Projection Dialogues (Working with Client Projections)

Projection dialogues aim to illuminate and explore client projections, as and when they arise in the therapeutic relationship. This encourages individuals to ‘take back’ and assimilate their projections, as well as clarifying the origins of these interpersonal distortions.

**Process of dialogue:**

1). The facilitator gently brings attention to the client’s projection with the therapeutic relationship.

*Facilitator:* “If I’ve understood you correctly, you find it hard to talk about your eating disorder because you think I’ll be disgusted and critical about it. Is that correct? [Client nods].”

2). The facilitator invites the client to sit beside them and enact the projection.

*Facilitator:* “Would you mind sitting beside me? [Client changes seats]. I’d like you to enact this disgusted and critical therapist. Show me how you fear I’ll react. [Client enacts the disgusted/critical therapist].”

3). After enacting the projection, the facilitator highlights the discrepancy between the client’s fantasy and reality.

*Facilitator:* “Change back. [Client returns to their original chair]. Is this the way you experience me during our sessions [gestures to the empty chair holding the disgusted therapist] – as disgusted with you and critical? [Client shakes head].”

4). The therapist explores the autobiographical origins of the projection and/or links with the client’s schema modes.

*Facilitator:* “So, if this is not the way you experience me, where does this expectation of being rejected come from? When you spoke as this disgusted therapist, did it remind you of anyone you have known? Which mode was speaking when you were in that chair?”

**Facilitation notes:**

- Therapists are encouraged to initiate projection dialogues gently and sensitively, otherwise there is a risk that the client will experience these as critical, humiliating, or exposing.
It is sometimes helpful to combine projection dialogues with unfinished business, if the projection is linked to early attachments, interpersonal events, or distressing autobiographical memories.

Citation:


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