a reaction might not be due to the therapist's insufficient work through of own neurotic parts. Instead, this reaction reflects the real lack of feelings on the part of the patient, coupled with the implicit negation, and potentially even the "prohibition," of deeper feelings that arise from adhesive identification. The background of the maneuvers in adhesive identification is nameless fear and narcissistic neediness. In this respect, the therapist's reaction is associated with a treatment-related "knock-out" by the patient.

The situation seems resolvable when considering the mandate of psychotherapy. As long as the patient identifies with the therapy, even if only superficially and not thoroughly developed, there is a – small as it may be – chance for change. However, this change would surely be accompanied by the "break-in" of a third dimension.[3] Such "intrusion" would be avoided at first[4] because the inner space contains existential and pre-linguistic fear. The therapist interventions would therefore be likely answered by the patient with another adhesive identification, or some other kind of defensive formation. If there is sufficient identification with the therapist (i.e., transference), sufficient space may be created through narcissistic affirmation and containment, which may then make exploration possible in the form of mentalization-based interventions. In terms of treatment, a sufficient interest in change would have to be aroused. That is, change is made possible when a third object, even just the "identified" one, is allowed to be explored in its multidimensionality. For example,

- the expensive car is also great in other ways. It drives very fast. The others look. Others are envious. When I drive it, I feel good. – There are reasons for others to be envious.
- the great jacket is not only expensive, but it looks really good. It suits you. Yes, the designer has thought of something. Other jackets are not as good, although they are also very expensive.

From a treatment standpoint, it seems to make sense to point out the temporal shape of events as this makes a third dimension (i.e., time) "conceivable", even if concretely so.

- Before the trip, you didn't know how great everything was going to be! The swimming was especially nice! But by the time you got home, you were already tired and it shouldn't have taken so long. Thank goodness Mum had brought something tasty out of her bag!
- Before you get married, you don't think about what will happen afterwards. Sex wasn't such a big problem before marriage. Now time has passed and it's different.

Against the background of the pronounced structural disorder that exists in adhesive identification, patients will depend on the auxiliary me function of the therapist to develop skills, such as affect and object perception.

[3] Here, one could look more deeply into Bion's concept of catastrophic change.
[4] Not repelled, because there is no inner conflict!

Internalizations and the use of fantasies must be named in an exemplary way. Furthermore, attachment and identity will initially be so anxiety-ridden that gradual progress will only be made via narcissistic affirmation from the therapist and mirroring validation. Notwithstanding, with the help of non-verbal techniques (e.g., the visualizing of recordings of social situations by the therapist), first symbolizations can be achieved by means of the creation of concrete pictures. This may then allow for a depth dimension to be developed along with the concrete picture. For cases of adhesive identification, therefore, techniques that require symbolization from the outset, such as chair work, need to be modified and adapted by the therapist in terms of the therapeutic goal – namely, the social situation should be made only *a bit more complex*.

A fundamental difficulty that therapists experience when dealing with adhesive identification is how to *respond to* the patient (Symington 1990, Rüth 2022). This is because the absence of an inner space entails that the patient cannot be "visited". Interventions must therefore alternate between responding and deliberately "reacting" to superficiality, the depth dimension of which must first be explored.

Individual and social implications of adhesive identification

The adhesive identifications offered in the political sphere have persuasive power because of their concreteness and the absence of the possibility of questioning. These identification offerings make it easier, compared with the use of any deeper line of argument, for politicians to win supporters. For instance, winning votes with banal slogans such as "We are the future" or "His name is the program" could cause shame in the author, but the benefit of the adhesive identification offer outweighs its political morality. The external identification with "leading figures" in these slogans serves the addressee's own narcissistic confirmation and regulation of amorphous fears and anger, and these very reasons explain why adhesive identifications offers are not questioned nor rejected.

Adhesive identification is also found in life plans, such as in the adoption of partnership concepts, professional goals, and in religion. The shallowness of adhesive identification relieves one from doubts about own cause. Then, if one enters into discussion with other "followers," secondary explanations and justifications are given, which will mostly be adhesive again.

Adhesive identification, as an active act of refusing to think, resembles the state that Hannah Arendt (1963) described as "unwillingness ever to imagine what actually is with the other", and which she conceptualized as the banality of evil.

Adhesive identification is also promoted in our contemporary everyday life via digitalization. An example is image-based social media activities. There, content and meaning are conveyed via visual impressions, albeit it remains a hard task to represent our mental experiences and feelings visually. The underlying mental motivations and evaluations require a complex language to be described, and cannot be transported via "likes" or short comments. Therefore, the visual level invites external identification, but also inhibits the verbalization of the emotional experience. This digital "opticalization" thus serves both as a defense against fear and as a narcissistic confirmation, inducing adhesive identifications.

Further considerations

Adhesive identifications are difficult to recognize; according to Bion's concepts (1959), they are unmodified β-elements and merely "impressions". Thus, unless one identifies oneself, these "unthinkable impressions" (β-elements) are rejected, or are immediately transformed into thinkable ones via own α-function, even if reactions from others such as "This is so superficial!" occur. It is difficult to put oneself in a state without an active α-function and free-floating β-elements, and to remain there. At the same time, the "pleasure gain" associated with adhesive identification (itself a β-element) is difficult to comprehend; after all, the pleasure arises from a narcissistically and sadistically tinged exaggeration, and the listener does not want to expose oneself to this. Therefore, if we do not follow the identification in our part, adhesive identification itself represents an "attack on linking" (Bion 1959) against which we want to defend ourselves. What is exciting in life as new, unknown, and even misunderstood phenomena is warded off in adhesive identification, as the latter lacks a "negative capacity"[5] , that is, it misses an openness to the unknown and new.

Additionally, adhesive identification does not necessarily come to us in its "pure form", and it can instead be mixed with other forms of defense

[5] Negative capacity, according to Bion, is another Kleinian concept that has unfortunately not been widely received, but can lead to a helpful understanding in the context of clinical applications, with an example being the Balint group (cf. Rüth and Holch 2020).

and different structural deficits. Similar to the phenomena of borderline functioning, not all cases are easily identifiable. In the phenomenon of adhesive identification, we experience a mélange between a psychological structural deficit, as a pattern of individual adhesive defense, and social superimpositions through phenomena such as role stereotypes, advertising and consumption expectations, politics, and culture. Possibly behind these phenomena is a large-group dynamic pressure to conform – against which resistance can trigger elementary abandonment in the individual.

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The authors declare no conflicts of interest.