Projective Identification

- Projective identification (PI) is a term introduced by Melanie Klein to describe the process whereby in a close relationship, as between mother and child, lovers, or therapist and patient, parts of the self may in unconscious fantasy be thought of as being forced into the other person.
- Projection is the unconscious act of attributing something inside ourselves to someone else. Usually, but not always, the "thing" we are projecting is an unwanted emotion or attribute.
- In R.D. Laing's words, "The one person does not use the other merely as a hook to hang projections on; he/she strives to find in the other, or to induce the other to become, the very embodiment of projection.
- Projective identification may be used as a type of defense, a means of communicating, a primitive form of relationship, or a route to psychological change; used for ridding the self of unwanted parts or for controlling the other's body and mind.

Projective Identification

- The couple represents a projective system; one that employs both projection and projective identification.
- PI is considered a "low level" defense, esp if used frequently.
- Individuals with neurological deficits, developmental delays, complex PTSD, and disorders of the self commonly employ PI.
- PI cannot be "shoved back into the patient's mind" in individual therapy, family therapy, or group therapy.
- In most circumstances, the couple-therapist can throw projected material back into the couple system with minimal negative blow back.
Projective Identification

- The couple therapist must first capture their raw experience of PI in the form of feelings, thoughts, impulses, urges, and fantasies.
- The couple therapist must strategically decide where to throw their intervention.
- The couple therapist’s intervention should be at the same level of amplitude/intensity as the raw implicit experience of PI.
- The litmus test for determining a successful intervention is:
  1) Immediate relief in the therapist’s negative or positive experience of countertransference.
  2) Partners take up the as yet unexplored material exposed by the intervention.

Projective Identification

- Projective identification is a primitive defense against feeling, thinking, doing, and talking.
- It is also a primitive form of communication.
- PI in couple therapy is more common due to issues around threat between partners.
- Skillful use of PI by the couple therapist yields discovery of unexplored, hidden material that is implicitly communicated to the therapist through thoughts, feelings, fantasies, impulses, and urges.
- Persistant use of PI can preoccupy, distract, and distort the therapist’s perceptions of either or both partners.
- Putting this material back into the stream of the couple system should release therapist resources and neutralize therapist positive and negative countertransference reactions.

A Psychobiological Approach
Dealing with Projective Identification in Couple Therapy

Assess capacities
Normalize deficits
Develop strategies
Stop threats to relationship
Know self and other
Apply strategies
Interactive regulation
Quick repair
Reduced dysregulation

It Started with a Paradigm Shift

- The simple idea that partners are in each other's care
- Emphasis on interactive regulation over self-regulation

What Is It?

PACT therapists:
- Take time
- Apply rigorous investigative techniques
- Always get corroborating evidence from each partner
- Test and retest their hunches
- Always seek to prove their work
- Attempt to disprove their hypotheses
Our Challenge As Couple Therapists

We need to find out what is actually going on!

- Who are these people?
- What do they really want?
- And what are they up to?

A Strategic Approach

- We want to catch people in the act of being themselves
- Pay close attention to
  - Micro-movements and micro-expressions
  - Shifts and changes in arousal and affect
- Regulate the couple by
  - Tensing and relaxing
  - Shifting topics
  - Forensic-like interviewing process
- Create or stage experiences before interpreting
- Collect evidence and offer proof before confronting

Narratives Lie

- There are reasons why words are NOT reliable
- People don’t know what they are doing (most of the time) or why
- In the absence of knowing, people make sh!t up
- People also lie
- Memory and state interact
  - Memories are shaped by present state and state changes perception
  - Things are rarely what they seem
- Even as therapists, we are shackled by the same limitations
- We don’t know what is going on and we are making sh!t up, too
Understand Non-Verbal Cues

- Behavioral pauses
- Verbal-non-verbal disconnect
- Dis-synchrony between words and movement
- Sudden stopping, slowing down, or jerkiness in movement while talking
- Anchor point movements
- Right after a question is posed
- Grooming gestures
- Freezing the face and/or upper body
- Too much eye contact
- Duping behavior (inappropriate smile)
- Hand to face movements (around going up)
- Itching

Baselines, Baselines, Baselines

- Face is THE primary signal system for emotion.
- Friendliness, rapport, meaningless chatter
- What does the face, body, and voice do when relaxed?
- Facial Withholders – Unwitting Expressers – Substitute Expressers
- Faces reveal emotion, body reveals how emotion is being handled
- Reading faces requires visual attention
- Even focusing on the face, words will grab attention

Prefrontal Cortex

- Executive function
- Reality testing
- Error correcting
- Inhibition of impulsivity
- Attention and cognition
- Limbic regulation

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Dealing with Projective Identification in Couple Therapy

High Resource Demand

Tracking the Body
Start flagging:
- Facial expressions (over-expression, under-expression, control, resting face, upper-middle-lower face, etc)
- Eyes (pupil)
- Heart rate (neck, wrist, ankle, nose)
- Skin color
- Breathing (chest, belly)
- Muscle tightness (stretched areas)
- Posture
- Gestures
- Voice (pressure, speed, volume, prosody)
- Movements (track these)

Arousal regulation is different from affect regulation
Track arousal over affect
Resource demanding versus resource-conserving structures
High-right and left structures
Frontal structures (including the anterior cingulate)
- Affect muscle movement
- Hyper/hypo-arousal affects speech and prosody
- Your own brain can fool you
Crossing Techniques

Where your eyes should go

Why Use Crossing Techniques

- Get more information quickly
- The target partner is relatively undisturbed by questions, comments, or interpretations aimed at him/her
- Crossing interventions bypass defense
- Assumes that partners are in each other’s care
- Assumes that partners are experts on each other
- Tests the non-target partner’s knowledge and understanding
- And, the target partner gets to be a fly on the wall

Crossing Techniques

1. Cross-track (eyes)
2. Cross-question
3. Cross-interpret
4. Going down the middle
Other Techniques

1. Declarations
2. Bending metal
3. Correlating questions

Cross-Track

"Here's what's going on..."

Cross-Track

"I disagree, that's not at all what's going on."

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Cross-Question

"What's going on with him right now?"

Cross-Comment (interpret)

"He's doing that because..."

Go Down the Middle

"Neither of you act particularly loving. Why's that?"
Opening Pandora’s Box

- A most advanced way to work with implicit material
- Only move on inspiration not pressure
- Think strategically
- Use supportive confrontation, interpretation, by crossing or going down the middle
- Watch, wait, and wonder what they will do next
- Intervention is working if you (therapist) feel immediate relief AND the couple takes up the as yet unexplored material exposed by the intervention
Projective identification is a primitive defense against feeling, thinking, doing, and talking. It is also a primitive form of communication. PI in couple therapy is more common due to issues around threat between partners. Skillful use of PI by the couple therapist yields discovery of unexplored, hidden material that is implicitly communicated to the therapist through thoughts, feelings, fantasies, impulses, and urges. Persistent use of PI can preoccupy, distract, and distort the therapist’s perceptions of either or both partners. Putting this material back into the stream of the couple system should release therapist resources and neutralize therapist positive and negative countertransference reactions.