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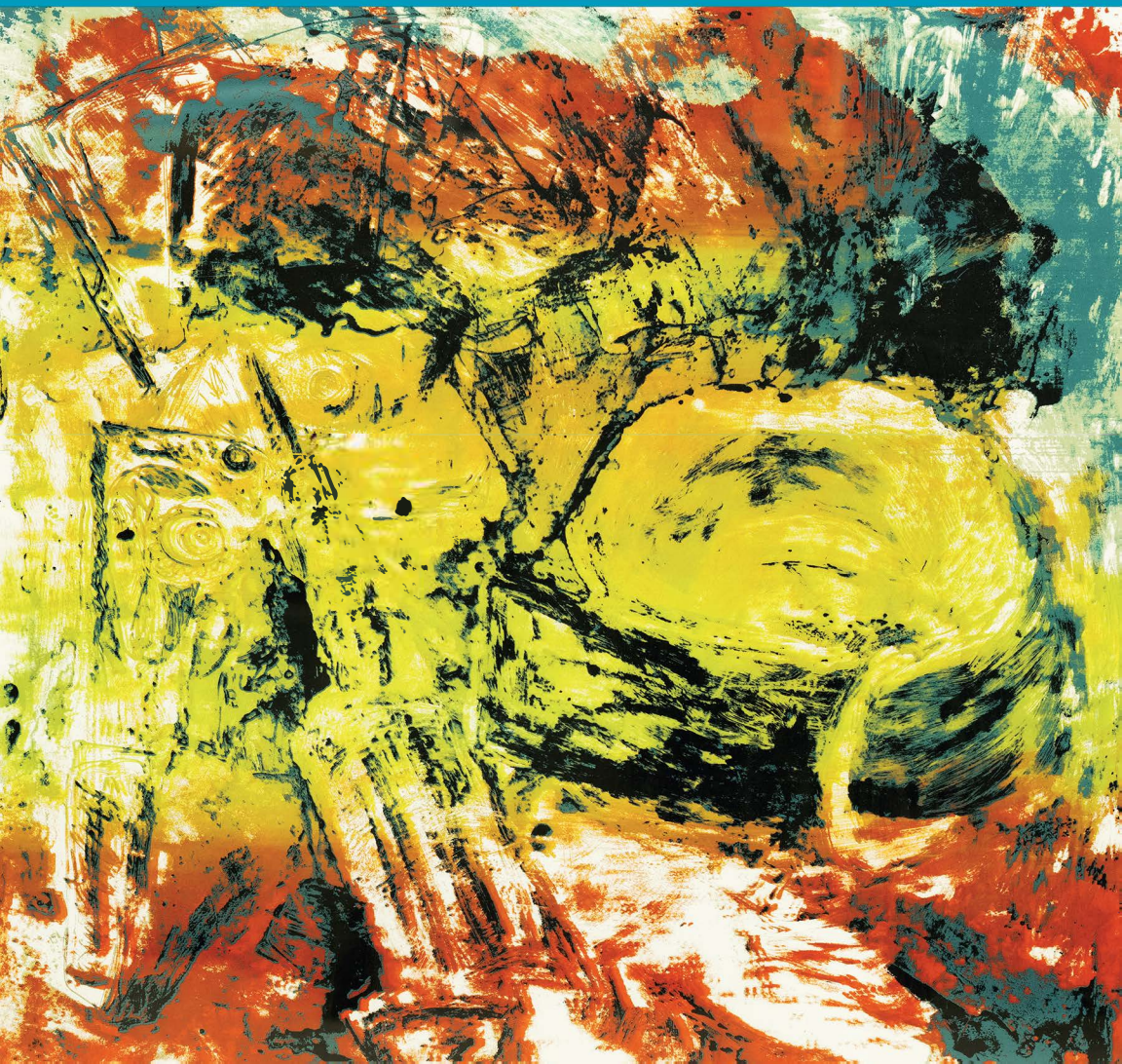
ROUTLEDGE

APPLYING PSYCHOANALYTIC THOUGHT TO CONTEMPORARY MENTAL HEALTH PRACTICE

Paul Ian Steinberg



8 Hatred and Fear

Projective Identification in Group Psychotherapy

Introduction

Severely disturbed patients suffering from personality disorders employ a variety of primitive defenses in interpersonal situations that, when unmodified, invariably perpetuate the chronic relational difficulties experienced by these patients. Among such primitive defenses used by personality disorder patients is projective identification (PI). Ogden (1979) defines PI as a group of fantasies and accompanying object relations having to do with the ridding of the self of unwanted aspects of the self; the depositing of those unwanted parts into another person; and finally, the recovery of a modified version of what was extruded. In the context of group psychotherapy, PI can have a significant negative impact of the emotional and interpersonal interactions among members of the group, including the therapist. Awareness of this potential can enable a group to convert what is a disturbing and potentially destructive experience into one involving learning and therapeutic benefit.

Familiarity with the concept of PI is useful for understanding regressive phenomena driven by intense affects such as rage. A therapist's awareness of how to identify, understand, and manage PI is crucial for overcoming what could otherwise become an impasse in group therapy. This article describes a psychodynamic group psychotherapy session illustrating an experience involving PI. I am considering PI both as a defense, that is, an intrapsychic experience, and an interpersonal process (Grotstein, 1985). The session occurred in an unstructured psychodynamic psychotherapy group that took place in the context of a group psychotherapy-based psychiatric day treatment program (described in previous chapters) for patients with severe personality disorders (Piper, Rosie, Joyce, & Azim, 1996). Pete, the primary subject of this session, is a middle-aged, unemployed individual diagnosed with self-defeating personality disorder and dysthymic disorder.

Some Ideas About Groups

Freud (1921) believes that emotional bonds between group members hold a group together, and members are prepared to give up their individuality and be open to the influence of other members on the basis of this attachment. He describes two "artificial"

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groups, the church and the army, in which each member is bound by ties of love to the leader and to the other members of the group. Freud believes that not only love, but also hate, can bind members of the group together. He concludes that one can give up one's individuality, including one's standard of ethics, in a group, and follow the dictates of the group leader or the pressure of the mob. It is interesting to note that historically, Freud's work on groups was published one year before Mussolini's accession to power in Italy, and 12 years before Hitler's assumption of power in Germany. In spite of his trailblazing work on the analysis of groups, in 1936, Freud was still capable of commenting on how much civilization had progressed, in that 400 years ago they would have burned him, and at that time, they were just burning his books. In spite of his genius and understanding of groups, he lacked prescience of what was to come. Alternatively, what he was perceiving in Nazi Germany was too horrific for him to think about, and he denied the possibility that the Nazis could "progress" from burning books to burning people.

Summarizing my discussion in previous chapters, Bion (1961/2010) distinguishes between individual and group mentality. He describes a regression among members of groups based on group mentality. He described three "basic assumption groups" that function in opposition to the work for which the group originally was formed. These include dependency, in which the group members hope the leader will satisfy all of their wishes and needs, leaving them free to be passive and unthinking; fight-or-flight, in which the group is convinced there is an enemy who must be destroyed or avoided by fleeing; and pairing, in which the group awaits an event, messianic in nature, with the unconscious irrational expectation that a child will be born with the potential to be a savior of the group. Members of groups based on these basic assumptions are in a highly charged primitive emotional state, which expresses the group's unconscious fantasy. Bion concludes that groups always fluctuate between basic assumption and work functioning. He believes that basic assumptions are defensive and aggressive group reactions against psychotic anxieties reactivated in the group members (Vermote, 2019). Freud's and Bion's ideas about group irrationality and basic assumptions describe how groups can become irrational and destructive, showing the necessity for a leader to help the members of her group, be it a psychotherapy group, a working group in a health profession or any other profession, or the group of inhabitants of a country, to reflect on themselves rather than act in a chaotic or destructive fashion.

Narrative of the Session

(This session lasted 1½ hours. Pete's becoming more reflective actually occurred after more interactions and time than is represented in this narrative, which was reconstructed some hours after the session occurred, on the same day. The narrative as written suggests that Pete abruptly and quickly became more capable of reflecting on his own experience, which was not the case. Several interventions by different group members, which the writer could not recall exactly, preceded Pete's change of attitude.)

PETE: Fred followed me out of the group to the cafeteria. He watched me eat my toast and coffee for lunch. That was all I could afford. When

I finished one piece of toast, he asked me if I was going to finish the second piece. Why the hell did you follow me and ask me for food! I was really angry with Fred. I wouldn't give him any food. That lunch was meagre enough already.

FRED: (rather meekly) I just wanted to eat his toast because I didn't have any money for lunch. I thought it would be better for me to eat the toast than for him to waste it.

PETE: I wasn't going to waste it! You made me very uncomfortable, asking for my toast. You give me the creeps. I wish you wouldn't hang around me like that. It's like you're stalking me.

THERAPIST: Pete, it was positive for you to manage to maintain your boundaries and not let Fred intrude. You were able to contain him and not allow him to infringe on you. So I wonder what made you so angry about his behaviour? What bothered you most about his "stalking" you and begging?

PETE: (loudly, becoming enraged at the therapist.) Begging?! Fred was stalking and hounding me, and now you're harassing me with questions! It should be clear why I was angry with Fred. I don't know why I should have to put up with this. I was the one being bothered in the first place.

THERAPIST: You seemed to get furious with me immediately when I used the word "begging." What made you so angry?

PETE: (After a pause, much more quietly and reflectively. This is the point where some interventions by other group members are omitted.) When I was young, my three brothers and sisters and I used to go hungry a lot of the time. I was the oldest. My parents used to drink, and often we didn't have enough food in the house. I used to go begging for food from the neighbours when my parents weren't home, so we could have something to eat. I wouldn't dare go to the neighbours when my parents were home. My father would've been furious. I also used to scavenge in the neighbours' garbage cans to find some food for myself and the kids. It was so humiliating, asking the neighbours for food.

THERAPIST: You know, in a family where there was so much neglect, it wouldn't be surprising to hear that there was some abuse as well.

PETE: (still more quietly) My uncle used to babysit us a lot. When the younger kids went to bed, he used to take me to the attic and have sex with me. He used to rape me on the old sofa up there. I was pretty sure my mother must have known what my uncle was doing. She must have wondered why I looked so upset after my uncle babysat. But she never asked me about it, and did nothing about it.

GROUP: (very moved) Ohhh. (Significant pause.)

PETE: I was very frightened of Fred. I felt he was following me and threatening me.

THERAPIST: Did Fred say anything to threaten you, or behave in a threatening manner?

PETE: No, he never said nothing like that. But his physical appearance reminds me of my father. My father was very critical.

Discussion

In this session, the therapist was aware of a strong countertransference reaction when Pete became enraged at him. The therapist initially felt quite intimidated and then angry at what he experienced as an unprovoked attack. He needed to contain these feelings and focus on what Pete was experiencing. When the therapist was able to collect himself, and managed to ask Pete about what is bothering him, Pete replied much more reflectively (after some supportive comments by other patients, including one patient describing his tendency to become enraged when he feels threatened). The therapist's feelings of anger and intimidation melted away; he became interested in what Pete was describing of his early experience and felt much empathy for Pete.

One can try to understand Pete's anger at Fred and the therapist using object relations theory. Pete appeared, in a defensive maneuver, to displace his hatred and fear of his neglectful parents and abusive uncle onto Fred, attacking Fred instead of being aware of his intense, painful feelings about his parents and uncle. In doing so, he projected his unconscious internal images of hated parents and uncle onto Fred. Pete also appeared to project a helpless, attacked self-image onto both the therapist and Fred, inducing in them the fear and hatred that he once felt toward his parents and uncle. Pete also appeared to project an image of a hated, abusive, neglectful parent onto the therapist, experiencing the latter as mistreating him. He thus elicited in the therapist the fear he experienced in his relationship with his parents and uncle, and also provoked in the therapist hateful feelings toward him, recapitulating his early experience with his uncle.

Pete experienced Fred, and perhaps the therapist, as dangerous. This appeared to help him defend against remembering both how dangerous his uncle was and how dangerous he felt his own hatred of his uncle and parents was. This also helped keep out of Pete's conscious awareness how much Fred reminded Pete of himself, in trying to beg for food from Pete, the way Pete had to beg for food from the neighbors and scavenge in their garbage cans. Transference can be seen here, in part, as a displacement. This is not to deny Fred's and the therapist's roles in co-creating Pete's experience of them (Aron, 1996). *The relational movement in psychoanalysis has highlighted contributions of both analyst/therapist and patient to the patient's experience of the analyst/therapist, rather than understanding transference solely as a distortion of the patient's perception of the analyst based on the patient's earlier relational experience. This concept, however, also developed in other psychoanalytic schools, for example, with Sandler's (1976) concept of role-responsiveness. This is an example of the evolution of psychoanalytic thought, often along several parallel lines using different theories, coming to consistent conclusions.*

The therapist's anxiety about Pete's turning on him in anger was important information. The therapist's awareness of this countertransference experience enabled him to understand Pete's reaction as communicating to him a little about how Pete felt as a child with his parents and uncle. At the same time,

Pete defended against conscious awareness of these feelings by projecting them into the therapist.

The subject of shame did not arise explicitly during this group. However, it appears very likely that Pete felt much shame based on his experience of abuse, and likely also felt it in the group when he brought up his having been abused. One may interpret his rage, in part, as a defense against feelings of shame. It would have been potentially beneficial to invite the patients in this session to talk about experiences involving shame, including experiences in which they had little or no control over what happened, and how they dealt with it.

Why did the therapist seemingly change the subject from neglect to abuse? Perhaps in his anxiety, he unconsciously felt abused himself, in reacting to Pete's rage at him. This might be considered an unconscious understanding of Pete's reaction, operating at a more profound level than the therapist's conscious awareness permitted. On the other hand, it might also have represented a manifestation of the therapist's defense against his own countertransference anger at Pete, projecting his aggression into Pete's family, accusing them of abuse.

The therapist tried to center himself in the midst of this barrage from Pete, which provoked considerable fear and guilt in the therapist. The fear was about being attacked by Pete. The guilt was related to the therapist's feeling that he must have somehow mistreated Pete. The therapist thought that Pete must have learned from someone how to treat people in this manner. Openness to one's feelings during a psychotherapy session—anger, fear, hatred, anxiety, boredom, joy, sexual excitement—is essential for therapists. This helps them to become aware of the feelings that patients are struggling not to feel. This can be emotionally exhausting and anxiety-provoking for therapists, no matter how experienced they are. However, one of the most important sources of satisfaction in therapeutic work is when the therapist can observe what is going on between her and her patient(s) and convey this to the patient(s) in a manner that is helpful. This can help relieve the therapist of the burden of the affective toxins that patients sometimes inject into the therapist. This can occur only if the therapist eschews trying to talk the patient out of his feelings or taking revenge on the patient for the way the patient unburdens himself by stimulating the same feelings in the therapist that he is trying to not feel.

Rather, the therapist needs to try to help patients understand their role in what is going on between them and the therapist, and needs to help patients to explore the origins of their interacting this way, based on repeated similar experiences in early relationships. The patients then may be able to accept their roles in the interaction. It is easier for the patients to consider this if the therapist is open to considering her contribution to these types of interactions, which often are enactments of experiences familiar to the patients in many of their relationships (Hoffman, 1998). The example of a different style of relating (compared to the patient's early and current relationships) that the therapist offers also can help patients learn a more

adaptive way of relating. *Now I would put more focus on the interactions between therapist and patient or between group members, including the therapist, both being the prime mutative (Strachey, 1934) factor in helping the patient or members of the group grow, and what needs to be focused on most in the mutual exploration of therapeutic dyad's, or group's, experience. A related technical factor is the contemporary focus on what is happening at any given moment in a psychoanalytic or psychotherapeutic session, an intense attention to the current experience between therapist and patient, which proponents of the analytic field have given emphasis (Ferro, 2005).*

Elaborating on the 'toxin' analogy, one might suggest that the therapist absorbs the toxins from the patients, but rather than projecting them back in the same toxic form, the therapist metabolizes the toxins and offers them back to the patient in a form that the patient may be able to absorb, so the patient doesn't need to continue projecting his experience in the same toxic way, but can contain it within himself. This notion is based on Bion's theory of alpha function, in which a mothering figure uses her reverie to experience her infant's distress, is able to contain it within herself, and "returns" it to the infant by expressing it (usually in a high-pitched voice with a characteristic use of words and "baby talk", in a manner that soothes the baby. Similarly, therapists can use their reverie to help patients contain previously unbearable feelings and unthinkable thoughts, allowing themselves to experience something of what the patient is experiencing and "returning" it to the patient with an intervention that helps make the experience more bearable for the patient (Bion, 1962).

Conclusion

To conclude, object relations theory can be useful in conceptualizing potentially destructive interpersonal events occurring within psychotherapy groups in terms of the projection of self-representations and internal objects. Early traumatic relationships may be recapitulated with accompanying painful affects by means of PI. The latter can be conceptualized in both intrapsychic (as a mechanism of defense) and interpersonal terms. The therapist's awareness of his countertransference experience is crucial in his understanding of what is transpiring and in his finding a way to enable patients to put into words and explore in a therapeutic way what up to that point is a potentially retraumatizing enactment.

In this case, the patient's feelings about his early abuse and neglect appeared to become more accessible to his conscious awareness and were therefore less likely to overwhelm him in future experiences reminiscent of the traumata he experienced in childhood. The patient can become better able to differentiate between his early experience of helplessness in the face of trauma and his present situation as an adult and to recognize resources in himself and in the environment that were unavailable to him as a child. *With the support of the therapist and other group members, he will become able to better contain his feelings about his early traumatic experiences.* Consequently, it should be less necessary for him to defend against conscious awareness of both his

fear and his hatred by projecting his self-representation and internal objects onto the environment. In turn, this should result in the patient developing more adaptive ways of interacting and maintaining a more realistic perspective of present-day reality.

Of course, what applies to psychotherapy groups applies to group functioning in many other venues. The types of interaction described above, both potentially destructive and potentially growth-enhancing, can occur in individual psychotherapy and psychoanalysis (which involve very small groups), and in all sorts of nontherapeutic settings, such as staff meetings (of health-care providers or anyone else), clinical units (see Chapter 15, Freud on the ward: Integration of psychoanalytic concepts in the formulation and management of hospitalized psychiatric patients, in Psychoanalysis in Medicine [Steinberg, 2021]*), as well as in non-health-care settings, including committees, business meetings, meetings of professional groups, and, naturally, family meetings. Whether the outcome is destructive or growth-enhancing depends on whether one or more members of the group involved (hopefully including the formal leader or leaders if the group has one/them) are able to foster reflection and thinking about the situation at hand in the other group members, rather than impulsive and potentially destructive action in an effort to evacuate unbearable anxieties that have been stimulated in the members of the group. There is always the possibility of a destructive member of a group attaining "power" in the group by preying on the anxieties of the other group members, often engaging the group in a fight-or-flight basic assumption, and finding a scapegoat. This results in the hatred and fear that the new "leader" has elicited becomes directed toward one or more members of the group, potentially with catastrophic consequences, if other group members are not able to contain the toxic affects aroused and help the group to think. That is one way of understanding the rise of the Nazis in Germany, as well as more contemporary destructive political developments.*

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