

**PROJECTIVE IDENTIFICATION**

THE INDUCTION PHASE  
THE RESOLUTION PHASE

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**TWO PHASES OF A PROJECTIVE IDENTIFICATION**  
MARTHA STARK (1999)

THE INDUCTION PHASE COMMENCES ONCE THE PATIENT PROJECTS ONTO THE THERAPIST SOME ASPECT OF THE PATIENT'S EXPERIENCE THAT HAS BEEN TOO TOXIC FOR THE PATIENT TO PROCESS AND INTEGRATE AND THEN EXERTS PRESSURE ON THE THERAPIST TO ACCEPT THAT PROJECTION, THEREBY INDUCING THE THERAPIST INTO THE PATIENT'S ENACTMENT

THE RESOLUTION PHASE IS USHERED IN ONCE THE THERAPIST STEPS BACK FROM HER PARTICIPATION IN WHAT HAS BECOME A MUTUAL ENACTMENT AND BRINGS TO BEAR HER OWN AND MORE-EVOLVED CAPACITY TO PROCESS AND INTEGRATE ON BEHALF OF A PATIENT WHO TRULY DOES NOT KNOW HOW – SUCH THAT WHAT IS THEN RE-INTROJECTED BY THE PATIENT CAN BE MORE EASILY ASSIMILATED INTO HEALTHY PSYCHIC STRUCTURE AND, IF ALL GOES WELL, THESE ITERATIVE CYCLES WILL HAPPEN REPEATEDLY, THE NET RESULT OF WHICH WILL BE GRADUAL DETOXIFICATION OF THE PATIENT'S INTERNAL PATHOGENICITY

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ALTHOUGH INEVITABLY THE THERAPIST WILL FAIL THE PATIENT IN MANY OF THE SAME WAYS THAT THE PARENT HAD FAILED HER

ULTIMATELY THE THERAPIST MUST CHALLENGE THE PATIENT'S PROJECTIONS BY LENDING ASPECTS OF HER "OTHERNESS" OR "EXTERNALITY" TO THE INTERACTION

DONALD WINNICOTT (1965)

SUCH THAT THE PATIENT WILL HAVE THE EXPERIENCE OF SOMETHING THAT IS "OTHER-THAN-ME" AND CAN "TAKE THAT IN"

IN ESSENCE, THE THERAPIST WILL CHALLENGE THE PATIENT'S PROJECTIONS BY LENDING ASPECTS OF HER OWN, AND GREATER, CAPACITY TO PROCESS AND INTEGRATE

SUCH THAT THE PATIENT WILL HAVE THE EXPERIENCE OF BEING ABLE TO TAKE IN SOMETHING THAT IS NOW MORE PROCESSED, LESS TOXIC, AND MORE MANAGEABLE

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WHAT THE PATIENT RE – INTROJECTS  
 WILL ACTUALLY BE AN AMALGAM

PART CONTRIBUTED  
 BY THE PATIENT

THE ORIGINAL – UNPROCESSED AND TOXIC – PROJECTION

AND PART CONTRIBUTED  
 BY THE THERAPIST

SOMETHING MORE PROCESSED AND LESS TOXIC

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"NEGOTIATING AT THE INTIMATE EDGE" WILL GENERALLY INVOLVE THESE

**"SERIAL DILUTIONS"**

"GRADUATED DETOXIFICATION"

ITERATIVE CYCLES OF  
 INDUCTION AND RESOLUTION

"MORE OF SAME" AND THEN "SOMETHING BETTER"

WILL HAPPEN REPEATEDLY  
 RESULTING ULTIMATELY IN  
**"STRUCTURAL MODIFICATION"**

NOTE THAT IT IS THE SECOND – RESOLUTION – PHASE  
 OF THE PROJECTIVE IDENTIFICATION  
 THAT CONSTITUTES THE CHALLENGE  
 AND THE FIRST – INDUCTION – PHASE THAT REINFORCES  
 AND SUPPORTS THE DYSFUNCTIONAL STATUS QUO

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PROJECTIVE IDENTIFICATION  
 INVOLVES SYMBOLIC  
 REPETITION OF THE  
 ORIGINAL RELATIONAL TRAUMA  
 BUT WITH A MUCH HEALTHIER  
 RESOLUTION THIS TIME

THE HALLMARK OF A  
 SUCCESSFUL PROJECTIVE IDENTIFICATION  
 IS THE THERAPIST'S CAPACITY TO TOLERATE  
 WHAT THE PATIENT FINDS INTOLERABLE

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