

Transcript - Episode #5

Understanding Positive Projections: A Guide to Identifying and Addressing Them in Therapy for Adults

Connection Therapy Podcast

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Hello, and thank you for joining the Connection Therapy podcast. This is a podcast about the craft of psychotherapy, and we seek to support those who strive to improve their craft by sharing research about the science and stories about the art of psychology. Together, we will explore these findings so you can decide how you want to apply them to benefit your practice.

Welcome back. This is Dr. Brenda Murrow, and in this episode, you will learn more about the topic of positive projections and how they can be utilized to improve relationships and overall mental health in adults. You may have heard of the concept of projections where what is happening internally for someone is projected outward onto someone else. This is an important psychological concept because the thinking is that elements that are uncomfortable for us to recognize in ourselves get projected outward. They are thought to be unconscious parts that we are not able to see in ourselves.

This podcast focuses on positive projections, but projections can be either negative or positive. In the case of negative projections, they are often about things we would rather not see in ourselves that we might need to improve. With positive projections, they might be aspirations we seek for ourselves, but are kind of like.. so good...we see them in others because to dream about them for ourselves is very risky. But if we can begin to recognize and bring these projections into our own conscious awareness of ourselves, we hopefully can integrate them into our thoughts, motivations, and behaviors. By doing so, we will be able to realize more of our full potential. People who can do this tend to have more satisfying relationships with others because we release those around us from carrying the burden of our projections.

In the Connection Therapy podcast, we have a series of episodes about projections and you may have listened to one of the other episodes. If so, thank you! The series features multiple episodes on projections including an episode that introduces the topic, a research episode that explores what has been found with regard to projections and what we still need to learn about them. This episode is one of the clinical application episodes that are uniquely structured to support mental health therapists.

This episode supports mental health therapists by helping them identify when they hear a positive projection made in a session, and sharing how to consider additional context including history about their patient and developmental stage in order to inform the treatment direction. While some

episodes may be from a particular perspective, in this case from the perspective of a mental health therapist, all of our episodes are intended for anyone interested in the topic. By listening to this episode, therapists can consider how they may want to apply the information provided to the way they work, and everyone listening may have fun exploring for themselves and others the ways in which positive projections reveal inner dynamics, and I'm glad you have joined us.

People state projections all the time, whether in a therapy session or in a common conversation. And as I explained in the introductory episode, projections are an important part of development overall, and specifically they contribute to building empathy. We discussed more about how this works in our first episode, if you would like to refer to it for more detail. The difficulty is projections are such a part of the way we speak they are hard to recognize when we hear one. This means that as mental health therapists we need to become skilled at recognizing projections and knowing how to intervene when we hear one in order to encourage our patient's development.

This episode focuses on positive projections made by adults. I'll share some ways projections may show up in session by imagining a fictional patient and I'll give concrete examples of how a therapist might both recognize and respond to positive projections in order to support their patient's development.

In these examples,

- I will demonstrate the ways to illuminate the patient's statement to determine if they are making a positive projection, and then
- consider if it is related to their history, and then
- tie in the perspective of how developmental stage may influence your decision on what would be the most helpful intervention.

Let's start by highlighting details about projections overall. In my experience, negative projections tend to be statements about others who have qualities similar to the patient, but that the patient hopes are not true about themselves. Positive projections tend to be aspirational in nature, either qualities the person would like to fully realize in themselves, or a shift in their identity that involves growth. For example, considerations of vocation, which they are unsure about revealing even to themselves.

Overall, projections are something the person is not yet ready to see in themselves, so they are hard to recognize because, by definition, they are not obvious. How do we distinguish if someone is stating a projection rather than simply stating frustrations or paying compliments to others? Negative projections are easier to spot because they generally have an intense emotional quality to them, and I find that the person is looking for them to be validated quickly. They feel like that image of a hot potato being thrown around the room. It lands in your lap, you are asked to quickly confirm it and move on. Positive projections, what we are focusing on in this episode however, are harder to identify because they are usually about something the person wants, badly, like a quality they aspire to attain, so much so that it is hard to stay with the longing of it.

So positive projections are likewise floating about the room, but they have more of a wistful quality about them. They sort of float into the conversation almost like a feather and if not attended to they fall on the ground unnoticed. To demonstrate I'm going to provide a clinical vignette example.

It's an imaginary discussion with an imaginary patient and I'll go back and forth between the discussion itself to illustrate how I further assess the statement to see if it is a positive projection. Once I feel confident that the statement I just heard was a positive projection, I find ways to intervene that support the client in becoming aware of and assessing for themselves how this positive projection might apply to their development. Often when considering how to intervene I think about the patient's developmental stage.

For assessing developmental stage, I consider the wide variety of things in the field of psychology. In working with adults, I usually refer to things like Erik Erikson's eight-stage model. Erik Erikson was a child psychoanalyst who created a model for psychosocial development. He was a Danish, German American who had an interesting history, which we will review a bit more later.

As I was researching for this episode, I was reminding that he coined the term "identity crisis." So you may have heard of his work in some fashion. The first five stages of the model refer to childhood development, and the remaining three are specific to adulthood. There are many models for human development. And sometimes I refer to a variety of them. For purposes of how to select an intervention, it is useful to refer out to the models. Every person with whom we work is unique, yet as humans we do tend to follow some general patterns. So I use the developmental models to guide me in my interventions. And Erikson's model is one of my favorites because of the way he frames each stage by discussing the motivation for growth, along with the pull towards stagnation, as a conflict that the person is in need of resolving. I enjoy working in a way that supports people in resolving conflicts. So utilizing this model, I can more easily see how to intervene.

I also know that trauma stunts development, so I consider what I know about the patient's history and how there might be a difference in chronological age and emotional maturity. This discussion will be presented in two parts. In this episode, I'll share how I identify if what I just heard was a positive projection, and then in the follow-up episode, I'll share how I shape my interventions based on developmental stage.

Let's begin by figuring out how to recognize positive projections in an adult patient. Say for example, the session begins like this. The patient starts by discussing items from her week, maybe following up on things earlier discussed in previous sessions, progress toward her goals, insight and reflections she had, and then she quickly drops in a statement like, *"oh and over the weekend I saw my friend who's a really good artist."*

I'm thinking to myself that I have maybe never heard of the patient in front of me having an interest in art, so I'm trying to figure out why we're talking today about a friend who's a good artist.

The root of how projections are formed in the first place at least how the theory goes is that as infants the emotions we have inside of us are rumbling out before we have the capacity to contain them, so they kind of get projected quickly out onto others. So then in our therapy offices, especially with adult clients, the way we hear a projection happen in this space is typically when people make statements where there's either a negative or positive quality to them that seems to be brushed quickly past. I want to follow that line of thinking that it's something that's rumbling up and they need to get it out quickly. So it's a kind of a statement

that's almost brushed past. It feels very quick and for positive ones, they feel so light and almost have an airy quality to them.

In order to start my work, I first want to understand the emotional quality of the statement. By emotional quality, I mean I'm trying to get to the meaning of what they're saying. I can sense that something is different in the speech from Update 1, Update 2, Update 3 to this unexpected statement about a friend. But to understand more about the difference is what I want to learn before I try to intervene. Are they simply stating a fact or a compliment? Or is the statement revealing something more?

In my experience, the emotional quality of the statement will have a longing quality to it, especially if it is a positive projection. It will feel like a desire that's hard to bring to awareness. To assess the emotional quality, I am sensitive to the patterns of speech. And when a statement is faster or slower than others, that is often an indication that there is something emotionally laden or at least emotionally different about that statement than the ones that surround it. The rhythm is often my first indication and I am also always listening with my ears and all of my senses. Over time in long-term therapy relationships you can start to sense when the emotions shift for your patient. A lot of times things that are longed for or desired, especially if they are unconsciously motivating, are kind of quickly passed by, like I said. Again, we are thinking about the expelled behavior of projections, where the emotions are so intense about this particular topic, it is held for an instant and then pushed out of view.

The second item I consider to understand the emotional quality is if this is on pattern for this particular patient. In other words, is this something they have mentioned before? Or is it in alignment with other concerns I am aware that they have? And for this, I try to recall those in mind during the conversation.

Lastly, the third item I consider is where they are at in their life to explore the possibility that what they are saying has to do with an unconscious motivation to grow or to develop a skill. And we will talk later in the next episode about how I use Erik Erikson's eight-stage developmental model and other supports to guide my interventions.

Let's return to the vignette to illustrate this. You're listening to your patient who is relaying information to you about her week, and then all of a sudden she drops in a statement, "*Oh, and over the weekend, I saw my friend who's a really good artist.*" As a therapist, it is so easy to follow the updates and the reflections and join with the client in wanting to get quickly past this last statement. After all, those are what are on our treatment plan. That's what we've agreed we're going to be needing to talk about.

But when I hear something like this last statement, my immediate question I ask myself is, *hold on, is this something we also need to be talking about?* The way it is off-rhythm is my first clue that we might be working toward uncovering a positive projection. Another clue is the way the positive statement about the person is attached to the other information. This is a subtle consideration, but here's how I think about it. Did they really need to refer to this friend as a really good artist? On the surface of it, we are talking about things that happened during the

week. They're sort of walking through the things one-by-one and then this statement gets added in a different rhythm, and so then I start trying to retrace facts that I know about my patient. Have I heard about a friend who is a really good artist before? Is this the way we have referred to an important person in their past for example? If not, then likely the way the patient is introducing them in this way is the relevant part of the topic. In other words, the way patients bring up others in their world usually has to do with what they want to talk about. In this case, there is no reason to compliment the friend for being a good artist at this moment unless we need to talk about this fact more.

So when we hear people make statements where there is a positive quality about someone else that seems to be brushed quickly past, I typically try to slow things down in the conversation to understand more of the emotional quality or at least the intention of why we're talking about it. I want to understand if this is a positive projection first, and I need to know a lot more about it before I intervene.

My best way to learn more about this is simply to narrate back what the person has said. It seems counterintuitive at first, but it keeps the conversation content being driven by your patient, while at the same time supporting the back and forth expectations of a conversation.

So I may say something like, "You saw your friend, who is a really good artist." That mismatch of pace, that is they said something quickly and I am restating it slowly, is a non-verbal way to communicate I would like to know more about this.

So then I wait for her to elaborate and then she might say something like, "Yeah, um, she had talent ever since we were in high school." Oh, okay. So now I want to go back to high school. Even though I'm sitting with an adult, I want to think about what I've also learned from her high school experiences to try to figure out, is this a friend I've heard about, and I'm trying to place them and I'm also noticing the way the statement was made. It has an airy quality to it, in the sense that if I don't attend to it it will disappear. "Yeah, she um she had talent ever since we were in high school." There's something vacant in that statement. There's something missing and so now I want to hear more about this friend and her skills ever since high school.

So again when I'm unsure what's happening, I would say something like, "*Your friend was good at art from the time you were children.*"

And she might say, "*Yeah, I was too.*"

Oh, okay. Now I'm interested. Now I understand a little bit more about what's happening here because I've never heard about art before. So now I'm curious and I'm thinking the emotional quality of that statement just changed slightly when she put it in a first person statement. Again, this is fictional, but the airy quality just took shape a bit when she stated she was good at art too. There is something more definitive there.

To me, this is the point of confirmation that the original statement was a positive projection. The statement about the friend being a really good artist applies to the patient as well, so it has taken a few iterations for her to be able to claim that skill as her own, but in a supportive therapy

relationship, she now has applied this attribute to herself. So as a therapist, I'm confident we just uncovered a potential area for development identified by this positive projection. I want to help my patient understand how this might apply to her, but I need to know a lot more before I proceed. It will take some more exploration to understand what this means, and more importantly, why is this coming up now?

While I am determining how this positive projection I just heard can help her, I narrate back to slow the conversation down and to attend to the feather that just fell on the floor, if you will. It is almost like I gently draw my attention to the statement and I invite her to do the same and we are observing it for a moment. At the same time, you can tell by the way I'm speaking here that I get really excited when I sense the opportunity to help someone develop. And I've learned that what makes things stick for the person, in other words, what makes them effective in the long run, is when this excitement is shared. Right now, the patient does not know why I am all of a sudden getting excited about this statement. And frankly, neither do I. So I have to calm myself down. It may be that I also love art, so I'm assuming her statement about art has to do with my own feelings about it. I don't know that yet, and I'm not going to find it out if I come blustering in all over her statement with my own positive projections about art. So I have to wait and learn more. When I feel this happening in myself, I consciously try to slow things down, often by taking a breath or counting a couple heartbeats before I say anything else.

And I do usually count to myself to make sure there's enough time to really notice the pause. Furthermore, in order to really separate the patient's experience from my own, I acknowledge in my own mind, I do love art, so that I can release my own excitement and focus back on the statement she just made. During the time I am waiting for her to comment further, I am retracing the things I know about this patient and how or if we have ever talked about this friend and what, if anything, she has said about art previously. In this way, I am trying to identify if this is on-pattern for this patient. In other words, this new statement was just made and I am going back in my memory to see if anything previously has been said that is similar, both in content and also in style. In a future episode, we will discuss more about rhythms of speech and how you can sometimes identify potentially traumatic periods in someone's life, by the way they switch their voice as they talk about that time period. And that will be an episode that discusses voice prosody.

I'm also watching body language, particularly eyes and mouth movements. Eyes will typically dark quickly at first, and this seems to signal that it is hard for the statement to come out of the person's mouth. So you'll see potentially clenched jaws, pursed lips at first, then once the statement is out and their realization is coming to their awareness of what they just said, you might see the teeth move and become active almost like an attempt to retract the statement back inside. Again future episodes will support you in observing all these activities.

For now, it is enough to consider if this new statement just made matches in any way a previous statement. For purposes of this vignette example, let's assume we cannot match its pattern to a previous interest. That alone lets us know something, that we may be getting close to uncovering an aspiration that this positive projection is going to help us identify. And either the person is trusting enough of you as the therapist to finally share it today, or more likely, that it is likewise unknown for them and happens to be coming up now in their life. All we really know at this

moment is that there is a friend from the past who needs to be discussed in therapy today, and she happens to be a really good artist.

And so I typically narrate back, *"your friend is a really good artist. You're good at art as well, I didn't know that about you."*

Notice here I am giving her the option of picking up the statement about her friend or about herself to see if she is ready to let this projection get closer to her own experience yet.

And she might say something like, *"Yeah, she was good since we were in high school. She's very talented, very naturally talented."*

Again, when I'm unsure, I just narrate back, *"she's naturally talented at art."*

"Yeah, she is. Her parents believed in her and she went to college for it and now she illustrates for a major card company."

Again, as a therapist, you might be wondering, *why are we talking about this right now? I can't figure it out.* So until I learn, I just kind of keep prompting the person to elaborate, by narrating back. So I might say something like, *"She is an illustrator for a major card company. Wow, and you've known her since childhood. Your art teacher observed you both were talented."*

And then she might reply with something that better helps you understand why we're actually speaking about this friend today. Maybe something like, *"yeah, her parents value creativity and they supported her in going to college for it. Unlike mine, who told me it wasn't practical and so I had to get an economics degree."*

Oh, and now as a therapist, you're thinking to yourself, *okay, I am starting to understand more what is happening here.* It might be hard to pick up at first, but I am always looking for conflicts or forks in the road, so to speak. The things that typically bring people into therapy are difficult decisions or circumstances that they either have made or might need to make, or that they have experienced someone else making decisions or doing something to change their own circumstances. The imaginary patient here just illuminated the potential fork in the road. Although she is not yet committing to have wanted to become an artist, her positive projection of her friend seems to lean in that direction. And I might still not know exactly where we're headed yet, but I would want to continue to keep kind of volleying the conversation back to the person, and I want to focus now on where the experience between her and her friend diverges to better understand her experience of this fork in the road, and the conflict that she's kind of now revisiting in today's session.

So I might say something like, *"Oh, that's interesting. She went to college for an art degree and her parents supported her. You went to college for economics."*

And then she might reply, *"Yeah, that boring degree which led to a job I hate, have no passion for, can't stand, and wish every week for Friday to get here as fast as it can."*

Now I'm thinking to myself, *okay, the statement is illuminating a time in her life when economic stability was valued over creativity* and the positive projection is toward the direction that valued creativity. So now I see where we're headed because from here I will help her uncover what this positive projection is indicating to her at this time in her life. Perhaps she has a wish for more creativity in her own job. Maybe she is considering another vocation. And maybe it was the inability to recognize her dreams that triggered her when she saw her friend from high school, because she might be in fear of disappointment about something that she is considering now as an adult and wondering if she will be able to pursue it this time.

If you're unsure about what you hear in a statement, or for that matter, aren't sure I'm going anywhere useful in this example, let's do this. Consider if this statement were different. There could have been any number of statements made about the friend, right? What if she said the friend she saw was struggling financially, or if she commented something about how she is relieved to have a secure home, because come to find out her friend lived in small apartments until she landed the job she has now. Because we have waited and not made any conclusions this whole time, we can be fairly certain that the conflict that needs to be discussed is about the difficult choice between valuing creativity versus valuing stability.

I will discuss more in this next episode, but do you see in that example how there's some kind of negative tone coming back? She's talking about a job she *hates* and that she *can't stand*. The emotional quality of the statements just shifted rather substantially. Do you also notice the ways the statements she is making are different. At first it was a longing quality and the tone had an airiness to it and the statements were longer and slower. *"Yeah, my friend who's a really good artist."* Now statements are quick and choppy and she's discussing, *"yeah and now I'm in a job I hate."* I find that a lot of times once the positive projection is in the room and the person realizes that we're going to attend to it, their defenses come up. And all the defenses about the fears and concerns of what this aspirational quality might mean for them or how their life may change if they look in that direction or how they may be further disappointed and have more losses to mourn if it doesn't work out. All of those things come rushing forward. This is really natural because especially in this case where the fictional patient is reflecting back, they've already lost this aspiration once. So there's a way in which their defenses have flared, in protection of them not losing it again. And so sometimes our role in this is just to really stay with the process.

So that's one example of how positive projections may drop into a conversation when you're least expecting it. A positive projection may come out of the blue and start out with something seemingly inconsequential. *My friend who is a really good artist.* What we know at the moment is that it is more than a compliment and in the following episode, I'll share ways to understand what this positive projection might mean for this patient by utilizing developmental models to guide potential interventions.

For now, let me summarize this episode. When you sense a projection, it by definition has some unconscious part to it. So it feels different to hear one of those in your office than it does to hear a compliment. Compliments need the person to be thinking about whom they are complimenting. Positive projections sound like they are about someone else but they have an underlying longing feeling to them where the person is at least in part longing for that quality, and there's something about it that's a little like the the patient is not quite attuned to you and the conversation while

they're making the statement. If the theory is working for us, then part of their statement is coming from a place of unconscious motivation. And so one thing I do is think about what is this statement in the service of? Right now, at this point in the therapy session, what does making that comment serve? As in, why bring this up today and why now?

So while I am listening to them, I'm retracing patterns in my mind to see if I have heard them say something along the same lines in the past. Often you know it's one of those moments when you might be in an area of unconscious activity that needs to be explored because it sort of comes out of the blue and so the person may be wondering this too like, *why did I just spontaneously say that*, and by definition they don't know either exactly why they brought it up today and that's our role, is to help them explore in a gentle way to sort of bring out, bring the positive projection to life in a way.

So the skill for the therapist is to wait, don't react right away, just observe that a statement was made that likely is important and see what you can do to support your patient in uncovering it a bit. The key for us as therapists is to release the need to know everything right away. We can help best in these moments by modeling curiosity and the ability to tolerate a mystery for a while. A gentle way to help stay neutral while you determine if what you just heard was a positive projection and to encourage your patient to elaborate on the statement without your own guesses or assumptions entering into the discussion, is to use an intervention called narration. It's the best intervention I have found whenever anything happens that I'm not fully understanding, and that is to simply narrate back what the person said. It's especially helpful in the case of positive projections because I like to try to slow things down. It keeps the focus of the conversation on your patient while maintaining the back and forth rhythm that is our human expectation of conversation. Until I feel like we have uncovered the heart of the statement, I continue to narrate back what the person said, just to kind of volley the conversation back to them. And I let them explain further, you know, for the conversation, but also to hear them say to themselves as they explore further what that might have meant.

Throughout this experience, your patient will usually take the opportunity to either tie the statement to something in their past or they may change the positive attribute from belonging only to someone outside of themselves and allow it to move closer to them by claiming it as something for which they have an aspiration. From that point, once you have spent enough time to understand the nature of the positive projection, then you can plan how you will begin your interventions. And I'll discuss more in the next episode about how I do that. I'll explain how I utilize some developmental models, particularly Erikson's eight-stage one to guide how I intervene.

I really appreciate you listening to the Connection Therapy podcast, and I'm guessing that since you are listening, you want to build skills in this. So I thought of something you may want to experiment with between now and listening to the next episode, in order to develop yourself as someone who can identify positive projections. A lot of the work starts with understanding how to differentiate our own projections from the ones we hear. To me, one of the reasons projections are so difficult is that few people take the time to really understand what is being meant when they are stated. So they sort of float around the room as if we all understand them and not until we take a moment to explore them, do we realize we are seeing them as vastly different.

So the experiment that you're invited to do if you would like is before you listen to the next episode, consider what you think this fictional patient wants in her life. You've probably been imagining some things about her, and in fact take a moment to explore all the things you've been thinking about her as you listen to this fictional vignette. Consider for a moment things like, *what does she look like to you? How old is she? Who are her parents and what did they do with their lives?* For that matter, *who is her manager in the economics department?* All these things are very normal things to imagine, and as I mentioned in the introductory episode, projections are building blocks for empathy.

So, it's a great sign if you have been projecting during the episode about this fictional patient as it means you are trying to empathize with her. Notice I did not provide her age or any details yet about her, and that is because in the next episode we are going to imagine her at three different life stages Erikson identified for adults, and we will consider how her developmental stage may be impacting her which will inform how we support her with interventions.

I hope you'll join us again for future explorations in the field of psychology. If you would like to learn more about the authors and the studies listed in this episode, you'll find more information about them on our website, [connectiontherapypodcast .com](http://connectiontherapypodcast.com). And if you'd like to take a step further, we offer additional ways you can collaborate with us. Maybe you would like to confidentially discuss a case or do some additional consulting, we'd be happy to speak with you. We also have study groups where you have the opportunity to join and gain more knowledge in a supportive environment. These are small groups where we share and explore the podcast topics and more in detail. And in some states, your time spent in the group may be able to qualify toward your continuing education requirements for many licensure types. You will find more information on our website [connectiontherapypodcast .com](http://connectiontherapypodcast.com).

Thanks! Until next time!