

APPLICATIONS OF KLEINIAN THEORY

TO

GROUP PSYCHOTHERAPY

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for Clinical Social Work in partial
fulfillment of the requirements for
the degree of Doctor of Clinical
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by

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CHAPTER I

INTRODUCTION

Purpose of the Study

The purpose of the study was to explore the value of Kleinian concepts applied to once-weekly group psychotherapy. The central question was to what extent the use of this theory affected patients in a group setting. A derivative issue was whether the group process would be disturbed by utilization of these concepts.

Significance of the Study

The study demonstrates that Klein's contributions to the understanding of unconscious processes (derived from psychoanalytic methods), can be applied to group psychotherapy in a clinical social work practice.

Social workers have a long tradition of using the understanding of human nature gleaned from psychoanalysis in their task of effecting desired change in people's lives. The rationale for the process of applying the findings of psychoanalysis to other forms of therapy which are more practicable and more readily available in our society was given expression by Albert A. Mason in 1976. This statement

was made during a lecture delivered to social workers in Los Angeles, sponsored by the Society for Clinical Social Work.

You people who have to do modifications of analysis, you are living in a different world. Obviously you have to introduce parameters all the time. Psychoanalysis, primarily, is not a therapy. If you are lucky enough to be able to afford it, and find a good analyst, you can benefit from it. It is primarily a research tool for other people to put into use in their work. Psychoanalysis can only treat one-hundredth of one percent of the population. We hope the findings of analysis can be used in other ways to treat more broadly.

Therefore, when I say we stick absolutely to the inner world, it is because we have the time and luxury to do so. We can wait for the luxury of evidence. We can wait because the patient knows that we are both in for a long haul and that I am not going to say anything until I feel fairly sure that I have got some evidence for what I am going to say. You do not have that luxury. You have to guess more. You have to take more chances. You have to lay yourself open more because you have to get going. That is the difference between having to work in a field where therapy is vital and working in a field where understanding is put first. I sympathize with your position, but I think there has to be both of us. There has to be the analyst to find out slowly, methodically and accurately about these things. There also has to be the people who can put the findings of psychoanalysis into action in a more expedient way.

Limitations of the Study

There are undoubtedly therapeutic elements in the group sessions which are unrelated to the concepts under exploration in this study. It would be impossible to determine which specific therapeutic aspects of the experience contributed most to treatment. The issue of determining the role played by universal aspects of group therapy as differentiated from Kleinian interpretations is not the central focus of the study. Therefore, this study is

essentially exploratory and descriptive rather than directed toward verification of a hypothesis. Thus it is clear that results of this study cannot be generalized at present. Rather, it is to be regarded as a pioneer venture attempting to enhance group therapy based upon the insightful concepts of Melanie Klein.

CHAPTER II

REVIEW OF RELEVANT CONCEPTS

Kleinian Theory

Melanie Reizes Klein was born in Vienna in 1882, the youngest of four children (Lindon, 1966). She wanted to become a physician and had worked hard at the Vienna "Gymnasium" toward that end. She became engaged at age seventeen, however, and never studied medicine. She took courses in art and history at the University. She married when she was twenty-one years old and had three children. Her husband was sent to Sweden in 1921, at which time Klein moved with her children to Berlin, where she lived and worked for five years on her own. This was a courageous act for a young woman at that time and in that society. The separation from her husband was probably the first step towards the couple's divorce in 1923.

At the invitation of Ernest Jones, Melanie Klein moved to London in 1926 where she lived and worked for the rest of her life. Jones, a psychoanalyst, was also a physician, but he did not believe that an analyst needed to be either a physician or a male. He helped and encouraged Klein in her work in spite of the fact that she had no formal training in

work with children or in psychoanalysis as far as is known.

In London Klein continued her exploration of infancy and early childhood development, from 1926 until her death in 1960 at the age of seventy-eight. Klein's interest in psychological processes was stimulated by her analysis with Sándor Ferenczi and later by her analysis with Karl Abraham. Both of her analysts encouraged and influenced her. Abraham's own efforts at understanding oral impulses as a source of mental pain and conflict was an important influence on Klein's exploration of the infantile relationship to the feeding breast. Discovery of the role of envy followed logically. Her first book, Psychoanalysis of Children (1932), was dedicated to Karl Abraham in gratitude and admiration. A biography of Melanie Klein, containing further information about her life, is currently being written by Hanna Segal, author of Introduction to the Work of Melanie Klein (1964).

Freud has been said to have discovered the child within the man. Klein's work has been regarded by some as "the discovery of the baby within the child," perhaps because her theoretical formulations were a direct result of her work with very young children. However, Klein's theoretical concepts are not only applicable to the infant in the child, but also to the infant in the man. Later in her life she adapted her ideas to work with adults. This resulted in her treatment of a group of psychoanalysts who

have continued to expand and develop her work up to the present. Some of these people are: Hanna Segal, Wilfred Bion, Herbert Rosenfeld, R. E. Money-Kyrle, Esther Bick, and Donald Meltzer.

Klein's theories are a direct extension of Freud's work. She never intended her work to be in opposition to him and conceived of analytic theory as part of an evolving process requiring constant refinement.

In contrast to Freud's original theory of instinctual gratification, Klein believed that from the beginning there is a rudimentary ego which is object seeking. She postulated that gratification, or the lack of it, always involves an object, in fact or in fantasy, and it does not occur in a vacuum. A relationship to an object is established immediately after birth, if not before so. This intra-psychic phenomenon can be considered the precursor to all later inter-personal relationships.

Not only did Klein's emphasis on the internal world contribute to our understanding of normal and neurotic infantile development, but it extended knowledge in the field of psychotic disturbances, as well. The resemblance between certain infantile and psychotic processes discovered by Klein has provided a link between Freud's investigations of neurotic states and the treatment of psychosis.

The original efforts to develop object-relations theory were begun by Fairbairn (1952) almost twenty years prior to the work of Klein. These efforts were enhanced

by Abraham (1927) and further refined by others, such as Balint (1965, 1968), Guntrip (1969, 1971), and Winicott (1958). Current workers, such as Kernberg (1975) and Kohut (1977) have made significant and differing contributions to object-relations theory, but comparative studies of their points of view are only beginning to be formulated (Perry, 1978). They and others have been able to treat narcissistic, borderline, and psychotic individuals, whom Freud considered untreatable by analytic methods.

Klein took certain ingredients of Freud's psycho-analytic techniques and adapted them to her work with children, using play and non-verbal communications as he used dreams and free association. The theories of Freud which she used as the basis of her own work include the significance of unconscious processes, the nature and function of fantasy, the problems of conflict and anxiety, and the defenses against them. The aspects of these issues which she elaborated on were specific to the pre-Oedipal phase of life. They dealt with the infant's early relationship to the mother whom she referred to symbolically as "the breast". She examined those disruptions in the smooth functioning of that highly significant relationship. She elaborated on the functions of the nurturing person in the infant's development, to include not only the feeding and loving mother, but the mother as providing a container for pain and anxiety. Klein believed these psychic functions continued in adult life in intimate relationships. She referred to these functions as

introduction (taking in that which is good and needed) and projection (evacuating that which one needs to get rid of). Some of the processes relating to introduction and projection that Klein explored in great detail were envy, splitting and projective identification.

The roots of most of Klein's concepts can be either specifically found in or alluded to, in the work of Freud. For example, Freud first noted and explored the importance of envy in his essays on female sexuality (1931). Freud also referred to the issue of splitting at the end of one of his last works, Moses and Monotheism (1938). Furthermore, the concept of projection was essential in Freud's use of transference phenomena. Klein further developed this concept in her writings describing projective identification and Bion (1961) later elaborated on this in his own work. Freud (1927) was aware of the problem of innate early infantile aggression. Although he did not address himself to the exploration of pre-Oedipal aggression, he paved the way for Klein and others to do so. Klein developed the complex notion that the infant envies the mother and splits her into "good" and "bad" objects. He then projects into the good object, bad feelings which he re-introjects and contains within his own psychic structure.

Klein (1935, 1940, 1946, 1957) described the problems of envy, splitting, and projective identification, as well as the defenses against them. Some of these defenses, which

are referred to as the manic defenses, are omnipotence, grandiosity, contempt, control, triumph and devaluation. She postulated that the manic defenses arise in response to anxiety over dependency and loss. They are linked to the infant's difficulty in seeing the mother as a separate person. If the mother is separate, the infant fears losing her, and he then attempts to defend himself against this universal human fear. The dynamics of this situation form the basis for the problem of narcissism, earlier described by Freud (1918).

Klein expanded Freud's notion of penis envy to include another equally pernicious form of envy; envy of the feeding breast (1957). Envy is described by Klein as "the angry feeling that another person possesses and enjoys something desirable - the envious impulse being to take it away or to spoil it" (1975, p. 6). In Envy and Gratitude, Klein quotes Crabb's English Synonyms to support her definition of envy, "the envious man sickens at the sight of enjoyment. He is easy only in the misery of others. All endeavors therefore to satisfy an envious man are fruitless" (1975, p. 7). Envy, which results from the infant's awareness of his neediness and the mother's capacity to meet those needs, can, therefore, lead the infant to feelings of hatred toward the mother, merely because she has what he wants. The infant envies and attacks the mother in fantasy for being who she is. The fantasized destructive attacks result in guilt at

other times when the infant is aware of, and receptive to, the goodness of the mother.

Therefore, Klein theorized that the infant's pain and anxiety is not exclusively related to the mother and the outside world, but is also connected to his own envious attacks. She hypothesized that the infant at times inevitably envies the mother's feeding and care-taking capacities. She noted that the infant has an awareness of being small and helpless, as well as an awareness of the large powerful figure called mother, or the breast. Because of the inequality and imbalance between the helpless, needy child and the apparently highly resourceful mother, there develops a situation in which the infant envies that which it cannot possess, incorporate or control, but that which it depends upon for the source of its life. Klein believed that the infant's inability to control the source of gratification contributes to an envious feeling towards that source. That is, the infant wishes to be and to have within it that which it needs, rather than suffer the feeling of its own smallness and separateness. Klein asserted that these envious feelings can lead to hostile, destructive fantasies of the infant about the good mother, simply because of her goodness, and because of that which she has to give to him. Klein states that this primitive envy is revived in the transference situation:

. . . The envious patient grudges the analyst the success of his work; and if he feels that the

analyst and the help he is giving have become spoilt and devalued by his envious criticism, he cannot introject him sufficiently as a good object nor accept his interpretations with real conviction and assimilate them. Real conviction, as we often see in less envious patients, implies gratitude for a gift received. The envious patient may also feel, because of guilt about devaluating the help given, that he is unworthy to benefit by analysis. (1957, pp. 11-12)

Thus, envy of the source of satisfaction interferes with the satisfaction.

Klein turned her attention to an aspect of development that had previously been neglected, namely, those characteristics which the infant brings to the mother-child situation. These include the degree and extent of envy, the capacity to tolerate frustration, the tolerance of pain, and those innate personality factors which can influence the ability to find, receive and grow from that which is offered. This idea represents Klein's greatest contribution to a new understanding of the individual's own role in preventing himself from obtaining what he needs from his environment.

When the person is out of touch with parts of himself, such as occurs in splitting, the propensity for envy is increased. Split-off aspects of oneself are seen as parts of someone else and are a source of envy. The inability to be in a good relationship with oneself creates a situation where all that is good is split off and external, and therefore only intermittently attainable. Feelings of fulfillment are then sporadic and threatened. A good sense of self reflects that one has been able to incorporate good internal

objects in one's inner world. These objects should not be too damaged by envious destructive attacks if they are to enhance self-esteem. The inevitable envious attacks, can be repaired and modified by loving feelings, reparative acts, and a development of a sense of empathy and of gratitude. The possession of a good sense of self gives access to one's own capacities and one's own feelings, drives and energies. The need to envy others is then minimized. There is an ongoing interaction wherein constructive acts or behavior modify innate drives and instincts. Such repair of the internal object world enhances the sense of having something good within oneself and so mitigates the need for envy. It is important to note that the one envying suffers more from guilt and damaged self-esteem than does the one subject to the envious attacks.

Klein (1937) believed that in order to accomplish a successful resolution of the early infantile problem of envy, healthy guilt needed to be used in the service of repair. This guilt, arising from damage done in fact and in fantasy to one's objects, mobilizes a capacity for reparation. Reparation can be expressed in many forms, such as feelings of gratitude, altruism, idealism, productivity and creativity. Healthy functioning requires some awareness of the guilt which checks aggression. Although painful, guilt is a feeling which is often appropriate. It allows one to reach feelings of empathy for the limitations of the significant

people of early life, and feelings of gratitude for that which was given.

Kleinian concepts of human nature place a major emphasis on the positive feelings of love and gratitude and on the necessity for reparative acts in order to achieve good mental functioning. The implications of gratitude are extensive for both the internal world and external reality. On the internal level, gratitude allows one to incorporate an object which is more accepting and understanding towards one's parents and oneself. Thus, the harshness of the early infantile super-ego is modified. Externally, one is better able to see the good qualities of those relationships that are available in current life, particularly in intimate relationships. The enhanced sense of satisfaction over what one has been given causes an increase in the sense of satisfaction about who and what one is. Again, the positive modification of innate aggression leads to a spiraling and interactional kind of growth and development. The processes and their interrelatedness flow between inner and outer reality and are ongoing. Positive feelings promote positive experiences in circular fashion and vice-versa.

Freud described the infant's bliss in being suckled as the prototype of sexual gratification (1950). In Klein's view:

. . . These experiences constitute not only the basis of sexual gratification but of all later happiness and make possible the feeling of unity

with another person. Such unity means being fully understood, which is essential for every happy love relationship or friendship. At best, such an understanding needs no words to express it, which demonstrates its derivation from the earliest closeness with the mother in the pre-verbal stage. The capacity to enjoy fully the first relation to the breast forms the foundation for experiencing pleasure from various sources. (1957, p.18, italics added).

In order to understand the importance and seriousness of envy, it is helpful to differentiate envy, greed and jealousy in Kleinian thinking. Greed refers to taking in too much; more than is needed, more than is good for one, and more than one can cope with. Klein defines greed as:

. . . An impetuous and insatiable craving, exceeding what the subject needs and what the object is able and willing to give. At the unconscious level, greed aims primarily at completely scooping out, sucking dry, and devouring the breast: that is to say, its aim is destructive introjection, whereas envy not only seeks to rob in this way, but also to put badness, primarily bad excrements and bad parts of the self, in the mother, and first of all into her breast, in order to spoil and destroy her. In the deepest sense this means destroying her creativeness . . . One essential difference between greed and envy, although no rigid dividing line can be drawn since they are so closely associated, would accordingly be that greed is mainly bound up with introjection and envy with projection. (1957, p. 7)

The destructive effects of greed include overloading and stuffing (mentally), which leads to confusion and anxiety. The negative effects of greed on relationships can be seen in excessively high expectations, and possessiveness. Greed, unlike envy, is relatively easy to deal with.

Jealousy is the hatred of someone who takes away something loved. The Kleinian version of the Oedipal

situation stresses jealousy of the mother for her omnipotent life-giving qualities (as the child perceives it), rather than jealousy only of the relationship between the parents. In Kleinian thinking the child's Oedipal fantasies are to regain connection to the desired love object, the mother, (or, at times, to the equally desired love object, the father), and not merely to connect with the parent of the opposite sex in order to interfere with the link between the two parents. The basis of this wish is to obtain gratification on an oral, rather than on a genital level.

Because the mother possesses the desired qualities, jealousy is easily aroused whenever those qualities appear to be offered to someone other than the child. However, admiration and love of the person receiving the desired gifts can move the child to a positive identification with the recipient, as well as the giver of what he wants. Thus, the Kleinian view of the Oedipal situation is primarily a problem on the pre-genital level.

The mechanism of splitting which develops early in infancy is based upon envy. The infant takes in good things (food, love, warmth and comfort) from the mother and pushes out unwanted things (pain, anxiety, etc.) likewise into the same mother. The pain and anxiety that he pushes out arise from his envious attacks on the good object. While the frustrations of reality contribute to his feelings of having a bad mother, the infant's own destructive fantasies play a

role in the intensity of his feelings about the bad object. When the external reality is particularly frustrating to the infant, it supports his chaotic internal fantasy world rather than modifying it in the service of a more benevolent view.

When the infant fantasizes that he is taking in from the same mother into whom he is evacuating his bad feelings, it causes him anxiety and confusion. In order to solve his dilemma with his limited cognitive capacities, he splits his world into two; a simple world of good and bad.

This first split is a prototype for all later splitting. What is wanted becomes part of the good, and anything seen as unwanted becomes part of the bad. The capacity to differentiate between the two requires making maximum use of the good and staying away from the bad. This simple solution serves the child in helping him over an early developmental phase. There is evidence in all cultures of the comfort that children take from stories of good guys and bad guys, where the good and the evil are kept apart and are easy to recognize. However, growth and development in adults involves connecting the good and the bad and putting them together, as is appropriate. There is always evidence of the existence of opposing forces in life. Maturity consists of the capacity to tolerate ambivalence and to integrate the splits in many matters, both internal and external. Mending of splits involves understanding and

accepting opposite aspects of the people in one's life and of oneself. The process of integration is a difficult one which is a life-long struggle. In the mending of splits, however, one gains strength by acquiring a more accurate perception of reality. In "Mourning and It's Relation to Manic Depressive States" (1940) Klein emphasizes the relationship between infantile splitting and adult reality:

It seems that at this stage of development the unification of external and internal, loved and hated, real and imaginary objects is carried out in such a way that each step in the unification leads again to a renewed splitting of the images (internalized parents). But as the adaptation to the external world increases, this splitting is carried out on planes which gradually become increasingly nearer and nearer to reality. This goes on until love for the real and the internalized objects and trust in them are well established. Then ambivalence, which is partly a safeguard against one's own hate and against the hatred and terrifying objects, will in normal development again diminish in varying degrees.

Strength is further gained from the integration of good and bad parts of one's objects because it results in diminished persecution from idealized, powerful or frightening figures. Persecution can occur from idealized objects into whom all goodness has been placed. If a parent, teacher, analyst, or mate is so idealized that it creates an unequal relationship, the one idealized is experienced as intimidating and frightening. Self-esteem is diminished in comparison to them. Splitting has a detrimental effect upon relationships because when the good is lost sight of, "all is lost." Relief from persecution comes from an awareness of the good aspects of relationships.

While the tendency to split exists throughout life, integration is always a goal. Klein describes the effect of integration on the ego as follows:

. . . The integration resulting from analysis strengthens the ego, which was weak at the beginning of life . . . The more integrated ego becomes capable of experiencing guilt and feelings of responsibility, which it was unable to face in infancy; a mitigation of hate by love comes about. Greed and envy, which are corollaries of destructive impulses lose in power. (1957, p. 91)

Projective identification follows as a result of splitting. One of the reasons the integration of splits is of such importance is because of the vicissitudes of the mechanism of projective identification. One is always taking in from, identifying with, the object. Whatever is taken in, is also identified with. Projective identification is an omnipotent fantasy, powered by envy, in which one magically acquires what one wants without experiencing the pain of separateness. The fantasy is that one can acquire the envied characteristics of the person needed without any differentiation between self and object. It is a kind of swallowing whole or fusing with the desired object. An important problem which results from this situation is that one incorporates a person into fantasy who contains the split off and unwanted part of oneself. Therefore, taking in the good by taking in the whole person, rather than just their good qualities with separateness between them, also means consuming the painful and detested parts of oneself. These parts are then contaminated by one's own envious destructive

attacks, rendering them more dangerous by virtue of unconscious fantasies. One attempts to split off parts of the self which are unwanted, such as smallness, inadequacy, ignorance, messiness, etc., and put them into somebody else. When projected into others, eventually, the unwanted parts are re-introjected. Another view is that it is psychologically impossible to get rid of parts of oneself, as though they would go away. They are either lodged out in the world to glare back and frighten you, or, even worse, they are projected into people with whom you are identified and from whom you receive emotional sustenance. When these bad parts are re-incorporated, they damage self-esteem and contaminate relationships.

According to Riviere, an intimate colleague of Klein's, "The painful and unpleasant sensations or feelings in the mind are by this device automatically relegated outside oneself; one assumes that they belong elsewhere, not in oneself. We disown and repudiate them . . . and blame them onto someone else." (1964, p. 11) In the infant's situation, according to Klein, "the mother's breast (then) turns externally and internally predominately into a persecutory object." (1957, p. 90) With his limited cognitive abilities, the infant fantasizes the absence of the good breast as the presence of the bad breast to be evacuated. Bion (1977) explored the vicissitudes of this distortion.

Some of the effects of projective identification are described by Klein in her major paper, "Notes on Some Schizoid Mechanisms" (1946). She states:

. . . Projective identification is the basis of many anxiety situations . . . Two universal phenomena which are linked are: the feeling of loneliness and fear of parting. We know that one source of the depressive feelings accompanying parting from people can be found in the fear of the destruction of the object by the aggressive impulses directed against it. But, it is more specifically the splitting and projective processes which underlie this fear. If aggressive elements in relation to the object are predominant and strongly aroused by the frustration or parting, the individual feels that the split-off components of his self, projected into the object, control this object in an aggressive and destructive way. At the same time, the internal object is felt to be in the same danger of destruction as the external one, in whom one part of the self is felt to be left. The result is an excessive weakening of the ego, a feeling that there is nothing to sustain it and a corresponding feeling of loneliness. While this description applies to neurotic individuals, I think that, in some degree, it is a general phenomenon. (1946, p. 13-14)

Another way of understanding the Kleinian view of development comes from considering Klein's (1946) descriptions of the paranoid-schizoid position, and the depressive position (1935). The paranoid-schizoid position is analogous to being in a state of projective identification. When the infant is in a benevolent relationship with its object, it feels fused with the object, believing that which is good is in fact part of itself. When persecutory anxieties are aroused because of envy or splitting, the infant is considered to be in a paranoid (persecuted), schizoid (split) position.

Development consists of the integration of the two views of the mother and the world, and later of the self, into a more accurate perception of reality. In the process of this integration there develops the awareness and guilt over earlier unconscious fantasies. The state of concern for one's objects, resulting from one's awareness of guilt and responsibility, is described by Klein as "the depressive position." In the depressive position there is an awareness of the fact that the person and the object are separate. Considerable anxiety is experienced over what that separate object will do in relation to self and others. Knowledge of one's separateness and of one's dependency on others is significant in this phase of development. Resolution of the depressive position involves a series of factors which include acknowledgment of one's need and/or dependency on others, tolerance of one's ambivalence towards others, and finally, the desire to make restitution for destructive fantasies associated with earlier developmental stages.

Klein began her career as an enthusiastic proponent of the prospects for alleviating mental suffering through psychoanalysis (Money-Kyrle, 1975) although she later became more sober and even pessimistic in her outlook. It is possible that her earlier youthful views were most prophetic of the future.

Group Theories Related to the Study

The context from which this study draws its data is group psychotherapy. The history of group psychotherapy has been reviewed by E. J. Anthony (1971). Contemporaneous with developments in general psychiatry, certain psychoanalysts became interested in the possibility of applying psychoanalysis to group treatment. While Freud was interested in groups, he never attempted to practice group psychotherapy. One of the first to do so was Trignant Burrow, who noted that many of the characteristics of a psychoanalysis could be found in the group. He found that patients were able to verbalize fantasies and family conflicts, and even to manifest defense and transference mechanisms within the group, a discovery which has been replicated many times since then. Freud had hinted at this earlier. Burrow used group treatment because he believed that a patient is less resistant to the treatment process in a group than in individual therapy. Within the setting of the group, Burrow felt that the patient becomes aware that he shares many things with others; things which are good, as well as bad. The patient is no longer alone, and his problems are no longer unique. He loses the need for isolation and secrecy, and he becomes increasingly appreciative of the group support.

During the 1930's and 1940's other analysts began therapeutic work with groups using the psychoanalytic model. Among these were Wender and Schilder. Wender was probably

one of the first to conduct psychoanalytically oriented groups, which he did in a hospital setting. His work represented a straightforward application of early psychoanalytic theory within a group setting. Paul Schilder also began to work psychotherapeutically with groups during the 1930's.

In the 1940's, Foulkes (1957) looked beyond the group to the community as a whole. He regarded the group instrument as a crucial one for dealing with the individual patient's network of relationships in the community. Foulkes believed that the therapist should be passive in the sense that he puts himself at the service of the group and follows it wherever it goes. However, the therapist should be active in analyzing defenses and resistances. Foulkes further believed the therapist should have an accepting attitude which embraces all communications, from both the here-and-now and the there-and-then. The atmosphere generated should be one of perpetual attentiveness, tolerance and patience. Foulkes, a psychoanalyst, inevitably focused on the transference and described it as it occurred between the members and the therapist, between the members themselves, and between the members and the group as a whole.

Some group analysts, such as Durkin (1964), felt that the fundamental character of the transference neurosis is not affected by the group context and that it can be effectively analyzed for the purpose of achieving structural change in

the personality. Durkin seemed convinced that a systematic analysis of the resistance inherent in the defensive transferences would be carried out and infantile conflicts resolved. She asserted that working through does occur in group therapy.

Slavson (1964) was one of the first to focus on the individual rather than on the group as a whole. Slavson recognized that the individual members affect one another in a variety of ways, including sibling and identification transferences. Mutual empathies also occur which enable a collective experience based on the integration of the individual member into the group. According to Slavson, sound psychotherapies have five elements in common: relationship or transference; catharsis; insight (or ego-strengthening or both); reality-testing; and sublimation.

Ezriel (1950), another psychoanalyst who worked with groups, became interested in the interaction between the manifest and latent levels of the group. He postulated that there is an underlying common group problem that gives rise to tension. This problem can be considered a common denominator of the dominant unconscious fantasies of all group members. In addition, according to Ezriel, each member projects his unconscious fantasy-objects upon various other group members and then tries to manipulate them accordingly.

Yalom (1974) returns the focus to the individual patient in the group setting. Yalom elucidates eleven

"curative factors" in group therapy. The first is "instillation of hope." This refers to the member's belief that there is someone who can actually help him and that his pain will be alleviated.

The second factor is "universality." This refers to the awareness that one's experiences, especially those which are bad or painful, are not unique. Kleinian theory emphasizes the importance of realizing that no one goes through life effortlessly. Seeing other group members struggle gives the patient the feeling that he is not alone.

The third factor is "imparting of information." The therapist and the other group members are able to give assistance with the patient's concrete problems. Participating in someone else's problem-solving mitigates the envious fantasy that someone else got what he wanted without a struggle. This confronts the infantile fantasy that mother has all of the answers and never struggles herself. Groups make public the internal struggles of others.

The fourth factor, "altruism," is the pleasure derived from helping others. Kleinian theory focuses upon why this is beneficial. Altruism derives its importance from its relationship to guilt from early destructive fantasies. It is a reparative, constructive act which mitigates guilt from inevitable unconscious envious attacks. The group setting offers many opportunities for people to help one another.

The corrective recapitulation of the "primary family group" is the fifth of Yalom's curative factors. The interactions and issues brought up in the group often repeat the activities of the member's early family. This gives the patient an opportunity to re-work early family problems. The group is able to point out that early family life need not be repeated.

The sixth factor is the "development of socializing techniques." This refers to the physical and emotional isolation of people. In a group situation there is an opportunity for loving feelings to modify greed and jealousy. The experience of good social relationships within the group can be generalized to life outside the group. The group experience allows the member to observe that relationships are not always good or bad, but are a mixture of both.

"Imitative behavior," Yalom's seventh factor is essentially modeling. The Kleinian concept of reparation is applicable to group process. Patients in a group watch others work through negative feelings toward their parents and past, thereby repairing their internal world. According to Grotstein (1977), while the internal world is not fixed, it can be modified. Thus group members serve as models to one another of the process of reparation.

"Interpersonal learning," the eighth factor, is a three-pronged concept. The first is the importance of interpersonal relationships. People define themselves

and obtain identity, by interacting with other people. The person seeks out relationships to develop a sense of "self." The second prong is that of the corrective emotional experience in interpersonal learning. The interaction with other persons may change one's view, insofar as the experience differs from previous ones. Originally painful experiences can be re-worked within the group. This allows the person to examine his original experiences with more empathy. Thirdly, the group is a social microcosm. The members can apply their experiences from the group into their own social milieu.

"Group cohesiveness," the ninth factor, operates effectively if the group feels emotionally connected. Then there is opportunity to express oneself freely, and react spontaneously. The tenth factor, "catharsis," is the use of the group as a container for pain and anxiety. "Existential factors," Yalom's last category, refers to each person's responsibility for his feelings and actions. The group may be supportive, but ultimately the patient is responsible for his own life.

The Yalom group approach can be contrasted to the work of Wilfred Bion (1961). Bion alerts the therapist to unconscious regressive phenomena which group members are unable to reveal. Bion draws heavily from Klein's conceptual analysis of early life. He postulates that adults, when confronted with the complexities of group life, often resort

to massive regression described by Klein (1930) as "typical of the earliest phases of mental life." His approach is linked to psychoanalytic concepts, but he focuses upon the group as a unit with a life of its own. The group can develop fantasies specific to its own life and these fantasies provide the "group leader," or consultant, with material for interpretations. Often the group develops attitudes about the leader (analogous to children's attitudes about parents) which the consultant can translate and feed back to the group. Bion states, "I judge the occasion to be ripe for an interpretation when the interpretation would seem to be both obvious and unobserved." (1961)

Bion's work with groups, as contrasted with Yalom, is directed toward participants learning about group process. As stated by E. James Anthony (1971):

. . . The effect of Bion's type of group management is almost predictable. The group comes with the high expectation that they will be treated, and the therapist does nothing about it. He simply wants to discuss their expectations. The group does not like what he does with them, and they see his behavior as provocative and deliberately disappointing.

A second major difference between Bion and Yalom is that Bion views the group as a whole and focuses upon the group as the patient, while Yalom focuses upon the individual within the group setting. The person speaking within the "study" group is not speaking for himself, but as a

representative of the group. The consultant interprets reflections of the group consciousness.

Bion observed three basic assumptions in a group. The first is "dependency," the second, "pairing" (or fusion), and the third is "fight/flight." These basic assumptions underlie and operate simultaneously with the work orientation or "task" of the group. It is as though there are two groups present in the same room; the "basic assumption group" and the "work group." The task group depends upon conscious, adult rational functioning of the members, while the basic assumption group is composed of the dependent, unconscious, infantile aspects. These are a reflection of an infant's relationship with the mother and represent unconscious attempts to fuse with the source of supplies. The immature functions of the assumption group interfere with the task largely through envy of the leader.

The work group, by nature, involves the interaction and relationship of two or more persons toward reaching a creative solution for a task. This is a re-creation of the Oedipal situation which re-activates jealousy of that union from which one feels excluded. To prevent attacks on unions within the group, the members must identify with the leader. Thus, Klein's concept of projective identification is amplified by Bion (1977).

Bion's focus is upon understanding and learning from the group process. This is to be distinguished from the

application of Kleinian concepts in group settings, which is concerned with therapeutic interventions and resolutions.

The techniques used in this study primarily employ Yalom's principles of group psychotherapy which have proved compatible with Kleinian theory.

In a group setting, with its supportive and cohesive aspects, there is an acceptance of the universality of the most noxious elements of human nature. Acceptance by the group of primitive forces contributes to their accessibility to interpretation and working through. This is the result of many factors, one of which is the warmth and humor which predominate in a good group therapy situation. In a safe and open setting, surrounded by peers, one is better able to reveal the dreaded and the most terrible parts of oneself. For some people the group situation is easier than the solitary setting with the powerful parent figure, the therapist.

For example, envy in a group setting is decreased by the presence of others who also feel small. Due to the presence of peers, there is less envy of the therapist. Envy is further minimized because the therapist is revealed more as a real person and is therefore less idealized. Thus, while envy leads to attacks on the source, the group is a protective device for the mitigation of such attacks upon the therapist. Group observations correct distortions in individual patient's perceptions of the therapist. The so-

called "negative therapeutic reaction" appears to be less intense and less pervasive in the group setting. This indicates that the application of Klein's theories of envy are useful to patients in group therapy.

An additional feature of group therapy when dealing with the problem of envy is the particular availability of the loving and grateful feelings in the group, which modify the destructive aspects of envy. This results from the experience patients have of working with each other constructively over a long period of time. Group therapy provides an immediate opportunity to put into action the positive experiences which can alleviate primitive infantile negative forces inherent in the human personality.

The mechanism of splitting, related to both envy and projective identification, is also suitable for work in a group setting. Opposite aspects of members' relationships with each other and with the people in their lives can be readily pointed out. A common form of splitting in the therapy situation arises from the patient's splitting off that which is good, and putting it into the idealized group therapist. This leads to overvaluing the other, and undervaluing the self. Such idealization is based on an omnipotent pursuit of perfection. Perfectionism prevents one from being satisfied with that which is reasonable. Furthermore, it renders the idealized "other" so powerful that a good and genuine relationship between the two becomes impossible.

The reality aspects of the group setting minimize the idealization of the therapist. There is little luxury of time and considerable complexity of interaction in the group; therefore, the uncertainties of the therapist are in full view. This may be difficult for the therapist but it can be therapeutic for the patient.

Projective identification, which is closely associated with the paranoid-schizoid position, re-emerges in the group setting. It occurs between group members, and between patients and the intimate people in their lives. The manifestations of projective identification are explored in the group and are effective therapeutic tools.

Klein's contributions to the understanding of early infantile development are helpful in understanding the complexities of adult intimate relationships. People often defend themselves against early frustrations by responses they would not use if they were able to view them with their subsequently developed adult judgement. The laboratory of relationships in group therapy offers a rich opportunity for patients to explore their infantile anxieties, as they are re-capitulated in their adult life.

While the Tavistock approach has yielded a great deal of information about people's behavior in groups, it has developed into a way of studying groups rather than a way of treating patients in groups. In a therapy group, on the other hand, the interpretation of projective identification affords the patient an

opportunity to take back split-off and projected parts of himself, and thus free his relationships from these contaminants. This enhances the quality of what he gets from his relationships, since he does not re-introject projected negative features.

Malan's (1976) negative outcome study suggests that the direction taken at the Tavistock Clinic in London and the A. K. Rice Institute in the United States has not resulted in a therapeutic device. Their work has by no means discredited the understanding of personality development illuminated by Klein, but rather, suggests that traditional elements of group treatment cannot be abandoned.

Malan, et al. state that:

There is a constantly reiterated theme (by patients) of lack of care on the part of the clinic and lack of participation, support, or warmth on the part of the therapist. ... In the ordinary run of patients referred to the Tavistock Clinic, the evidence for therapeutic effectiveness of this form of group treatment, though present, has been weak, and the results have not been impressive. The great majority of patients have felt their group treatment to be a depriving and frustrating experience, which has left them with resentment toward the clinic. (1976, pp. 1303-1315)

Malan and his colleagues suggest that the method of group therapy utilized by the Tavistock Clinic is not therapeutic. Klein's contributions have generally not been adapted to conventional psychoanalytic groups which maintain a commitment to the individual patient.

It is unfortunate that those therapists who have sought to carry and expand the theories of Klein have done

so exclusively with the Tavistock Model Group. It is particularly important that a theory concerned with primitive psychotic processes be utilized in a strongly therapeutic atmosphere. As the infant's chaotic world is contained by the "good enough mother", (Winnicott, 1965) so should the patient's anxiety and distress be contained by the therapist and the therapeutic group. To do otherwise is antithetical to the impact of treatment in promoting personality growth and development.

CHAPTER III

PROCEDURES

Methods of Data Collection

Data was gathered from two therapy groups over a period of six months. Two groups were utilized in order to provide an adequate supply of clinical data for the study. The groups met for ninety minutes once weekly. Members were informed in advance of the study and the taping, to which they gave their consent. The groups were conducted by the same therapist in the same manner, in accordance with the general theoretical formulations of Slavson (1964), Foulkes (1975), Durkin (1964), and Yalom (1975), using their criteria to promote the curative factors in group therapy. Group process was conducted with a focus upon the individual patient rather than upon the group "as a whole."

The group sessions were taped each week. Subsequently, the therapist selected portions of tape for transcription with minimal editing. The portions were chosen on the basis of their relevance to the concepts under consideration. Thus, the transcribed material represents sample data in which the work of the group illustrates the theoretical concepts under investigation. Transcribed material was then reviewed and evaluated for the purpose of discovering

clinical evidence of the existence of the adult manifestations of psychic processes described in Kleinian theory. It is the therapist's opinion that the validation of the Kleinian concepts is revealed in these transcripts.

Important pieces of work, utilizing Kleinian concepts occurring in sessions, were later reviewed in order to determine outcome. (Additional reviews are available in the appendix).

Description of the Groups

The two groups used in the study were selected from a private clinical practice. Both groups had existed more than three years, and there was one change in members in each group shortly before the study. There was a total of fifteen members in the study, with ages ranging from early twenties to mid-fifties. One group contained four men and four women; the other, three men and four women. The patients were employed in professional or business occupations or were married women raising children. Education was generally at the high school level or higher. The patients did not exhibit evidence of psychotic behavior or thought disorders. Previous therapy experiences were limited or non-existent for the members. They all had sought therapy on a private basis, either to resolve current problems in their interpersonal relationships or to improve the quality of their lives.

Introduction to Group Members

Group A - Thursday

ART: This patient, a fifty-year-old lawyer, is married with three children; two sons from his first marriage, both of whom are living away from home, and an eleven-year-old son (Derrick) from his present marriage, living at home. Derrick went into therapy with a child psychiatrist during the course of the study.

Art was referred a year and a half ago during a traumatic year-long separation from his wife. He sought treatment in an effort to save his marriage. At first he appeared angry, dependent, and manipulative, with little insight into his behavior or his own role in the marital conflict. His rage was initially focused upon his wife's family, which was also a major source of distress to her. A combination of individual and group therapy was recommended and the treatment plan has been followed to the present time. An effort to involve his wife, Ethel, in the therapy has thus far been unsuccessful.

Art's father abandoned the family during Art's childhood, and did not return to offer emotional or financial support thereafter. According to the patient, the father was promiscuous during the marriage. Allegedly Art's father left his mother with a venereal disease from which she eventually died. Art and his father were reunited during

the first year of therapy but his bitterness has persisted. Some degree of resolution of that relationship was achieved recently in the group.

The treatment has been directed toward helping Art view his father with empathy for the grave limitations and frustrations of the man's life. In addition, an effort has been made to help Art reconsider his highly idealized feelings about his mother. There is evidence that she contributed to the marital discord by having never separated from her family origin and allowing her mother, father and brother to live in their house and direct their lives.

The recommendation for group therapy was made for several reasons. Art needed feedback about his abrasive, demanding personality in order to help him gain some control over his behavior. The group could also offer supportive relationships to this emotionally impoverished patient. Art has done well in treatment. He has made good use of the group experience. His affect has softened as his empathy toward his own family and himself has improved.

GARY: This patient, a businessman in his early forties, is married with two children; Adelle, age fourteen, and George, age twelve. His wife, Jane, is in individual treatment with the therapist.

Gary reluctantly came into treatment four years ago prompted by an ultimatum from his wife. She felt that she could not continue the marriage without professional help.

They were seen conjointly for about one year. Eventually it became possible to see them individually as well, and there were major improvements in their marriage. The couple's encopretic son has been a major source of concern throughout their therapy. Only recently has Gary, in particular, been able to face his child's need for treatment. The boy is now in intensive analytic therapy and although he is no longer soiling, his therapist feels that the need for treatment will continue for some time.

Group therapy was recommended to help Gary work through his isolated, detached style of relating to people and to help him become aware of his feelings. An important benefit has been that the group has encouraged Gary to face the seriousness of his son's problem and overcome his own resistance to placing his child in therapy. In the group, Gary became aware that therapy was for himself as well as for his family relationships.

Gary felt that his mother, the sole wage earner during his childhood, dominated his family. He saw father as passive and submissive. He persistently struggles with feelings that all strength and power lies in women. Early in the treatment, the relationship Gary described with his wife was symbiotic in nature. His work in the group on the issue helped free both him and his wife for a healthier and more satisfying life as two separate individuals.

WALTER: This thirty-five-year-old patient is a stockbroker, married with one seven year old daughter, Nancy. His wife, Beverly, is in the therapist's Tuesday group.

Approximately a year ago Walter was referred for group therapy by the psychoanalyst with whom he had been in treatment for several years. The analyst felt that Walter's primary problem was marital at the time of the referral. He believed that separate groups for Walter and Beverly would be the treatment of choice. This has proved to be productive for both the individuals and for the marriage.

Walter described his childhood as being dominated by both his mother and older sister. He reacted by identifying with them and he now tends to dominate and devalue his wife. Early in treatment he spoke of his wife as unintelligent and unsophisticated. Her acquiescence to his overbearing posture resulted in the persistence of his devaluation of her. Walter then found himself with a wife that he could not respect or love.

The group was particularly helpful in pointing out to Walter his grandiosity, omnipotence and need to control. These defenses were most evident in his interactions with women, including the therapist. Initially it was very difficult for Walter to hear the reactions of group members to his behavior, but with time he became better able to

look at his behavior and its effects on his life. The marital relationship has improved (to some degree because of his wife's work in her own group) and currently he is struggling with recently revealed difficulties in his relationship with his daughter.

LYN: This patient is a schoolteacher in her early forties. She is married and has two children, a four-year-old daughter, Joyce, and a son, Jeremy, who is ten. Her husband, Jay, is in the therapist's Monday group. At the time Lyn and Jay first came to therapy, ten years ago, they were separated and considering divorce. Lyn was panicked at the idea of losing Jay, although she acknowledged being intimidated by him and frightened by his anger. She was a timid, fearful, insecure young woman who had grown up in a highly overprotective family. She had little sense of her own identity and minimized her capacities for learning and mastery. The major effort of therapy at that time was to help her regain a sense of herself. Some progress was made and the marital crisis was averted.

However, four years ago, following the birth of their second child, the couple returned for further therapy. Lyn was again faced with a separation from Jay. This time, however, she did not react with as much panic as before. Group and individual therapy were suggested for them both at that time and the plan proved to be helpful. Lyn's growth has been both dramatic and heartwarming.

It was hoped that the group experience would provide Lyn with an opportunity to discover some of her own strengths as she comes out from the shadow of what she experienced as an overbearing husband. The group encouraged her to think for herself and to express herself. They supported her intelligent interventions in the group process and encouraged the development of her self-esteem. Many issues relating to her difficulties in dealing with her husband were explored. The marriage appears to be stabilized and satisfying at this time and Lyn's major effort is currently concerning self-development.

JULIA: This patient is in her late thirties and is married to a physician. They have three boys; Mason, age eight, James, age seven, and Guy, age two. Her husband, Robert, is in the therapist's Tuesday group.

Julia was referred five years ago by her children's pediatrician because of her eldest son's inordinate separation anxiety and inability to attend nursery school. The initial year of work with Julia focused upon her relationship with her children. Eventually Julia recognized that her problems with them were reflective of major unresolved difficulties of her own.

Julia was the only child of a stern, remote Naval officer and a kind, but timid woman who was gravely ill throughout most of Julia's childhood. Her mother died when she was eleven years old, after a protracted and painful

illness. Julia's father was unable to maintain a home for them and, in fact, probably never recovered from the loss of his first wife. Julia struggled through adolescence with the help of her maternal grandmother and other relatives. However, when she was seventeen, she became deeply involved with an older man and had his child out of wedlock. With considerable guilt, Julia released the baby for adoption. During the course of therapy it became clear that she had many unresolved feelings about this child, and that these feelings interfered with her ability to interact spontaneously with the children of her present marriage.

Group therapy was suggested with the hope that sharing some of her pain would afford relief and bring her out of her isolation. She has used the group extremely well and has found comfort in revealing what she considered to be her most terrible secrets. She has also gained some perspective and empathy for her troubled father. While there is work yet to be done on her relationship with her husband, she no longer reports trouble with her children, and feels better about herself.

MELINDA: This patient is forty years old and married. She has four children; two away at college, a daughter, age fifteen, and David, age thirteen, at home. Melinda recently began working as a social worker. Her husband (Jon), a lawyer, spent two years in the therapist's Tuesday therapy group and has returned to his group after a year's absence.

When Melinda was referred to therapy ten years ago, her eldest son's psychiatrist described her as an anxious and overprotective mother. She had suffered most of her life with ulcerative colitis. This symptom was probably related to her difficulty in expressing aggressive and sexual feelings. After completing several years of individual work, group therapy was suggested. It was believed that the group could provide a safe situation in which Melinda could be supported and encouraged to express her feelings more directly and honestly. Melinda was a highly responsible eldest child of a poor, hard-working family. Her family apparently had great fears and inhibitions about their feelings and repeatedly admonished her not to cry. Death and sex were particularly forbidden topics and expressions of anger were discouraged.

Melinda's efforts in treatment moved quickly from her relationship with her son to herself and her difficulties in knowing and communicating her own feelings. The group has helped her recognize her intellectual defenses and their effect upon her ability to express her feelings. She no longer has physical symptoms and is gaining further access to her affective life.

SHARON: This patient is in her late forties and is presently separated from her husband, Jerry. Jerry is in therapy with an undisclosed therapist. She has four children and a one-year-old grandson. Her son is fifteen years old,

and her daughters are twenty-three, seventeen and thirteen. All but the eldest daughter are living at home. Sharon works full time as a university professor of English Literature.

Sharon sought therapy approximately six months ago during a crisis in her marriage. Her husband had just admitted having a long and serious affair with his secretary and requested a divorce. Her husband is unwilling to participate in conjoint therapy and does not indicate a desire to save the marriage.

Group therapy was suggested to Sharon with the hope that supportive relationships would be valuable to her at this time. It was also anticipated that she would gain some perspective about her marriage.

Sharon described virtually no relationship with her mother, who was in mental hospitals most of her childhood. She was very close to her father, who raised the children on his own.

Feedback from the group has helped Sharon become more realistic about her husband's many problems and about her capabilities to make a life for herself on her own. The group has helped point out how much Sharon diminishes the importance of women. She has stated that she is of no value without a husband. The group has had some degree of success in helping Sharon overcome this fantasy.

Group B - Monday

JAY: This patient is in his late thirties. He is a stockbroker, married, and has two children; a four year old daughter, Joyce, and a ten year old son, Jeremy. It should be noted that Jay's wife, Lyn, is a member of Group A.

When Jay sought treatment ten years ago, he was separated from his wife and considering divorce. He had been in treatment with a psychologist whom he felt was urging him to divorce his wife. Jay was involved with several other women at the time which added to the serious difficulties in his marriage. For a while, both Jay and his wife were in individual and conjoint therapy which resulted in a partial resolution of their marital discord.

After a year-and-a-half hiatus from treatment, the couple returned requesting further therapy. The treatment plan suggested was for each to work in different groups. The therapist felt that Jay needed insight regarding the effect of his anger on other people. Another treatment goal was to help Jay develop awareness of his tendency to deny his dependency needs.

Jay's dependency conflict and his anger were inextricably bound up with his contemptuous attitude toward his parents. His family were immigrants, dominated by the paternal grandparents. His father was apparently never able to successfully deal with his own parents, and Jay described him as having a 'broken spirit.' Jay perceived his grandfather

as possessing unyielding strength and his father's problems as self-imposed weakness. Much of the work done in the group has been directed toward helping Jay gain some perspective and understanding of his father. Jay's attitude toward his father has affected his feelings about himself, as well as his feelings about his own son. The insight that he gained in the group is reflected in the change in his feelings about his father, himself and his son.

MARK: This patient is a lawyer in his late thirties. He is married and has three children; a daughter, sixteen, and two sons, thirteen and eleven. His wife, Marilyn, is in individual therapy with a colleague of the therapist.

Mark entered therapy for help with his eldest son, the middle child of the family. The boy was identified by his school as having a learning disorder. During a six-month period of family therapy it was discovered that the boy was being used as a vehicle for the expression of distress between the parents. Both parents were able to recognize this and acknowledge the need for treatment for themselves. Mark joined the group because he expressed anxiety and discomfort at the idea of working in individual therapy. This was five years ago.

Mark was one of twin boys, both of whom were raised by a highly indulgent mother who sought to spare her two sons all pain and frustration. The mother neglected the father in favor of the boys, which may have caused Mark's tendency

to expect his needs to be met on demand. Mark acknowledges and works in the group on his self-centered and inconsiderate behavior. While he has gained some control over these personality problems, he continues to struggle with the problem of seeing his wife as a separate person with needs of her own.

BONNIE: This patient is in her late thirties, and is married to a physician. She has four children; Eric, a son from a previous marriage, and three daughters, Eunice, who is nine, a six-year-old, and a four-year-old. Bonnie's husband, Stan, had been in the therapist's Thursday group for four years.

Five years ago, Bonnie was referred for family therapy by her children's pediatrician, because her three-year-old daughter was not speaking yet. During a brief course of family therapy, the child began speaking. Soon after the problem with the child was resolved, the parents recognized their need for help with their marriage. They worked individually and conjointly for about a year, after which time they joined separate groups.

Bonnie has a long history of chronic anxiety and depression. She suffered from severe post-partum depression after the birth of her last child for which she received intensive psychiatric treatment and was hospitalized briefly. At the time she entered the group, she sought help with her feelings of inadequacy, her anxious concern over her

children, and her tendency to see herself as weak and helpless. She felt surrounded by intimidating authority figures. The group offered her an excellent opportunity to work through these feelings and to give up her fantasy to be a needy, helpless child. With the support of the group, Bonnie began to take pleasure in her capabilities to think for herself, to make decisions and to deal with people from a position of strength.

Bonnie was the only child of very wealthy and over-protective parents. Little was expected of her and, according to Bonnie, thinking was not encouraged. She grew up perceiving herself as a pretty little doll and a source of amusement to the people in her life. As a teenager, she was quite promiscuous and had a child out of wedlock which she gave up for adoption. She was married briefly and had one child before the marriage ended in divorce. Her second husband, a successful physician, has adopted the child and they have three children of their own. Although the non-speaking three-year-old was the original reason for seeking treatment, it soon became evident that Bonnie had many unresolved feelings about the child of her first marriage.

Bonnie has gained considerable strength from her work in the group, particularly on her relationship with Jay. When treatment first started, Jay frightened her and could quickly bring her to tears. Their relationship has evolved

to one of mutual respect, to the benefit of both. Bonnie has made long and slow, but steady, progress in revising her self-image to include and value her intelligence. The maturity which she now enjoys has benefited all of her relationships, especially with herself. She no longer complains of depression and there is no evidence of chronic anxiety.

Bonnie intends to leave the group at the time of the summer break, and it is predicted that her improvement will be maintained. She has expressed comfort with the idea of returning to this or another group if she believes that she requires further treatment.

PAM: This patient is in her early forties and is married to Jack, who is a politician. They have three children; Sheila, seventeen years old, Matt, fifteen, and Steven, ten. For several years Jack had been in the therapist's Wednesday group.

Approximately three years ago, Pam came to therapy for help with her marriage and her stormy relationship with her eldest son, the middle child of the family. Pam quickly recognized her own need for therapy to help her deal with her temper and her persistent feelings of deprivation and frustration. She had been a member of a women's group and felt that was a good experience. However, when that group disbanded after a year, she accepted the suggestion that she join a mixed adult group and thereby have the opportunity

to explore her relationships with men. This proved to be fruitful for her, although, at times, extremely painful.

Pam was the eldest of two daughters. She considered herself a "tomboy" and the "black sheep" of the family in comparison to the "favorite," her younger and "prettier" sister. She had a difficult relationship with her mother whom she saw as being controlling, demanding and a perfectionist. Pam describes her relationship with her father as distant and detached.

Pam's efforts to understand and better control herself have been productive, although by no means complete. She has been quite resistant to efforts to help her re-evaluate her feelings about her early life. Since she continues to feel deprived by her parents, she has difficulty valuing herself and her present family. Pam feels that she has gained much from the group and has chosen to terminate therapy during the summer break. However, the outcome of her work in group seems uncertain at this time.

BRENDA: This patient, an actress, is in her mid-thirties, single, and living alone. Brenda requested therapy following what she considered to be a bad experience in another therapy group where she felt she was attacked and made a scapegoat. Her initial request was for help with her relationships with men, which tended to be brief and painful.

Brenda was the only child of highly ambitious parents. She described them as expecting a great deal from her, and

at the same time, doting on her. She is a gifted actress, but she has associated her talent with the pressure and high expectations of her parents regarding achievement and fame. Although she supports herself by working on a television series, her feelings of ambivalence about acting have persisted. Her lack of major recognition in her field continues to distress her.

Brenda is an intelligent young woman with a sharp, harsh quality about her speech and mannerisms. She uses intellectual defenses to distance herself, particularly from the men in the group. However, she has been able to explore this problem, and there has been a degree of improvement. She continues to work hard in the group and is expected to make further gains.

TERRI: This patient is in her mid-twenties, single, and a professor of biology. She is in weekly individual therapy with another therapist.

Terri sought therapy because of her increasing awareness of a repeated pattern of involving herself in sado-masochistic relationships with men. She has been physically abused several times by "boyfriends", and she is frequently taken advantage of financially and emotionally. She describes her early life as difficult primarily because of her mother's recurrent depressions and her father's passivity.

Terri was referred by her individual therapist, who

felt she would benefit from group experience. She has continued individual therapy and recently decided to drop out of the group and increase the number of her individual sessions. From the beginning, Terri was reluctant to enter a group. She obediently followed the suggestion of her therapist, as she tends to obediently follow figures she perceives to be in authority. She came into group to try to overcome her anxieties about relating in group situations. However, she did not spend sufficient time with the group to gain more than minimum benefits from it. She has been a member of the group less than six months. During that time her participation was minimal.

It has become increasingly clear to both Terri and the group that her loyalties are divided between her other therapist, whom she views as her primary treatment relationship, and her involvement in the group. Her brief experience has been somewhat helpful, and she maintains that she may return to group in the future.

GAVIN: This businessman is in his mid-thirties and is married to Susie. They have two children; thirteen-year-old Veronica, and an eleven-year-old son.

A previous therapist referred Gavin a year and a half ago, in the belief that Gavin would benefit from a group. At the time, Gavin was suffering guilt and confusion over an extra-marital affair in which he was involved. It soon became evident that he had serious sexual difficulties in

his marriage, as well as a problem of addiction to gambling. Gavin was very firm in wanting to be in group rather than individual therapy. Reservations about Gavin's readiness for group were based on the degree of anxiety he manifested early in therapy and the problem of his addiction. Although Gavin participated actively in the group and feels that he has gained from his experience, he has been advised that a period of time in individual therapy might be more productive for him. He accepted the recommendation to pursue individual therapy following the summer break.

It has been difficult to get an accurate picture of Gavin's early life because of his discomfort with his own negative feelings and his need to deny and repress painful realities. He describes his parents as remote, but responsible, and his childhood as lonely and insecure. He expresses his insecurities primarily in relation to sexual prowess with women, but there is a strong sense that the underlying issue is his unacknowledged longing for a mother. He had great difficulty in sharing the therapist in the group situation. His distress resulting from sharing finally led him to what seems to be a therapeutically sound decision to leave the group.

DAVID: This forty-year-old lawyer is married, and has a two-year-old daughter, Margie. His wife, Sabrina, is in individual therapy with the therapist. David entered therapy approximately a year ago, during a severe marital

crisis. There were indications of underlying depression, anxiety, and some obsessive-compulsive behaviors. He had been in analytic therapy during the prior year, but felt unable to continue because of his discomfort regarding the inactive style of his analyst. He was and continues to be seen individually, also. David accepted the suggestion that he join a group in an effort to help him overcome his strong sense of isolation from people and his conviction that he was a bad, inadequate person.

David describes his early life as dominated by his ambitions to excel academically and succeed financially. He felt that his parents had little or no interest in his state of mind. He saw them as being chronically out of touch with their own feelings. He is contemptuous of his wife, his older brother (his only sibling), and of most of the people in his life. A great source of distress to him has been his wife's infertility. This angers him rather than eliciting his sympathy.

An important part of David's problem is his chronic struggle with guilt over his own repeatedly angry and destructive behavior. He allows situations to develop with his wife which he knows will enrage him, and then he loses control to the extent that he becomes physically abusive towards her. He has many affairs with other women for whom he has no respect or admiration and then abuses himself emotionally in response to what he has done. A critical

part of his problem is his feelings of contempt for his parents, which frequently border on a global disgust. He has no tolerance for them, particularly none for his mother who is senile and chronically ill. A beginning effort was made in the group to help him develop some tolerance for himself and others. It is evident that a great deal of work will have to be done on this and other issues.

David's initial reaction to the group was surprisingly positive. Then he suddenly terminated the group after being confronted with an unexpected and heavy tax burden which caused him guilt and shame. David is currently working only in individual therapy. He seems to be making personal progress, but his marital relationship remains uncertain, as does his return to the group.

CHAPTER IV

DATA AND ANALYSIS

Envy: Group A

The following partial transcript illustrates both the concepts of envy and projective identification. The major focus of the work is with Julia, and is directed toward helping her become aware of the role of unconscious envy in her relationship with her husband. At the end of the session other members of the group demonstrate their ability to use Julia's work to better understand themselves.

Partial Transcript of Group A
February 9, 1978

Julia: I have something I want to bring up which happened on my ski trip with Robert. We were having a wonderful time, and it was just great, just fabulous. It was Thursday evening, we were feeling fine and we were looking forward to having a nice evening out, just the two of us. We happened to go to this restaurant not only because the food was good, but because one of the people that worked there is a good friend of some very good friends of ours. We went, and it was a very nice restaurant and we were having a

nice time. We got our table and we spoke with her, and I notice that she was pregnant, but just slightly...she wasn't showing much. She left the table and Robert said something and this is the important part...something about pregnant women being pretty or attractive or there's something really special about..., that was it! There was something really special about pregnant women. I wasn't relating it in any way to myself that I couldn't have kids anymore, that didn't even enter my head, but what struck me at that moment was that Robert appeared to be very envious of the pregnant woman. I don't even know how to describe it except it was very clear to me and I said, not in an unkind way, because we were having a nice time, I just said, "Gee, Robert, you seem kind of envious of pregnant women." He absolutely had a fit; he just went berserk. He got very angry with me, he started attacking me, and it was clear that I had really touched on something that set him off. It wasn't just minor it was major, so we proceeded. It disintegrated from there. It was a very unpleasant fight. What made me unhappy about the outcome was that he started attacking me in ways I can't even remember, and he started talking fast and saying a lot of kind of intellectual things. I found

myself sitting there feeling angrier and angrier because he was fast talking me and I couldn't cut through the bullshit. I couldn't talk about it or not talk about it, and I couldn't resolve it. So we were having this outrageous fight at this restaurant, and I tied up in knots like I do in here sometimes. I allowed myself to just get wiped out by him, and I recognized that it was happening. So, I said to him that I was having a hard time discussing this with him because he was really wiping me out; every time I said anything he started to talk fast again, and said he wasn't envious of women, and he didn't know where I got that idea. It ended up that we left the restaurant and walked back to our condominium in absolute silence and he got in bed and literally pulled the covers up over his head and went to sleep. Unfortunately, we had twin beds; so we weren't sleeping together. He didn't budge; he just really wanted to escape and went to sleep, and that was that. The next morning when we got up he came over to me and said he behaved like an asshole the night before and he was sorry, he said he was very sensitive on that subject, but he still wasn't so sure that I was right, like he was still very touchy about it. So I just dropped it. I guess what I was wondering was

whether you think Robert is envious of women or of pregnant women.

Walter: I'm not so sure what you meant when you asked him if he was envious of women. Can you tell me what you meant?

Julia: What I meant, and I think what I said before the fight got really big, was that he was envious of women being able to have babies and that he thought that having babies was really a very important thing, and a big special thing. I said "You know, having babies is a nice thing, but it isn't that great of a thing." It is kind of like here I am a woman, and I've had babies and I can't anymore, but I've had several, and it is almost like I was trying to downplay that it wasn't that special. It is a special thing, but it was like he was reacting to this woman that having babies is a very special thing.

Walter: How was he reacting?

Julia: Well, what he said was, "Gee, pregnant women are really special looking and pretty, and this gal wasn't even particularly a gorgeous woman."

Lyn: I wonder if this ties in about your feelings about having babies and the fact that you can't

have them anymore.

Julia: Well, at the time I was really trying to figure out what was happening, because I wasn't angry, I wasn't upset, I was probably as loose and relaxed as I have been in a long time and we were having such a nice time. He had such a sort of violent reaction when I said that, that I thought "Gee, I don't think this has anything to do with the way I feel"; it was just kind of like an observation I made.

Gary: But, Julia, it was a negative observation on your part. You know he is very sensitive about children. He loves kids and so on. To say, "Hey, this isn't so special, quit making such a big deal about it, your feelings aren't appropriate. It was a big deal to him. You got a reaction very quickly because it was a big deal to him. I think he was saying that pregnant women are attractive. You were saying something that did not seem to relate to what he was saying. You were saying something else. You then said "You're envious of pregnant women." I don't think one has anything to do with another.

Therapist: How would you feel if he were to say to you, "I (to Julia) think you are envious of men"?

Julia: I'd probably say, "I think you are right" because I am.

Gary: Why did you say what you did, instead of something a little more supportive, like "Gee, am I going to lose you to a pregnant woman?"

Julia: I don't know.

Gary: You're right, Robert obviously has a problem in this area, but it's interesting that you made the comment you made. It was clearly unrelated to his feelings. Are you envious of pregnant women?

Julia: I don't think so...not yet.

Gary: Why would he be envious? That's the thing I don't get. I also have this paternalistic thing but I don't want to be a woman or to be pregnant. What you said was accusatory.

Therapist:
(to group) That's the thing! Either Robert heard it, or Julia meant it (which I don't think she consciously did) as an attacking sort of thing. She may have been analyzing him, which can be a form of attack. In any case, it felt like some sort of a putdown. It could have been that Julia was unconsciously envious of something, I don't know of what, maybe of the waitress, because she was pregnant, or maybe even of the unborn baby.

You know it's possible to be unconsciously envious. You could have a hundred kids and not ever want to have another kid, and still be envious of the circumstances...You know Robert adores it when you are pregnant. You could get envious of someone who is pregnant, even though rationally and realistically you do not want any more children. You know how he feels about pregnant women. I think you were feeling something not good, and not supportive of Robert.

Julia: I think, just for me, not having anything to do with Robert, you know how I struggled in here about having my tubes tied. It was an ending to a period of my life. I feel no regrets, but I think I'll probably never see another pregnant woman that I don't get a little twinge. I certainly was not aware...

Therapist: You just told us that you are aware...

Julia: ...of taking it out on Robert.

Therapist: You are better off having your own twinge than quickly passing over your twinge and putting it on him.

(fifteen minutes later)

Therapist: Walter said "It is Robert's sense of loss." I think it is Julia's sense of loss that Julia

really needs to be aware of and in touch with, because she may have that over and over again. The important thing is not that you shouldn't have it, but that you should own it. There he was "instant admiration" for this woman. You would have had that too, if you too were pregnant. It is dangerous when you don't know that it is your sense of loss. You were pointing out his loss. This is the part that I think is important.

Julia: I guess I am notorious for coming up with unusual responses. I do often tend to speak and then think later.

Therapist: I don't think that that is the issue. I think the issue is one of knowing that you have lost something and being in touch with that. This would be a safeguard for you.

Walter: Melinda raised another good issue. She questioned why you weren't able to handle it after it happened. I agree with you, I think Julia was disabled in handling the conversation because of her own complexities in the initial encounter. However, I think something else started to take place there, too. Another thing was coming to coalesce with this disablement.

That was, you mentioned it in your dialogue, you said that you felt "wiped out and couldn't do it." You said "wiped out" several times. I really think that by that time, there should not have been any issue of winning or losing or being wiped out. I think that at that time your advice to me was the best advice: "He was acting crazy." You should have put your arm around him, and said "I'm sorry" and have another drink. There was no way of handling intellectually his crazy behavior.

Julia: But by then, I had gotten crazy.

Walter: Ah!

Therapist: That's important.

Walter: Then, what is taking place is that you found it necessary to protect yourself with "you were wiped out." He was going crazy, and your best advice would have worked well. You would have solved this problem in two minutes.

Melinda: Maybe, we don't know how receptive he would have been, but it certainly would have helped.

Walter: But you were too interested in being sure that you weren't being hurt yourself.

Therapist: I don't think so. I think you are right up to

that point, but I don't think it was because Julia was interested in not getting wiped out.

I think it was because Julia was defensive on some level.

Melinda: I think none of us are perfect and I think there are times when we all do exactly what Julia did. We only remember those times. We don't remember the times we've been supportive. We all remember the times when we said a stupid thing.

Therapist: Unintentionally stupid or insensitive. It has to touch something for you to become defensive or "wiped out" by it.

Art:
(jokingly) The worst part is that he covered himself over and did not pay any attention to Julia!

Therapist: Well, I think you are right, Melinda. I think the reason Julia couldn't do it, was that something of hers was involved in the comment, something about loss. I think that it is something we all feel constantly...about things we've lost or about things people close to us have lost. We may be aware of their losses but not remind them of them. Would you say, "Gee, you used to be so beautiful when you were young?"

Julia: I wonder what is going to happen to me in another

couple of years when Guy is bigger. I am just thinking that I do have sort of a, I don't have an infant at home, but I still have a kid that I can dress the way I want him to look, which I can't do with my other boys. He still thinks his Mommy is the most important thing in the world, and the other boys if they do think I am something, they certainly wouldn't let on. But Guy ...he's not even two, and he loves his mother. Maybe when I don't have a little one around anymore, it is going to be harder.

Melinda: I'll say to you what my Dana said to me this morning. Usually I am not up on every school morning, so when I am up it's a very big intrusion on their thing. I am up and I am in the bedroom on purpose. I was insisting that he cover his notebook..., he said "You're such a Mother!" I said, "What do you want me to be?"

Julia: I said to Mason last night..., He left his coat at school yesterday, and I said to him last night, "Boy, Mason, you are going to have to wear your raincoat to school tomorrow, because it's going to rain." He said, "There is no way that I am wearing my raincoat." I was sitting there and I thought, "You know what? I don't even care." It was one of those things that I could have argued

with him about, but it was like "if the kid wants to get wet, and he's not going to get sick by getting wet, I have already learned that, if he wants to get wet, so what?" And the funny thing this mornig was that he didn't have his raincoat on, but he did have something else on that had a hood. He kind of looked at me as he walked by and I didn't say a word!

Therapist: To be able to not say a word sometimes takes more energy and effort than saying things at other times. It is really interesting the contrast between your not saying anything to Mason and your saying something to Robert. You knew that saying something to Mason would not be good. You didn't want to make him feel small. You were very aware in that incident. I think the reason you weren't aware with Robert was because something was stirred in you.

Julia: Well, this certainly has given me some insight into what happened.

Melinda: It makes me think of how sensitive Jon can be if I only "imply" someone has more money than we do.

Therapist: When you hear a wife saying to her husband, "That guy makes so much money, do you know how much money he makes?" Usually that means that she is

envious and thinks he isn't making enough money.

Melinda: I don't say exactly that. I'll say, "They are taking a trip," and I don't care how I say it, Jon takes it every time as though I am asking him to do more for me....

Therapist: You're right. You are asking him....

Early in the group session, Julia raises an incident that occurred between her and her husband which had upset and puzzled her. The incident was a point of departure for exploration of Julia's relationship with her husband which weaved in and out of the entire group session, to its concluding resolution. While at a restaurant on a recent ski trip, Julia noticed that their waitress was pregnant and mentioned this to her husband. He responded with the comment "pregnant women are really special". In the narration of the incident, Julia gives the therapist a clue via the affirmation by denial "I wasn't relating it in any way to myself that I couldn't have kids anymore; that didn't even enter my head." She then proceeded to tell her husband that she thought he was envious of pregnant women. It is evident from Robert's reported conduct that he has his own problems in this area. But since Robert is not the patient in this group, it was appropriate to focus only upon Julia. The next morning Robert acknowledged his "touchiness" on the subject, and then apologized for his poor behavior during the night

before. Julia was unable to respond in kind, and pursued instead the question of whether or not Robert was envious of women. She was still not questioning the possibility of her own role in the interaction.

The unconscious nature of Julia's reaction to the incident left her puzzled and distressed. This was evidenced when she found herself "tied up in knots" as she described it, and claimed her anger prevented her from talking about it. Additional work needed to be done. While the group groped to help Julia understand her part in the incident, they simultaneously avoided the idea that it was she who might have been the envious one. The resistance to this notion seemed related to the group's general resistance to aspects of their own unconscious envy, some of which was revealed at the very end of the session.

Responding to Walter, Julia gave another hint of her envy, with the comment that she was trying to downplay that "having babies isn't that great of a thing," which acknowledged that she had feelings of her own on the matter.

Lyn then questioned Julia's feelings about her tubal ligation. Julia reported her confusion at the time of the incident, contrasting how relaxed she was feeling previous to the dinner. What seemed to surprise her was the eruption of an unconscious problem on both her and her husband's parts, strong enough to disrupt their "nice time."

Gary caught the abrasive quality of Julia's comment. He helped Julia understand this, and the therapist then

intervened to support and emphasize Gary's comments, and to suggest the possibility of unconscious envy. Julia finally acknowledged this possibility.

Near the conclusion of the session, the therapist intervened, leading Julia and the group toward examining the role of her unconscious envy. The group's openness to explore this issue may have been related to their frustration and inability to help relieve Julia's vague feelings of anxiety and distress or to help her understand what was bothering her. This group has worked together for a long enough time to know when a substantial resolution has not been accomplished. They are willing to carry on, in the face of the unknown and unresolved, both within the single session, and throughout a number of meetings. Here Julia was able to take the lead from the therapist's intervention, and the group followed her through her own envy of the pregnant woman, which had precipitated the insensitive comment she had made to her husband.

Melinda commented upon Julia's inability to deal with her husband's feelings following the disruption in their relationship. She was paralyzed by her own guilt and confusion. Melinda pointed out Julia's lack of effort to console or help her husband in the face of his adverse reaction to her comment. This failure by Julia persisted throughout the evening and into the night, as she described it. Although his reaction was understandably confusing to her, Julia could have, as she has in the past, explored

Robert's feelings. She was unable to do so in this situation, due to her own vague concerns that she had done something wrong.

Julia had worked in the group for a long time concerning her envy toward her husband, toward her sons and toward men in general; this theme is not new to her. Her initial request for therapy was based upon the recommendation of her pediatrician, due to her hostility and difficulty in controlling her feelings toward her two boys. The marriage was also troubled at the time. The interpretation of envy has been ongoing both in relation to her sons, and toward her husband. Interpretations have been made of penis envy, in addition to considerable interpretations of her envy toward children, not only with respect to her two sons, but also with respect to her husband's ability to be playful like a child, and with possible respect to the unborn child of the waitress at the restaurant.

That Julia was wrestling with an unconscious problem was supported by her description of her sensitivity toward her son Mason in an incident with a very different outcome than the one in question with her husband. Mason provided his mother with an opportunity to be reminded of his inadequacies, and she chose not to do so. Mason felt better than he would have in an "I told you so" incident, but Julia gained the most from not being an "I told you so" mother.

Prior to this group session, Julia has on repeated

occasions become familiar with the destructive nature of her unconscious feelings, and has had repeated experiences of relief and improvement in her intimate relationships. For this reason she was receptive to the therapeutic intervention in this group session, and as we will see from a later transcription, she improves her feelings and attitude about her husband and particularly about herself. Individuals caught in the grip of envious feelings attack their objects, in fact or in fantasy, and suffer the resulting disruptions in their personal relationships. More importantly, they suffer unconscious guilt as a result of these attacks, and such guilt interferes with self-esteem.

When the therapist moved from Julia's sense of loss (of her ability to bear children) to universalizing the losses that we all experience and have to deal with, Julia followed with comments about "Guy getting bigger." Guy is the baby in the family whom she is already anticipating the loss of. This is followed by comments by Melinda about her son, Dana, who is the baby of her family, and she recalls with glee when he accused her of being "such a mother." She responded with "what do you want me to do?" She delights in her role as mother, and anticipates problems of loss when it is time for him to leave home.

As Julia acknowledged the insight she gained, the therapist then addressed Melinda and the group with a few additional illustrations, in an attempt to universalize the role of unconscious envy.

What is illustrated here in part is Julia's ability to work through some aspects of her unconscious envy in treatment based exclusively on group therapy. The group is able to work with this issue for her, and for themselves. The group has become familiar with the importance of certain concepts such as envy, and can address itself to that material along with, and in addition to, the traditional aspects of group treatment.

In this transcription examples are given of the interpretation of envy, the individual patient's, and the group's ability to work with it, and finally the ability of other patients in the group to make some use of it for themselves. In the next excerpt we will see the effect of this intervention in Julia's attitude toward her husband, and also in improved feelings about herself. Although the majority of the session was devoted to another member working on a different issue, Julia related her initial "report" to the group regarding the work done in the transaction previously discussed.

Partial Transcript of Group A
March 3, 1978

Julia: I'd like to give the group a little follow-up on the question of the addition to our house. You all know how pissy I've been about that whole business, and how Robert and I have such a hard time with each other when it comes to spending a lot of money. He's always wanted to spend more

and more and I'm always worried that we can't afford it. We changed our minds and made a new decision, but this time we did it together.

Therapist: Triumph!! Tell us about it.

Julia: Well, as you know we were going to add an entire second story to our house to have an extra bedroom for Guy, but I've been bothered about it right along; I think it would cost just too much money. So I told Robert that it was worrying me to spend that kind of money because I was afraid, you know, of being "house poor." But this time I told Robert how I was feeling, and I wasn't pissy. Anyway, one evening I told him "I have a new idea" which was to just add a new room onto the side of the house. He listened and we discussed it, and it would really work. We sat down and he said, "You know, this is really not typical of our way of doing things." What he meant was that usually it is one person trying to talk the other into something. So we discussed my idea and this new plan, and we decided together that it was a good idea. The original plan would have been great, but we couldn't really afford it, and it was really interesting to me to see how we could talk about what was bothering me and work it out so that we were

both comfortable. This time neither of us felt that we had lost. I really feel good about it.

Therapist: Julia, I think this might be related to the work you did after your ski trip, about envying Robert.

Julia: Hmm. I never thought about that. But things are better between Robert and I.

Melinda: Sounds good, sounds like you're dealing with Robert differently.

Julia: Yeah. I'm not feeling so much like he's my adversary. I even feel lucky to have a husband who is willing to spend the money on his family. It's true that sometimes he wants to spend too much, but after all, he's not spending it on himself.

In this brief "report" four weeks following the original intervention, Julia spoke of her husband with a sense of gratitude for his good qualities. This had not been typical of her in the past. Although it is not possible to make a direct connection between the work done in group and the change of her attitude toward him, her unconscious envy has in the past interfered with her ability to value her husband and to function comfortably in their relationship. There is evidence of some improvement on both points; she

speaks appreciatively of him, and she is also able to talk things over with him with less anxiety, defensiveness or struggle for power and control. The role of unconscious envy in Julia's relationship with her husband came up again in future sessions. She showed greater willingness to explore the issue, having gained some awareness of its relationship to improvements in her feelings. The degree of progress seems to be enhanced when the level of interpretation can include such factors as unconscious envy, splitting and projective identification.

Envy: Group B

The following partial transcript involves both the concept of envy and of splitting, and it illustrates the manner in which these ideas can be worked with several different patients, within the same group session. It begins with David, a self-effacing, passive young man, concealing tremendous rage not far beneath the surface. The discussion continues with Bonnie, Mark and Pam who close the session on the same subject.

Partial Transcript of Group B
February 26, 1978

David: I have sort of a little stereotype that I'm oppressed by. I think of myself as being very passive in a basically dog-eat-dog world. I see aggressive, oppressive and assertive behavior in

others and I dislike it because I think, well, I should be more of those things in order to get along. I ought to be that way myself...

Therapist: You sound like you envy what you see in them, (to David) and that may stop you. You may be envying the aggressiveness rather than admiring it. When you admire something, you're more likely to copy it and learn from it. If you're consumed with envy of it, you are going to want to kill the other person for having it, instead of watching how it works and doing it for yourself.

Bonnie: That's really good. I haven't really thought of that exactly like that. I kill everything. I envy a lot.

Brenda: I think that's true, Bonnie.

Bonnie: Oh, it is. I can't believe it. If I could only learn. If you could admire and learn from people instead of wanting to destroy them for having it, then you couldn't...you're not in a position to learn or admire to take in.

David: I get caught up in the problem of right and wrong. I feel "right" when I can be gentle and not aggressive...

Mark: But wait till your kids get older, then you'll

see what a problem passivity can be. In terms of that "right" or "wrong," I've always thought of my type of personality in terms of right or wrong, and I like to be the good guy, but if it's ineffective in dealing with your children, how right can it be?

Therapist: You also got away with it with your wife, didn't you?
(to Mark)

Mark: With my wife, as it was with me growing up, it was an accepted life pattern. Then in your dealing with practical issues with your children on a daily basis, hell, you're obviously not "right" if you're only gentle; there's got to be a combination somewhere; you've got to push forward your position.

Therapist: You used to be the kind, sweet, gentle human...

Mark: Yeah, and it just didn't make it.

Therapist: It's not enough. There are times when assertion is necessary.

Bonnie: For self-preservation, if nothing else. And I'm thinking about children; if you were sweet and kind and gentle with three or four children running all over, they would steamroll you and that would be it. So there is some kind of

combination, I think, both qualities are needed and called for.

Pam: For the preservation of your relationship. What I hear from you, and what David said just before, is so very much like the way that I feel about Jim. He'd say, "I'm a nice guy and a better one because I am kind and giving"; at the same time he was letting me steamroll him, and I'm hating myself for it, and what's happening to the relationship...Jim has been the nice one, and he was obviously right and "good." He was the teddy bear and I was the Banshee. Of course, to anyone observing this situation, it was very obvious who was right and nice and kind...

Therapist: And gentle and loving...

Pam: Right!

Therapist: Wrong! Because he was letting you be the heavy in the family, and wrong because you are also kind and loving and gentle. We have seen lots of evidence of that in here. We've seen evidence of that in relation to people in this group, and heard evidence of it in relation to your family. Part of your loving feelings for your family have been experienced in your concern that the children get the discipline they need; when Jim

wouldn't do it, you became the "heavy," and you set the limitations and restrictions which were desperately needed. I don't call that wrong.

Pam: Sure, I can see that, but it would be better if Jim and I shared that responsibility more equally.

Therapist: Okay; true. But only as long as you don't see him as the only right or good or loving parent in the family.

Pam: I envied in Jim that which I felt incapable of having...

Therapist: You are capable!

Pam: Hmm...

Therapist: Are you relating to this?
(to David)

David: Well, I don't know. I'm still thinking about this business of the dog-eat-dog world that we live in, I guess we all live in. And that there are certain things about being assertive that you cannot do unless you,--pause--injure people.

Mark: You can be assertive without being an animal.

Bonnie: David, I found that if you just take care of yourself, and your own feelings, that it's not

stepping on people's toes, it's just watching out for yourself. It's really not hard, because if you stick with you as opposed to them, you're just taking care of yourself.

Therapist: What Bonnie's saying is that you have to take (to David) care of yourself. In order to do that, you have to know what you're feeling. I think you have difficulty getting in touch with what you're feeling. You can't take care of yourself unless you are aware of that.

David: I feel confused. Are you talking about your own feelings, how you feel about things? I think we're talking about a very self-centered, selfish point of view.

Bonnie: I don't think so, David. What I used to do was camouflage it, when I was talking about my feelings...and I think that it was almost a shade I put up in order to get away from how I really felt, because if I really say how I feel, I am going to risk being aggressive, stepping on toes and all of those things. It's really the taking care of yourself which enables you in the end to be more giving and more sharing, because you're not running around in circles trying to please everybody, and, for me...

Pam: For me, there is less resenting...

Bonnie: ...I used to be angry. I was furious. Look at all I do for you, and I am not getting anything. And part of the reason that I wasn't getting what I needed was because I didn't know how to ask for it, I couldn't ask for it, and for me, it's just really worked.

David: Are you talking about self-worth?

Bonnie: Yeah. Being able to really..., I don't know, but I don't feel like it's a selfish thing.

Therapist: It's a good thing to take care of yourself. It's healthy and I also don't feel it's a selfish thing to do.

Pam: Most important, it keeps your resentments down.

David began by complaining about himself, in such a way that subtly invited support of his passive, "pleasant" personality. Although he claimed that he disliked assertion in others, because he thought he should be more like that himself, it is likely that he would have responded positively to the idea that the "other guys" were really not very nice. He offered a clue of this when he linked assertive behavior with the word "oppressive." The therapist responded not to the idea that assertiveness is oppressive, but instead to the idea that David envied that capacity in others. The therapist

had considerable evidence from reported history and past experiences with David to support this idea.

Bonnie picked up the interpretation, and used it to think out loud about herself, saying "I kill everything. I envy a lot." She was able to do this because of the considerable and profitable work she had previously done on this matter. Although she comments "if only I could learn," she was in fact in the process of learning already. There was no defensiveness or resistance; there was only, as she put it so well, a "taking in of food for thought." David returned to his struggle, which is likely to take him a great deal of time to work through.

Mark entered into the discussion, followed by Pam, in an example of how group members are able to identify with work initiated by one, and apply it to themselves. The acceptance of, and general comfort with, the search for unconscious envy as part of the group culture, may make it possible for someone like David to confront these issues within himself more quickly, and perhaps more easily than he could in individual work. The stigma is gone, and the problem has been universalized.

The concept of splitting was interwoven with envy, as is often the case, when Mark explained his own past difficulties with having split off the assertive part of himself. Bonnie picked up the idea of needing both qualities, gentleness and forcefulness, for "self-protection." Here she discussed her own understanding, after much work on her part,

of the integration of various aspects of the self. Such integrative processes mitigate feelings of envy.

Pam continued by relating splitting and envy to its effects upon relationships (her and her husband's). In the interchange with the therapist, her own impoverishment and low self-esteem became evident from her perception of her husband as the good guy (the envied one), and herself as the "Banshee" (the hated one). The therapist attempted to offer her an alternate view about herself to heal the split, reduce the envy, and enhance the self.

Being aware that David had opened the session, and as yet seemed to have resolved very little, the therapist then switched focus to him. (Resolution of these issues comes bit by bit, over a long period of time, but there is usually a feeling of closure that can be sensed from a patient within each session).

In response to David's confusion between assertiveness and injuring people, Mark offered the benefit of his own prior work and stated, "You can be assertive without being an animal." This was similarly followed by Bonnie, who described her own efforts at asserting herself, which had resulted in her improved self-esteem, as well as improved family relationships.

The therapist emphasized Bonnie's point, but David responded almost predictably by stating his concern that taking care of oneself is self-centered. This is what David needs to do, to be more centered with his "self." He needs

encouragement to recognize his own needs, and to get them fulfilled, so that he can be in a position to give to others without resenting or envying them.

A group theme of this session had to do with the positive aspects of self-assertion. Failure to be assertive leads to envy, as others are perceived as going out after what they want and the passive person fantasizes being deprived. In this session the conviction of the therapist regarding the unconscious role and the problem of passivity helped move the group to a resolution regarding this universal problem.

Assertiveness training is currently in vogue and may well have a place in the armamentarium of psychotherapists from the vantage point of behavior modification techniques upon which it is based. However, if is this therapist's belief that true insight into the basis and pervasive results of the unconscious conflicts that result in a lack of self-assertion contribute to a broader and more lasting effect on the patient's lives.

Bonnie had encouraged David by sharing her own experience with self-effacing attitudes which have led her nowhere. Pam identified with this, and closed the session on a poignant note.

Splitting: Group A

In this session of Group A, the problem of splitting

is illustrated by Sharon, the new member of the group.

Partial Transcript of Group A
February 23, 1978

Sharon: I just haven't felt like dwelling on my story,
which is a very sad one.

Julia: What is it, Sharon?

Sharon: Well, it's about Jerry.

Julia: Your husband?

Sharon: Yes, and our separation.

Julia: How long have you been married?

Sharon: Twenty-eight years.

Julia: Twenty-eight years is a long time.

Art: Sharon, I would be grateful if you would give
us some background. Would you mind?

Sharon: It's such a long story...

Art: Just a little information would be helpful.

Sharon: Okay. I'll just say one thing, and that is
that I think part of my present difficulty
is that I was only eighteen when I married
Jerry, and I was still living at home. All these
many years, he's the one who has put me through

school and he's taken care of me and he's been my rock in every way, shape or form. I've always depended on him for everything in my life.

Art: I would assume if you're teaching, and I think you identified yourself as a professor, you'd have to have a doctorate...

Sharon: I do.

Art: Raising four children and achieving a doctorate is no small task.

Therapist: It is not.

Sharon: But he was always there to help. He was always part of the picture.

Art: I'd have to tell you, coming from an era when getting an education was neither cheap nor simple, or any easy thing to achieve, I think that what I'm hearing is that in your own way, you're quite a lady.

Sharon: I have to prove that to myself at this point because with this experience of being left I feel very bad.

Art: I think, and if you'd consider it as I do at this point, you might give yourself a little more credit and view your situation a little bit

differently.

Sharon: Well, I'm trying. I've been on my own for a month and it's been very difficult for me, but I'm improving and I haven't been breaking down in tears for a long time. I've been coming along very nicely.

Walter: How much older is your husband than you?

Sharon: He's eight years older than me, but he's very youthful looking, I feel that he looks much younger than I do.

Melinda: This is not to be believed. You want to invest everything in him, which is hopefully something you will want to change.

Sharon: But I do want to invest everything in him.

Melinda: When I used the term "invest in him," I'm sensing from you that if he were happy at home with you, you would be happy.

Sharon: That's right.

Melinda: He's obviously saying to you that you've been a doormat all of these years, and "I don't want to come back right now to a doormat." So how about beginning to think about changing? Maybe he'll want to come back to somebody different. You

put all of the value in him.

Therapist: Yes.

Melinda: Sharon sounds like this, "I'm not as good as he is. He's so much better than me, he's got it all."

Sharon: He was always a magnificent father. He's understanding, he relates well to the kids, he talks to them a lot and at times, when I would be the one to jump up and yell at some of the events when you get excited, he would be the one to be calm. He's really super.

Gary: Why do you feel that he's such a terrific father?

Sharon: I don't know.

Walter: I think you are defending him.

Sharon: I see a lot of guys who do a lot less than he, for one thing. I think he's been a wonderful father, even though he didn't spend that much time with them.

Gary: Do the children still feel that he's wonderful, now that he's left you?

Sharon: Well...

Melinda: Maybe the children see the truth.

Art: Are you angry at him?

Sharon: I'm not angry, no I'm not. Maybe I should be.

Gary: Why do you say you should be?

Sharon: Because he's done all these terrible things that I should get angry at. He's been having an affair with a woman 38 years younger than myself who has been calling up since last summer and telling me about Jerry.

Lyn: And telling you about your husband?

Sharon: Yes, and his difficulties at the office, etc.

Gary: Sharon, I just sit here and I am just astounded at you. I don't see how you can be smiling. I'd think you would be so angry and upset. I'd be sad. I'd cry.

Melinda: I'd be angry.

Art: Angry as hell.

Walter: You've got him on a pedestal.

Melinda: You're doing something to him that's making it impossible for you to deal with the realities of it.

Therapist: Putting somebody on a pedestal is a burden to them. He can't ask you for anything if you've got him up there. He can't come to you for anything, he has to be this big strong man. I just don't think being on a pedestal is good for anybody.

Gary: He'd have a lot of difficulty relating to you after what he has done, since you're not angry. You want him back. I think that you're still putting him on this pedestal, perhaps even driving him further away.

Sharon: I'm sure that you're right. I still don't know how to go about doing this and once I was very upset about something or other, and he called me up and I said, "Why are you doing this? I feel like doing something awful." And he said, "I know it," and I said, "I don't know why you keep on doing it," and he said, "Well, at least I have my health." He's very concerned about his health.

Gary: Excuse me, is that the way you talked to him?
Just like that?

Sharon: Yeah.

Gary: You sure don't sound like you feel like doing

something awful. I mean, you sound very sweet and sort of motherly like "oh, you did something awful, but I still love you." You don't sound like you think he did anything awful to me.

Therapist: Sharon, you're just out of touch with that. You're just absolutely detached from that whole part of your personality that has to do with negative things.

Sharon: I really don't like confrontations.

Walter: Why?

Sharon: It frightens me very much.

Gary: Why are you so afraid of confrontations?

Sharon: I don't know.

Art: You always felt that Jerry protected you.

Sharon: Many times he did.

Art: And this business of being on your own for the moment gives you the feeling of being unprotected.

Sharon: Terrified.

Lyn: But she's obviously never had a confrontation with her husband.

Walter: She hung up the phone.

Lyn: That's not confrontation, that's avoidance.

Therapist: I sense Sharon's detachment from negative feelings.

Sharon: For example, I've begged him just to ask his mother who lives with us to go away for a month, and he wouldn't do it.

Therapist: You said you begged him. It's your home.

Sharon: It is my home.

Therapist: You're acting as if it's his home and you're a guest.

Art: Don't you have the right to say to her in the light of the circumstances that you'd be more comfortable if she were elsewhere?

Sharon: I'm not sure I have the right.

Therapist: Like being a guest in your own home.

Art: Yes.

Melinda: I would just ask you to think of why he would come back to you. What is it about you that would make him want to come back. What is it about you as a woman that he should come back to?

Sharon: I really can't answer that. I don't think I can find out what because, frankly, I don't know what he wants at this point.

Melinda: Relation, relation. What do you want from a relationship with a person? A person..., a person, are you offering him a person?

Sharon: Not right now.

Melinda: When did you last offer him a person?

Sharon: I can't remember.

Therapist: You offered him devotion, but did you offer yourself as a person? You seem to be confused, I think Melinda's point is a good one, I think a very good one. But what Sharon offers is not the same thing as a person. Devotion is what you get from your mother.

Sharon: I don't know what you mean by a person.

Melinda: That's what I think you should find out in here.

Art initiated the group's work with Sharon by noting her accomplishments. She minimized Art's praise of her, responding, "He was always there to help." This pattern continued throughout the session. When Walter questioned the age of Sharon's husband, she answered that he is eight years older than she, but added, emphatically, that he looks

much younger than she does. The therapist was aware of the distortion involved in this statement, having just had an interview with the husband (who looks considerably older than his wife).

It is interesting to note the way in which Sharon's protests about her idealized husband and devalued self were responded to by the group. While Sharon's words were almost reasonable, her manner belied the fact that "the lady doth protest too much". The therapist and the group experienced her as having an emotional investment in convincing us of the defensive system she chose to maintain, rather than confronting the changes she needed to make.

The therapist has found Sharon in the past and particularly in this session to be in a state of projective identification and impoverished as a result of that. It is known from her history that Sharon's incomplete identification with her mother, who is psychotic, has left her with devaluuing and negative feelings about herself as a woman and highly idealized feelings about men, particularly about her husband. The process of her splitting early in life can be reconstructed as the split of the good parent into the father (possessing strength and nurturing qualities) and of the bad parent into the mother (the defective and needy one). The lack of integration of this distorted view resulted in Sharon's inability to understand the opposite and ambivalent aspects of her parents and of herself. Mother, woman, and Sharon are all bad; father, man and husband are all good. The

infantile precursor of this split distorts Sharon's current perceptions of her adult reality. She carries on the split view of her parents into her adult life.

As Sharon splits off valuable and important aspects of herself, and projects them into her husband, she then feels depleted of self-worth. In later sessions it is revealed that the splitting takes various forms. One persistent one is that all goodness and strength reside in men, and all weakness, helplessness and neediness reside in women. A serious result of the splitting is the idealization of her husband. It does not allow her to see him realistically and she cannot see him as needing anything from her emotionally. Another result of Sharon's splitting is that it deprives her of important parts of herself, namely, assertion and self esteem. This contributes to the problem of envy. When her husband possesses desired and envied split-off parts of her, her envy of him increases. This envy results in unconscious destructive attacks against him. Her envy also promotes unrealistic expectations of her husband and blinds her to his emotional need of her. This is pointed out by the therapist noting that being on a pedestal is not good for anybody. This idea is picked up by Melinda later in the session, when she comments on Sharon's depletion of her sense of herself as a person. At this point, Sharon's defenses began to be penetrated by Melinda, who was sensitive and earnest in her work with Sharon. Sharon expressed confusion

about what it means to be a person. Melinda offered her encouragement about the possibility of finding out about that. The session closed with the suggestion that this might be something the group could help Sharon to discover.

Splitting: Group B

The following excerpt illustrates the use of the concepts of splitting and projective identification in a session of Group B. The session primarily focused on Bonnie and her relationship with her eldest child, and only son, Eric.

Partial Transcription of Group B
January 18, 1978

Bonnie: The problems with Eric have not gone away; they are the same ones, absolutely the same ones!

Therapist: So what?

Bonnie: So what?? (quietly).

Therapist: You might be readier to hear certain things than you have been before.

Bonnie: If I were to work on Eric today, I would say, "I don't like him very much"...the same thing that I've said for the last year and a half.

Therapist: Each time you talk about it, you are able to hear a little more, tolerate and absorb a little

more...you're able to look a little harder at your part in it.

Bonnie: The problems that I have with Eric are my problems, my feelings...because he's not doing anything terrible. His grades are okay.

Therapist: Do you think you are doing any better with him than you were, say a year ago?

Bonnie: Uh, yeah, but, well, I still think I have..., a bad thing with Eric. Particularly, it is that I still do awful things to him, and I still say terrible things to him. I will do them and say them and then I will walk into my bedroom and close the door and feel guilty about doing it. I don't feel guilty when I do them because I'm so furious. Later I always feel guilty.

Therapist: Well, why don't we try to dig into this and see where we get.

Bonnie: Okay.

Therapist: Maybe David could be helpful since he has a fresh view of your problem with Eric.

David: Well, I just know basically that this is a rebellious teenage son that you have a lot of conflicts with. You are not getting along with

your oldest child.

Bonnie: Yeah, that's right. But, you should know, he's really a pretty straight kid. He's pretty nice. I look at him, and I'm in the midst of despising him, I can even step out of my body that's hating him and say "God, you know this is rediculous, because this kid really is a good kid."

David: How old is Eric?

Bonnie: Fourteen, so basically...

Therapist: Basically, you don't feel comfortable or confident with him.

Bonnie: I'm afraid, yeah, that's right. I think probably the biggest thing is that I'm just really afraid that Eric is going to turn out rotten, and it's going to be my fault because I'm not very nice to him.

Therapist: Maybe that's not the reason, but basically you feel he's going to turn out rotten.

Bonnie: That he's going to do terrible things. It embarrasses me, how I feel, because it's so rediculous. I think I'm such a rotten mother. Okay, first of all, he and my husband have a

really nice relationship. He really likes his dad. He and I sort of have this bad and good relationship, mostly bad. The latest thing in my mind is that because he has this hate thing with his mother he's going to turn out to be a rapist. It embarrasses me.

Therapist: The thing about Eric that we know is that the circumstances around his birth were different from that of the other children and I've always thought that this may have a lot to do with how you feel about him.

Bonnie: I think you're right. I have been able to consciously think lately, when I've been really angry with him, that things would really be better if I didn't have him.

Therapist: You mean if you would have given him up for adoption?

Bonnie: No, if it just never happened. I just think "God, if this had just never happened, then my life would be so much more pleasant."

Therapist: If this "thing" had never happened, which represents the thing about you.

Bonnie: Okay. But I can talk about my first husband, and I can think about him now in a way that I

never could before. We just happened to drive by a park that I had been in with my first husband, he and I had been in that park, and I had very nice nostalgic feelings about him. It wasn't bad, I remembered what he looked like, I thought about him, and I thought that that was a nice day, that day in the park.

David: Eric is his son, and your other children are your second husband's?

Bonnie: Right. I can't say that I'm comfortable with that first marriage yet.

Therapist: Do you think you were bad in that marriage? Is that the bad Bonnie that you keep putting into Eric?

Bonnie: I don't even know if I really feel bad about that marriage.

Therapist: If you let yourself think about it, maybe it wasn't so bad. Actually, this is the first time I've heard Bonnie remember something good about that marriage. I've always had the feeling you wished it had never happened.

David: This was when you were quite young?

Bonnie: I regret that that marriage ever happened.

Therapist: Why?

Bonnie: I do.

Therapist: You see, Eric is the product of that marriage.
(to David)

David: Did it change the direction of your life?

Bonnie: I don't know.

David: Did it spoil some plans that you had?

Bonnie: I was going to school at the time but I wasn't
going to half of the classes anyway.

David: You were in high school?

Bonnie: I was in my first year of college. Probably
had that not happened, I would have gotten
straightened out. But I don't think I would
have, David, because I was really crazy!

David: Perhaps you had this regret that somehow if it
hadn't been for that marriage, your life might
have taken a better direction much earlier.

Bonnie: I think that I was on such a bad course at that
time, that I think that maybe something even
worse could have happened to me. So I don't
really think...

Pam: What were you heading for, what were you doing

at the time? What do you mean by bad course?

David: Becoming a rapist?

Therapist: Good interpretation, David.

Bonnie: What???

Therapist: Tell us about this bad course. I think it's important.

Bonnie? Well, okay. All I can do is tell you what I was doing at that time. I was going to school on the pretense of going to school, but I was never going to classes. I just screwed around with my friends, literally and figuratively. I lied to my parents about absolutely everything. There wasn't one thing I can think of that I didn't lie about, whatever.

Therapist: What do you mean whatever?

Bonnie: I mean whatever I was doing I lied about.

Therapist: What were you doing? Besides going to school?

Bonnie? Nothing. I was literally and figuratively screwing around. I was....bad.

Therapist: Did you get pregnant then?

Bonnie: We'd already done that number.

Therapist: Do you want to tell us about that? (very quiet)
How did you feel at the time?

Bonnie: At the time I felt relieved. The circumstances around the pregnancy were such that I was relieved actually having the baby and getting it over with.

Therapist: Did you know who the father was?

Bonnie: Oh yeah.

Therapist: Do you know who adopted it?

Bonnie: Well, I know they were friends of the doctor, who had taken another child years before.

Therapist: Were you at home at the time, did you go back home?

Bonnie: Well, what happened was that the baby's father and I were going to get married, and my parents didn't want that.

Therapist: Didn't want the marriage?

Bonnie: Any of it, the marriage, him...He was Jewish, and he told his father. His father said that under no circumstance were we going to go through with the marriage (crying).

Therapist: What you've told us today is a little different

and more than what we've heard before.

(inaudible). There was a whole part of you that felt unworthy. To be rejected, to be treated cruelly. Why don't you tell us about your feelings...

Bonnie: It hurt, and hurt and hurt and hurt. (still crying). I don't know if I loved him anymore than I did anyone else at that time. He and I had a lot of good times before I got pregnant. (inaudible).

Therapist: There you were, seventeen years old, ready to commit yourself to marriage.

Bonnie: I didn't feel like I had any choice. I didn't know of any other solution, than marriage, I didn't feel there was any other solution.

David: Did that put you into sort of a panic, or was it mostly hurt that you had been rejected.

Bonnie: It was hurt. I was just hurt. And I really didn't have time to panic. I went home and my mother confronted me with my checkbook...she said, "What is going on?" I was spending all this money setting up an apartment thinking Ronnie would marry me. Of course, when she questioned the checkbook, then it was all out in

the open. She said, "Don't you worry, he will marry you or else." But he didn't! He presented it in such a way that if I had been Jewish, everything would have been okay. So I had this feeling like maybe he really did love me, and it was just his family--they would have disowned him at nineteen years of age.

Therapist: You sound like you weren't very clear about a lot of things.

David: That was a time when marriage was considered the only acceptable solution to the problem.

Therapist: The thing that is so striking is your parents' reaction to you, which you bought "hook, line and sinker." It was that you had done something that somehow had to be fixed--it couldn't be accepted for what it was, you couldn't go on and have the baby, and give it up for adoption. It seems that would have been the best for you and the baby.

David: Instead, it was the old shot gun marriage. Didn't you have some resentment of how your parents handled it?

Bonnie: (quietly). What they did with it is they had me locked up in the house. I had to tell every-

one that I was going to Washington. I had a friend in Washington that my parents mailed postcards to that I had written. This friend then mailed the postcards back to my parents as if they were from me. This was to keep the mailman from suspecting that I was in the house. So I literally stayed indoors for five and a half months. They told me they could send me to "a home," but that that would be sending me away, they didn't want to do that because they loved me, and so they would keep me at home.

Therapist: They were ashamed.

Bonnie: They were and I was.

Therapist: That's the point. You have accepted what they thought. You've never thought about what you should feel. They were chained, you were chained. They thought it was terrible, so you thought it was terrible. They tried to hide it, so you tried to hide it.

Bonnie: I just remember, when it was all over, they said, "It's all over."

Therapist: This "horrible thing" that has happened is all over.

Bonnie: They said, "You never have to think about it

ever again."

Therapist: This terrible, terrible, shameful thing is over, put it out of your mind and never let it darken you, and that's virtually what you tried to do. But you did not succeed. You couldn't. Nobody could. Nobody can take an important experience in their life, like having a child, and just put it out of their mind forever. They are saying take the piece of you that got pregnant out of wedlock and just forget about it. Pretend it never happened. Those feelings of shame, anxiety and badness--where are they going? I think that it is fairly evident that they are going into Eric. Why are you worried about him growing up to be a rapist: one of your worries has always been that he would grow up to be something terrible, do something bad, get into trouble, because you think you got into trouble.

Jay: I've never heard this first part of the story at all. I have just heard the second part--the second part is that you were going to marry your first husband no matter what. I never understood why. No matter what. Whatever it was that you went through with that first child, must have been bad--you weren't going to be locked up for another six months.

Bonnie: Right. But I wasn't pregnant when I got married.

Jay: Oh, well I thought you said...

Therapist: You told Jay you were.

Bonnie: I'm sorry.

Jay: Oh.

Pam: You meant you had this first pregnancy before you were married, but you were not pregnant with Eric when you got married.

Bonnie: No.

Therapist: You know, that was a very interesting confusion on your part, the way you answered Jay. Did you hear Bonnie say yes, I was pregnant when I got married?

Bonnie: But I misunderstood him.

Therapist: I'm not sure. I think what just happened was that Bonnie's mental association to "getting married" was that she was tied up with having been pregnant once before. There's a confusion for you. You wanted to get married and make yourself an acceptable person, marriageable; not bad or shameful. Something about that first

marriage was connected to having been pregnant. But it wasn't really a clear cut, "I want to get married because." I think in your mind you were still pregnant, walking around with a big "A" on your chest before you got married.

Jay: Eric has been a constant display to the world of something evil.

Therapist: Yes, I think you're right.

David: Is there by any chance any similarity between Randolph and your first husband?

Bonnie: None, totally different.

David: Was he Jewish?

Bonnie: No. Really different.

Jay: No, that would make it entirely too neat.

Therapist: That's the way it is in the novels. Re-do the experience, and have it come out right. But I think Jay was really on something when he said there was a connection between the first pregnancy, the first marriage and Eric, this first child. Actually, it isn't the first child--it's Bonnie's second child. When I heard Jay say that these were all tied up, I didn't hear Bonnie protest it. And I really think there is

a lot of validity in that. It's not so much that they're connected, but the terrible feelings Bonnie has about all that.

David: Feelings of failure.

Therapist: Failure, shame, regret; particularly feelings of shame and badness, something to hide. The important thing to me is that Bonnie's view of what happened doesn't sound any different to me than her parents' view. Their view of what happened is irrational and insensitive. What a tribute to Bonnie. She went on from having given a child away for adoption, which was the best thing to do for the child, to a poor first marriage, had a child in marriage, and then goes on to marry a neat guy and have three more nice kids. He adopts the first child and develops a good relationship with him. Bonnie, you sit there grumbling about yourself; you sit there shaking your head as if you are some kind of a tramp.

Bonnie: That's how I feel. I mean, I don't feel like a tramp today, but I think I was a tramp. I was! I mean, let's face facts, there were nice girls and there were bad girls (sobbing). I remember, there was a line in school, there were nice

girls and there were bad girls.

Therapist: And you were one of the bad girls?

Bonnie: I sure was!

Jay: I'm smiling because I can see that she decided
she was a bad girl by her own standards.

Therapist: It's not her standards, it's her parents.

Jay: But she believes it, so it's become her standard.

Therapist: Do you think she's a tramp?

Jay: Do I think she's a tramp? I've never even
thought of it.

Bonnie: I don't think I am today.

David: We all went through it. Men live with it,
women live with it, I understand what you are
saying about bad girls and good girls. It was
a time. It was a value system. Not a good one
at all. Who gives a damn now?

Bonnie: My parents said to me that they were doing me a
real big favor--because they could have sent me
away. And I should be grateful. I haven't told
you the clincher. My father finally said, okay,
there's no hope for Randolph to marry you. Then
came along this nice boy who happened to find

out through the apartment manager my whole lurid story. He called and talked to my folks, who obviously had a lot of money. So my dad says "come on over"--my dad said he would make a nice offer to marry me.

Everyone: Oh boy--Jesus. Can I buy you a husband?
(inaudible short discussion).

David: Well, one thing I am struck by is that you were not a tramp. You tried to set up housekeeping, you had an apartment. You thought he was going to marry you. The real tramp of those days got laid in the back of a '56 Dodge.

Therapist: I think what you are trying to communicate to Bonnie is that you are not experiencing her as a tramp. Then or now.

David: I think you painted yourself as so horribly bad, and your parents were doing you this wonderful favor and you bought the whole thing. Then, in defiance, a year or two later, when you got your gut up, you thought, by god, I'm going to show them, I'm going to go out and get married, and I'm going to marry whoever I like, especially if they don't approve of him--perhaps just for that purpose. But you still bought their standards.

Bonnie: You know what, David, it's very interesting because at the time I married my first husband, I was "pinned" to the nicest boy at Stanford that you would ever want to meet. My parents, after the first pregnancy, would drive me to San Francisco and they would stay in a motel so I could visit this boy; a very nice boy from Stanford. And I was pinned to him. And then I sort of up and married this other guy who they disapproved of. This ties in very nicely with what you are saying which I never thought of before. They really liked this other guy and I could have married him and didn't.

David: Because they really liked him. What's the difference between a nice and bad guy?

Bonnie: They were nicer people. They made me feel that they cared about me. As opposed to just a one nighter. The nice boys were the ones that my parents always liked.

Therapist: I think David made a connection to the hostility; a very important link. Somebody, was it Jay, asked you if you were angry with your parents. You couldn't really come up with a feeling of anger--but David's point is that you were angry and you repressed it, like you are repressing

the whole experience now, or trying to.

David: How long did you stay married?

Bonnie: About a year. But I was pregnant immediately. We were married in March and Eric was born in December. After the divorce, I was dating a lot and then I met Stan.

(inaudible interchange).

Bonnie: Stan had a very hard time deciding if he wanted to marry me because I had a son; it was not an easy decision for Stan.

Therapist: He must have felt very strongly about you as a person since he had some reservations about raising someone else's child.

Bonnie: He did.

Jay: That's a bigger plus for you.

Therapist: It's a plus only if Bonnie sees it as a plus.

Jay: Well, it is a plus. Bonnie you should look at yourself in a much more positive manner because of that.

Therapist: I think that will be hard for Bonnie until she stops looking at herself as having been a tramp.

Bonnie: Okay, how?

Therapist: Go ahead, David. You were working on that before. Your comment about the apartment, the whole feeling of what you were saying to Bonnie seemed to be that she was trying to make a marriage when she realized she was pregnant.

David: You took it seriously.

Bonnie: Like I said before, I was a nice bad girl, I mean, I had to like them to sleep with them. I mean I had my own set of morals.

Jay: What difference does it make?

Therapist: It does matter. Jay, you're saying "forget it, it's history" like her parents said. But it's not in the past if Bonnie still looks back upon the whole thing and can't feel resolved about it. As David was saying, "She was trying to make a serious relationship, trying to make a home, to do right by having the baby." Bonnie was decent and trying to do the right thing. How can you put it to history as long as Bonnie feels like a tramp.

Jay: When I say history, I mean this happened years ago. And even if you were bad, by your definition you were bad, so you were bad--I

mean, how long can you dwell on it since years have gone by. There is no question, Eric is definitely a product of all this. When I hear you talk about Eric, Bonnie, everything bad is always connected to Eric. Any bad, is always associated with Eric.

Therapist: I wonder also if Bonnie doesn't feel bad about giving away her baby. Maybe she feels guilty about that too.

Bonnie: I don't think about it, ever; so when you ask me your questions, like that one, it's very hard to answer. I remember that I wanted that baby very badly. And I used to have these fantasies that the baby would be born and that Randolph would come to the hospital and he would see the baby and everything would be okay and I would in fact be able to keep the baby. When I think now about the baby, it's almost like I don't allow myself, well I don't, I don't think about the baby.

Pam: Well it's the same as saying that you would like to forget Eric; you really want to take the whole thing and push it all aside.

Therapist: Good point, I think that's what it is.

Bonnie: That's why I think about my life and I think
"if only Eric was not there..."

Therapist: You could forget about it.

Bonnie: I could. It would be...

Gavin: Eric is there...

Bonnie: I know Gavin, that's the trouble.

Gavin: And I think, rather than burying it, I think until you can deal with it and converse about it, and really put it, and make it history, make it an event in your life that happened, you're not going to go any place. It's always Eric who is going to be nothing but worse, and worse, he's going to be a thing in you that you are never going to get rid of. And that's what I am saying. I think until you can deal with it and talk about it...

Therapist: That's what she is doing right now.

Gavin: You haven't done anything by my standards that is so bad.

Bonnie: It's a funny thing, Gavin, Stan and I had a discussion the other night about our daughters. We have a ten year old who has become very precocious and we started talking about what we would

want for our daughters. It's very interesting that neither of us expect our daughters to be virgins when they are married. Frankly, if my daughters did what I did, I don't think I would be that upset about it. I wasn't a tramp. I mean, I really wasn't. I really wasn't.

Everyone: You don't have to convince us.

Bonnie: If they were to do what I did, I'd try to understand. I was a little crazy and I think I was looking for somebody to love me and hopefully they won't have to do that, but, if they sleep with several different men it doesn't really hang me up. When I think about the way I was, I just feel...

Therapist: Sorry for that seventeen year old girl?

(pause).

Bonnie: I said to Stan several times, that out of our kids, one of them has to be rotten!

Therapist: That's right, and you know something? You were talking about how Eric is the one and you can't get rid of him and he won't go away, but if he wasn't there one of them would still have to be rotten. You would find one; you would find somebody. You just said it, one of them has got

to be rotten. I feel strongly that that would be the case. You have to get rid of the "bad part" of yourself, get it out, detach it, split it off from the rest of you. You have to get rid of what you consider the bad part of you and put it somewhere, and the logical place to put it is usually into a kid or into a spouse. And that's what I am always working with in people, is not to put it into somebody else, a part of yourself; own it. If you do then that person has that badness in him and they know it and they feel bad and they behave bad. If you put it into a spouse you usually wind up looking at your spouse and thinking that they're bad or crummy. You want to get rid of them; get a divorce. So as Gavin said, even if Eric wasn't there, you would have a rotten kid--a kid that you were worried was going to be a tramp or was going to turn out bad. It would probably be something sexual you would be worrying about, because you think that's what got you into trouble, sex.

Bonnie: Is that where that rape thing comes in?

Therapist: Yes. You said it, you said you were worried that he's grow up to be a rapist.

David: Yeah, you were saying you were worried that he would grow up to be a rapist, and then when you were talking about bad things that you were doing I called you a rapist.

Therapist: Right. Bonnie was making a violent attack on herself.

Jay: Because Eric is you and that's why you attack him.

Therapist: Eric is the bad part of her.

Jay: Bad part of Bonnie. If you were not a bad girl, then Eric would not be bad.

Therapist: But since Bonnie thinks she was a bad girl...

Jay: The idea seems to be that you've put off on Eric the bad parts of yourself and continue to hold yourself responsible for them, even now.

Bonnie: Even though they are in him.

Jay: Sure, you don't really dump the shit into him, you don't really get rid of it.

Therapist: That's the point. You don't get rid of it because, on some level, you know what you're doing and feel guilty about it.

Bonnie: Yeah, you know I sure feel guilty about him.

Jay: Eric isn't bad yet, but Eric will be bad. Something terrible will happen. And whatever it is, it's going to be all your fault.

Bonnie: That's how I feel.

Jay: And that has nothing to do with reality. At all.

Therapist: The only way to avoid doing that, feeling responsible for whatever Eric does, is to re-own the part of you that you are calling bad; to own it, to accept it. If you want to call it bad, call it bad. I don't think it is bad; it's human. Own it! It's something you did, it's something that happened to you. You can own it and take it back inside yourself and you can still be a lovely and charming housewife and mother. Nobody in here thinks what you did was bad. It was part of your life.

Jay: You're not the only one who has done stupid things.

Bonnie: I know.

Therapist: What stupid things, Jay.

Jay: I was weak. They were the kinds of things where I was incapable of defending myself. I was forced into situations where I felt cowardly,

weak and completely at the mercy of others.

Therapist: So you don't want to own the weak little boy part of you?

Jay: And those were the kinds of things I have tried to squeeze out of me and throw them someplace else.

Therapist: Split off, put into your wife?

Jay: It doesn't even do me any good to do that; it doesn't work. Those were the things to me that were the evilest of all. That to me was what I couldn't stand the most about myself, weakness. We try to get rid of whatever particular thing it is that we are unable to accept in ourselves. That was the thing I was unable to accept.

Therapist: But Jay, like you said, you can't really get rid of them and it does you no good to try.

Jay: No; all it has done is mess me up for a long time; right up to now.

Bonnie: So how did you start integrating that stuff?

Jay: With enormous difficulty and only recently, only within the last year and a half; and I haven't fully integrated it yet.

Therapist: I don't think of you as fully comfortable with the cowardly, little scared kid part of you.

Jay: The therapist has been trying to help me do more than put away the anger about my parents, to feel some empathy for them. I know now, but I had gotten to a point where I could forget "what they had done to me," but I couldn't look at it from their standpoint. I couldn't see what their problems were in dealing with me.

Therapist: Perhaps if you could be sympathetic to your parents' limitations, you could be sympathetic to your own; to the cowardly little, frightened boy that you were.

Jay: Hmm.

Therapist: Gavin, I think you are intolerant of the part of yourself that was insecure with girls and shy and not confident. I remember how you describe yourself as a young man, not at all sure of yourself with girls. There is a part of yourself that you still don't feel good about today, very much like Bonnie.

David: Yeah, I have similar stuff.

Therapist: How about you, Pam. How do you feel?

Pam: I was really waiting to see, what will it be?
Is it my turn?

Therapist: I'm with you now. I think I have a clue about what part of you you are intolerant of. I think it is that angry little girl that was fightful and gave her mother a hard time, and wasn't "nice" like her sister. And I think it was the feisty, rebellious, rambunctious tomboy who didn't please her mother and wear pretty skirts and hair ribbons. The one who was interested in intellectual things that mother didn't approve of for girls. I think you are intolerant of the part of you that was spunky and rebellious and intellectual and athletic.

Pam: I think that I am aware of a lot of things about me that are not so good, like I am bitchy. I'm not going to worry about that anymore, I am going to concentrate on some of the good things about me.

Therapist: It's also good to be aware of the bad things, if you can accept them. What good is it for Bonnie to feel she was a "bad girl" if she can't accept that she did what she did. There is a part of you that puts yourself down as a daughter, puts yourself down as a sister. Of the two little

girls you were the one who caused all the trouble. And I don't think that you have accepted that, for whatever reason. You were the one who had more energy, was more verbal, less willing to put up with the restrictive environment that you were in, and wanted to get out and climb the trees and do stuff in the world, and explore and learn. You weren't going to be this little doll that your mother dressed up and could show off, you weren't going to be that. And that's great!

Pam: I'm not sure I'm ready to accept this person.

Jay: Isn't it better for us who have this problem if...

Therapist: All of us have this problem of owning parts of ourselves that we don't want. This gets into the fantasy that nobody else in the world, did as Jeff said, stupid, inadequate, weak, dumb things in their childhood. Where do you get this idea? You sound as if there is some perfect person that grows up and just goes tripping along from one stage of life to the other without crisis or pain.

Bonnie: And I know that this is not so.

Gavin: Do you really believe that, Bonnie?

Therapist: Well said, Gavin.

Gavin: I can see Bonnie predetermine that Eric is going to be bad, and even if Eric isn't bad, she's going to set up a situation that's going to make Eric bad, and she's going to say "Ah! You're bad."

Therapist: Eric is a pretty tough cookie. He may not be bad, in spite of what Bonnie does. It's possible that he won't but that doesn't mean it will be comfortable and easy for Bonnie's relationship with him. That's what could go bad, this relationship. He's so spunky, he may be fine. Eric has a good relationship with his father which helps him enormously. So Gavin, your point is well taken. I'm not convinced that Eric will be bad, but I am convinced that unless Bonnie stops dumping on him, that their relationship will be bad, and that will be very unfortunate.

Bonnie: The other day, he looked at me and he said, "You know, if it weren't for Dad," he said, "I'd leave."

Therapist: That's sad.

Bonnie: It is sad.

Therapist: That's sad for you, Bonnie.

Bonnie: That's what I am feeling...very sad about it.

Jay: I've heard you talk of him, though, like he can be mature and you can deal with him about some things on a very mature level.

Bonnie: I can, but it depends on how I feel about him.

Therapist: And how you feel about yourself.

Bonnie: I really want a good relationship with Eric.

Therapist: And that will help you feel better about yourself.

During this session, Bonnie reviewed with the group the earlier circumstance which specifically affected her relationship with Eric, her son. She brought forward that he is a product of a former marriage which she feels ashamed of, as she feels ashamed of her life before her present marriage. This shame relates particularly to her adolescent sexual "acting out." Bonnie was raised in a cold, conservative family of considerable money and prestige. As a young girl she sought intimacy and closeness in response to her own internal feelings, through promiscuous sexuality. She became pregnant out of wedlock, delivered the child, and released it for adoption. She then married impulsively, quickly becoming pregnant again, and went on to envision

Eric as that split off part of herself, which she attempted to disengage herself from for the rest of her life.

The session focused on helping Bonnie re-integrate the unacceptable parts of herself, in order to free Eric from his role as a container of her bad feelings. In order to do this, the unwanted parts had to be made less noxious, and it was necessary to emphasize the sexuality and aggression as universal human experiences.

Bonnie spoke in the session of Eric representing sexuality to her; he also represents aggression and anger. She told the group of her fear that he would become a rapist; a combination of sex and violence. The sexual representation was of her split off need and vulnerability; the violence grew from her anger over what she perceived of as lack of love and understanding. Thus Eric contained the unwanted parts of Bonnie and in effect became himself unwanted.

The split within herself is between her cold, unemotional part (which is acceptable to her family and her own superego), and that part of herself which is impulsive, needy and feeling (unacceptable to her family, but difficult to deny). In response to her anxiety about that unwanted part of her personality, she split off the unacceptable part of herself and projected it into her son. The harm resulting from this process was that her son then contained the hated parts of herself and she had difficulty relating to him. In addition, she suffered from unconscious guilt and remorse, as well as conscious distress from not having

better feelings toward her own child.

For many years Bonnie has been struggling with her feelings about Eric. Essentially, she was overinvolved with him, as he was with her. This is often the case in a relationship of psuedo-mutuality. Since Eric represented split-off parts of her, her unconscious attachment and need to be in contact with him represented, in a sense, her attraction and need for those projected parts. Bonnie had not been able to see Eric as a whole person with many features and divergent personality traits. He was in essence seen only as an extension of herself. The therapist's interpretation of Bonnie's splitting helped her recognize the need for and her ability to regain a more integrated view of herself. The insight and integration which followed enabled her to detach from her son. This gave him needed space and freedom to develop. It also gave her a better view of him, since he no longer contained unwanted parts of herself. The therapist believed that without the interpretation of the internal unconscious process with the mother, efforts at improving the mother-son relationship would have been paliative and temporary.

Toward the end of the session, Bonnie told the group how desparately she wanted a good relationship with Eric. She had in fact been grossly unfair and unkind to this child of her former marriage and, although she was racked with guilt over each explosive incident, she had for years been unable to control her behavior. Promises to herself

to do better repeatedly failed. The triumph she felt in gaining mastery of her feelings about this child was shared by all. The repair of her relationship with Eric directly enhanced her own self-esteem, as well. This could only have been accomplished by the integration of her own splits, the good and bad of herself, without Bonnie allowing prejudice against the bad in herself (her sexuality and aggression), and her son. This happened eventually; in later sessions Bonnie spoke of improvements in her relationship with her son and in her feelings toward herself. This is illustrated in part by the following brief portion of the next session.

Partial Transcript of Group B
April 17, 1978

Therapist: We did a big piece of work in here about Eric and I was wondering whether it was helpful.

Bonnie: It was very helpful, and I feel I must tell you I feel very comfortable about Eric. Now it is Eunice that I don't like, but it is not as bad as it was with Eric. Eunice is getting bigger. She is not like the perfect little girl anymore, the little girl that I loved so much. "Yes Mommy, right Mommy." No, Eunice is now answering me back!

Therapist: It sounds like a different issue than what you were struggling with, with Eric. You were

putting a bad part of yourself into Eric. Then he was looking awful to you, because he was containing the bad parts of Bonnie, the sexy part, the anger, and the aggression. We worked that out and this too can be worked on. However, it will take effort.

Bonnie: Okay. Yes

Projective Identification: Group A

The following partial excerpt from Group A illustrates projective identification between Lyn and her husband.

Partial Transcript of Group A
March 16, 1978

Lyn: I've been thinking about something I had written down to discuss with the group. A problem that I had. And that is, having to be perfect. To discuss my inability to accept criticism, particularly from Jay. I think it has to do with my wanting to be perfect all of the time.

Melinda: Is it only from Jay? What if a friend, or your mother, or somebody else criticizes you?

Lyn: It's much easier than from Jay.

Melinda: Does it have anything to do with the way he says it?

Lyn: He doesn't do it angrily. I've gotten better about it, but it's still tough. I used to just fly off the handle when he'd say anything. I took it so personally.

Therapist: You took it as an attack.

Lyn: As an attack, yes.

Therapist: Criticism to you is an attack rather than a description or a useful, constructive communication. Is it that you are biased against yourself because you have inadequacies? As if you shouldn't? You shouldn't have craziness, get angry, do this and do that. Like everybody else in the world runs around and doesn't get angry, doesn't feel insecure. That's ridiculous.

Lyn: I get so defensive when Jay says things like, well, criticizes.

Melinda: Sounds to me like you're being too hard on yourself, even now. Because, as you've said, you've come a long way from where you were.

Lyn: I've come...some of the way.

Melinda: Some of the way. And you wanted to be perfect all of the time...

Lyn: Well, I wish I could be more accepting of that criticizing part of him...

Therapist: That part of you.

Lyn: ...because he's really not doing it with malice ...he's not being angry. Maybe I think he's liking me less when he's criticizing. I think I've gotten to the point where I know that's not liking me any less when he's telling me things. That much I know.

Therapist: Does he have to like you all the time?

Lyn: Sometimes...there are times when I don't like him at all. You know, when I get angry. I think I can deal with his not liking me, okay? Let me put it that way. It doesn't have anything to do with that. It's just hearing... it's the part that he's saying some things that I'm not all perfect. It's the things about me. It's hearing something about me. It has nothing to do with what Jay is feeling.

Therapist: Okay, that part is clear.

Walter: It's all Lyn. It has nothing to do with Jay.

Therapist: You're right. It has little to do with Jay.

Melinda: Why Jay, and not other people?

Walter: He's closer.

Therapist: He's the one she looks to for love.

Lyn: I'm close to my mother. And yet, she can criticize me and I can, you know, let it fall off my back.

Therapist: You've always looked up to Jay, so his criticism...

Lyn: ...is more meaningful.

Walter: I don't think you have to deal with the fantasy that he might like you less, or dislike you if you accept the criticism. It won't work that way. I can tell you from my point of view with my wife, when I say something, she takes it on the merit and doesn't get into the defensive... crazy or something. It doesn't matter anymore. She says, "Fine, I'll do it, or we'll take care of it this way." I like her more.

Lyn: Oh, of course you like her more.

Therapist: That's interesting that you're able to see that so clearly. That's nice.

Walter: He will respond to you if you act more normal. If you can respond with "Yeah, I blew it. I'm such a crazy...I'm such an idiot." You will get

him to love you more, not less. Because you're being normal.

Lyn: It's only Jay. With other people... Oh, I used to get defensive in here. I'm saying that I don't do that anymore. I'm able to deal with that. But not with Jay.

Walter: Okay.

Lyn: When I first came into this group, I did have that problem with the group. Most certainly. I had trouble withstanding criticism, period. But, Walter, I have to agree. Now, I only have that problem with Jay. And it's always been a big problem with Jay.

Therapist: And it would be a great improvement for both of you if that problem would be remedied.

Gary: Have you told Jay about your problem?

Lyn: We talk about it. I've said that I have problems accepting criticism. And he knows that I would like to be able to do so.

Gary: I would think that would help him in understanding your reaction to criticism.

Lyn: I think he's gotten better. But that has nothing to do with it.

Therapist: You know, Gary has a good point. At least if he understand your struggle and your hope to be able to accept criticism better, it will be easier for him to point out when you have a bad reaction. You're right about that, Gary, but it just doesn't get us to the problem of Lyn, which is, as Walter pointed out rightly, her problem.

Walter: Maybe you could give Lyn some technique.

Therapist: Actually, there isn't a technique. You have to find out what the person is struggling with for themselves. Everybody has their own reasons why certain things are difficult for them. And I can't give you a formula because people don't fit formulas.

Walter: May I make a suggestion? Next time it happens, Lyn, catch yourself immediately, say that whatever's going on is not related whatsoever to your value as a person. And listen carefully to what he says, and if he's at all right, just will yourself to say "You're right. I blew it." of something like that. See what happens.

Lyn: I don't agree completely with that, because it just might happen that he's not right!

Walter: No, I didn't say that. I said, if he's right,

plead guilty.

Therapist: Hold on a minute, Walter. I think what Lyn is after is a change in the way she feels, not a change only in the way she acts.

Walter: No, what I'm suggesting is that there may be a way if she does it and she sees that success comes from being honest and open, it may be easier to try it a second and third time. And then by that time, it just may be really successful.

Lyn: I would say this much for what you're suggesting. And that is, when the criticism comes, I should just think about it, before I react.

Therapist: So let's take a look at what happens when you react before you think...

Lyn: I get angry. Because I feel that I'm being pulled down.

Therapist: Pulled down?

Walter: Worthless...

Lyn: Yes. Put down.

Therapist: Well, let's look at why you would feel that way. Do you feel when he points out something

negative about you that that's the whole you? And that's the whole picture of you? It's your whole picture? Do you lose touch with the other aspects of yourself? When the negative comes in front of your eyes, do you just forget the big picture? You don't see how there are other very positive aspects of you. You think that's all of you.

Walter: That's probably what's been going on. But I don't think she's conscious of it.

Therapist: Right. It's unconscious. One thing that might be helpful to Lyn, or for anybody, would be to realize that when something negative is going on, it is not the whole picture. That's when the panic and the anxiety can set in..."Oh, my God! Is that me?!" Well, it's not you. It's a small or particular part of you. The ability to take imperfections into an integrated view of yourself is important. The same thing with your feelings about Jay's imperfections or anybody's feelings about somebody they live with. People sometimes see something that they don't like...and, suddenly, "don't want this husband ...divorce!" They may completely miss the big picture. They also may not stop to consider what can be done about it. What could be done

if he's hurting my feelings or whatever? You may lose the sense of having some power to discuss it and perhaps reach some reasonable resolution. Lyn, you sound like you abandon all reason. Instead, you become anxious and then you panic. You feel there's nothing that can be done about it.

Melinda: This relates so much to my past feelings and it still happens sometimes with me. If somebody says to me "You've hurt my feelings," it's like my whole person is no good.

Lyn: You're bad.

Melinda: Yes. And, therefore, they must dislike the whole person, and I must dislike the whole person, instead of just part of them.

Lyn: I think that if somebody didn't care about you, they wouldn't even bother criticizing. You know, they'd just say "Fuck you" and walk away. Instead, they're taking the trouble to say "Hey, you hurt me." They want to make things better because they do like you. They want to continue a relationship, rather than destroy it.

Therapist: Great!

Art: You've identified some of your own feelings

along this line, haven't you? Do you recall last week? (to Walter).

Walter: Yes, in the last few sessions, I expressed myself along this line with my wife, about my feelings of helplessness.

Therapist: "Nothing can be done." That's helplessness. That's what happens when you skip the step of thinking, because you've ascribed bad motives to someone you are trying to talk to.

Lyn: Yes, I know.

Walter: Right. Once you get rid of that kind of feeling persecuted, the issue dissolves. Because nine times out of ten, they're bullshit issues.
Right? They have to be.

Therapist: They may be major or minor issues, but Lyn will be better able to deal with them if she doesn't feel persecuted.

Melinda: It's as if you're saying to yourself, if you were perfect, he wouldn't have to point out anything negative. Do you think he doesn't love you if he points out something negative?

Therapist: You know, I have a thought. I wonder if you become...I'm remembering the session about Jay

and his weight, and how intolerant you were about his problem. But, you weren't not loving him.

Lyn: You mean I was intolerant with myself?

Therapist: You were intolerant with him. Then you assume that he's going to do the same with you when he finds something wrong with you.

Lyn: That he's going to be intolerant?

Therapist: Yes. That he's going to be as intolerant of you as you are of him. Do you remember when Lyn was complaining about Jay's weight? He didn't look good to her. Lyn had a lot of extreme reactions about it, as if Jay were refusing to lose weight. Remember you were very haughty. "Why can't he fix it? Everybody knows he can fix it if he puts his mind to it."

Lyn: I'm doing better about that.

Therapist: Good. But if you think that he's going to be as intolerant of your inadequacies, as you were of his that day, no wonder you're assuming he's going to be judgmental with you.

Lyn: That's very interesting.

Therapist: You're putting your judgmental style into him

and then afraid he'll be intolerant of your inadequacies.

Lyn: I think you've made a very good point, Joan.

Therapist: You don't have evidence that he does that. He doesn't bug you that much. And remember what you said earlier today, if he didn't care about you he wouldn't criticize.

Gary: It's just a gut issue?

Therapist: It's that you want to get rid of certain parts of yourself. And put them in someone else. "He's the one! He's the one that's so critical. Look what he's doing. He's criticizing." You don't tend to think of yourself as the critical one. Do you think "I'm a critical person, I'm a demanding person, I'm a judgmental person?" It's easier to think he is. So you get away from confronting those aspects of yourself.

Julia: I was thinking...if you can't accept criticism, you can't learn about what's wrong with yourself.

Walter: That's broader than just for Lyn. That's for everybody.

Therapist: Absolutely.

Walter: You blame him, instead of you. You blame the other person. In other words, it's the other person's fault. They're the bad guy.

Therapist: Right. Lyn, why when he does criticize you, do you feel attacked?

Lyn: I think he wants me to be perfect.

Therapist: And maybe you want you to be perfect.

Melinda: If you're perfect, he doesn't need to point out anything about you.

Walter: When you accept yourself as being something less than perfect, you won't have any problems accepting Jay as being less than perfect, with the weight problem.

Therapist: If Lyn would accept herself as less than perfect she might be more accepting of Jay. Also, she wouldn't have to get rid of a bad part of herself, the judgmental part. She would be better off keeping in contact with it, so she can deal with it.

Walter: She might even get rid of the problem, someday.

Therapist: You're right, Walter.

Walter: If it's the other guy, I can't do anything

about me.

Therapist: Also, you've got those bad guys out there.

Walter: Yeah.

Gary: That's what I've done with my son, George. I do it just to George. Sort of like he's my dumping ground.

Walter: Or it could be that he's a good target.

Gary: He has been.

Therapist: One of the reasons George is in therapy is to try to help him out of that role.

Gary: He's coming out of it.

Walter: I don't believe, though, that just because some people, unfortunately, happen to be good targets for certain...

Therapist: Projections...

Walter: Yeah,...that we should necessarily go and fire arrows at them.

Therapist: Nobody is saying we should. Gary is saying "I wish I wouldn't. I wish I didn't."

Gary: I used to do it all the time. Now, at least I'm able to determine what I should nag about

and what I shouldn't nag about. But still, I nag too much, I think.

As the session opened Lyn asked the group for further help with her problem of accepting criticism from her husband, Jay. Lyn understands that Jay's criticism is reasonable and intended constructively. She has a need to be perfect because she fears Jay is unable to accept her faults. Walter explored with Lyn her feeling of being put down or feeling worthless when she is criticized. The therapist responded asking if she loses contact with other aspects of herself when something negative about her is raised (an attempt to integrate the split). The therapist then alluded to Lyn's intolerance of her husband's weight problem as was revealed in an earlier session. Lyn then recognized that she is the intolerant one. She projects her intolerance into her husband and, as a result, has an intolerant husband (in her fantasy). She then fears his criticism because it is contaminated with the projection of her own intolerance. The therapist's interpretation of this process proved useful from two points of view: it rendered criticism from her husband more benign, and it gave Lyn more insight into her own critical and judgmental tendencies. The therapist noted that the issue of projective identification related not only to Lyn, but also to others in the group. Gary responded to this by commenting about his tendency to project his own bad feelings into his son, George.

Lyn has had a life-long history of perceiving herself as a "good girl", with all that is troublesome located in the external world. She has repeatedly described feeling victimized by her husband, Jay, and it has been a difficult struggle for her to recognize her own role in the interactions. There have been many interpretations in the group regarding the unconscious basis of Lyn's feelings of intimidation by her husband. She envies him, attacks him in fantasy, and then splits off and projects these unacceptable, destructive feelings into him. Her own negative feelings then contaminate her view of Jay and as a result, he is experienced as frightening. This has resulted in difficulties for Lyn in relating to her husband as well as diminishing her experience of the love and affection which he offers her. She has damaged him in her fantasy and thus feels her relationship with him to be damaged. The interpretation of complex processes of projective identification in this session and in others has helped Lyn deal with her relationship with her husband increasingly more successfully. It is a subtle and interesting aspect of the situation that consciously Lyn has idealized her husband, but she has not grown in the relationship because of her internal destructive processes. The gains made due to her insights in the group have benefitted her husband as well, since he has been freed from Lyn's projections, which had reinforced his own negative feelings about himself. Lyn is rightfully proud of her accomplishments.

At the end of the session, there was a group feeling that each member was able to recognize the problem of projective identification in some important relationship in their own lives.

Projective Identification: Group B

The next example focuses on Jay. The issue under discussion centers on Jay's feelings about his son's weight. Projective identification in Jay's relationship with his son is explored.

Partial Transcript of Group B
March 20, 1978

Jay: I'd like to talk about my relationship with my son, Jeremy. I will often say things to him that are humiliating. Verbal abuse. Things come out of my mouth that I know are terrible and I regret them. I feel ashamed and sorry, but there it is. The few times I've talked about it in here, we've come to certain ideas about it...like I am jealous and angry at Jeremy. Also, that I am intolerant of those things that I see in him that I am intolerant of in myself. These are things I dislike about him. It has gotten better and I get angry less frequently; weeks and weeks go by and I'll be quite happy and not say a bad word. But then, all of a

sudden, for almost no reason, something will trigger a vicious, nasty, angry reaction in me.

Therapist: A vicious, nasty, angry reaction to your kid is a pretty strong feeling.

Jay: Very hostile and very vicious. He begins to annoy me. I will ask him to do something and he'll be so slow. Or he will occasionally hit his sister. She'll annoy him, and he will hit her over the head or something and she'll come crying. I'll come in and I'll say something like, "You do it again and I'll pick you up and bounce you off the sidewalk a few times." Or we'll be rough-housing, he'll hurt me, and I'll grab him by the neck and for just a second, I'm about to really put my fist in his face. And he knows it. I see a fear all over him. It's never happened, but I can feel my rage. He is, by any objective standard, a terrific kid. He really is. A terrific kid. He is a superb student; he has zero behavior problems. He had a little run-in with the law, remember? He got arrested for burglary because he went with a little friend into an abandoned shack. That incident I felt I handled well. The police handled it well also. Everyone handled it well.

He's such a good kid. He is really a good kid.

Therapist: So your anger at him is irrational.

Jay: Right. It is irrational. There's no justification.

Therapist: It's irrational, and it's yours.

Jay: It is not him. He doesn't do anything to deserve anything like what I give him.

Therapist: That's sad.

Jay: It is.

Therapist: So you're giving him something that doesn't belong to him. You're giving him something of yours.

Jay: And beyond that, he wants to be close to me. He likes my company. He likes to do things with me. I like to do things with him. He's a very straight forward kid. You tell him something like, "You annoy me by constantly wanting to go to the shooting range." If I wanted to go shooting, once every six months, I had to take him. So I didn't go. I felt like I had to drag him with me. So I told him, "You're making it not fun for me." And it was just amazing,

how he stopped begging me.

Therapist: So, the problem is in you. It's not something to do with the realities of your kid. It's something to do with your feelings.

Jay: Jeremy is chubby. He's not fat. He's got big shoulders, but he's chubby. A little chubby. When he's dressed, you can't see it, but when he is naked, he's got a belly and a behind.

Therapist: That's cute (laughter).

Jay: Yeah, but I find it offensive.

Mark: That's strange.

Therapist: Well, how do you feel about yourself?

Jay: I find it offensive. I don't like it.

Therapist: You mean you don't like it that he is fat?

Jay: Yes. Not only when I was a kid, but now. I find it offensive.

Mark: Can you realistically say that he can do anything about it? I mean, he can't lose weight at that age.

Jay: He's not even fat. He really isn't. Just chubby. He's got baby fat. He'll grow in

inches soon.

Bonnie: Well, maybe even if he were fat, Jay, how about some acceptance?

Jay: We will go out occasionally on a Thursday night. When Lyn and I were separated, we did this every week. Jeremy has always said that this was his favorite time...Go window shopping in Westwood, or go to the Hamlet for a hamburger, or to a movie. No big deal. No Disneyland, or big shows, and that would be the best time for him. Those were evenings of relative equality in the relationship. They're sort of rare.

Therapist: But that isn't the area that you're having problems with. You're really only having problems with the area that touches something in you...sets off your irrational rage. It isn't the pal part.

Mark: No, I can see that.

Therapist: It's a part that something gets touched in him.

Mark: Why doesn't he act that way with his daughter?

Therapist: Good question.

Mark: It seems to me that you react that way only

with your boy.

Jay: Lyn tells me I used to get that angry with Jeremy when he was very little.

Therapist: Yes, I remember.

Jay: Lyn tells me and I believe she's right.

Therapist: I didn't ever hear you sounding this angry about your daughter.

Jay: If you're asking if I have any negative feelings at all about my daughter, the truthful answer is no.

Bonnie: Somehow I feel you care more about your son.

Mark: I agree.

Therapist: I don't think it is a question of love. I think that he loves both of his kids. I think he's identifying with his son.

Jay: I heard Bonnie say that she felt that my affection for Jeremy was deeper, despite whatever the yelling...

Bonnie: There's something that could really be very fine about that. I don't think that's bad.

Jay: Okay, yes. I can visualize a relationship with

Jeremy, of the kind that I cannot have with Joyce. Part of it, I think, is that he's the eldest. He's the first.

Therapist: He is.

Jay: There are a lot of things that I envy about Jeremy. He has all the things I never had. I still have anger toward my parents...

Therapist: You're still angry at your parents?

Jay: No, I'm not really. I'm not angry at them. But I can't get beyond feeling cheated.

Bonnie: Cheated out of what?

Jay: I don't mean to imply that they intentionally did it.

Therapist: Or even unintentionally. You felt deprived, but were you?

Jay: There was always worse.

Therapist: You have enough to do a lot for yourself now. You have enough good stuff inside.

Jay: I did it by myself. Without them. I'm trying to get to how I feel about them. I don't think they intentionally deprived me of

anything except..some pride in myself. I think they did deprive me of that. I think my father deprived me of that.

Therapist: Your father couldn't give you any, because he didn't have any himself.

Jay: I can understand some of his problems. But he nonetheless deprived me.

Bonnie: I think you're displacing anger at your father onto your son.

Therapist: Are you that kind of father to your son?

Jay: I've tried, consciously, to go the other way. All the things my father didn't give me..I give Jeremy. Not necessarily "things." My father didn't have the money to give me things. That is really not what I'm talking about. I'm talking about his freedom to do things, within a reasonable limit, that are reasonably safe for a kid of his age. The freedom to make some choices...where he can go, and what he can do, how he can do it.

Pam: I, at this point, envy him.

Jay: Some of the things have to do with the fact that I have some money and my father didn't.

But more of them have to do with the fact that my father didn't permit me to...because his fears didn't permit him. I will never forgive him for not letting me ever go on an overnight hike with the Boy Scouts. I just will not! Why the hell should I? It's hurting me again just thinking about it. It was a very big deal to me. I mean, it was my manhood that was taken away. I haven't been eleven years old in a while. Maybe if he hadn't done that, I wouldn't have had to go prove it. I'm not blaming him. Maybe if I were permitted to do the things that young adolescents are permitted to do, that nobody thinks there is anything wrong with, maybe I wouldn't have had to go out and prove that I was such a big man after all.

Therapist: Sounds like that's been a burden for you... having to prove your manhood.

Jay: It was. It was a burden...for a long, long time.

Pam: Are you expecting more from Jeremy because you are such a better father?

Jay: That's possible.

Bonnie: So you have a child and you give him all the things...parents, images, etc., that you didn't get, which you're convinced are responsible for what is wrong with you. Then your kid has the same problems as you did. And you find out that your parents weren't so screwed up. Even if they had given you all those things that you think they should have given you, you would still have problems.

Jay: But I don't know that he's got problems.

Bonnie: Well, he seems to have some. He's a person. He's got to have some.

Jay: He's going to have some. He's a kid. All I can visibly see...But he's rather well adjusted. If I screwed him up, it's going to be because of the things I'm doing to him which are humiliating and emasculating. Things I do to him out of anger.

Pam: I think that it would be good if you told him that.

Jay: You know, when I do blow up at him I apologize to him a fair percentage of the time. Sometimes Lyn will come and afterwards tell me

that, "You really were too harsh with him. You humiliated him. Don't call him a schmuck."

Therapist: That doesn't help you with your own problems about yourself, Jay. I think you're right, Pam. I think it helps the kid to apologize. But what I hear with Jay is that he feels crummy about himself when he does these things.

Jay: My concern isn't that he's going to grow up sick. I really think he's well on his way to surviving me. He really is.

Therapist: It's you we have to concern ourselves with. How you feel about yourself.

Jay: What I'm most concerned about is the relationship that we can have. I would like to have a relationship different than mine with my father.

Therapist: And in order to have that kind of relationship you cannot humiliate him. He will resent it.

Jay: He does resent it. And he won't forgive it as easy as he gets older.

Therapist: That's right.

Jay: It's going to be much harder. I've got to

control it.

Therapist: You've got to understand it.

Jay: Right now, I'm controlling it. And I've been doing a reasonably good job of controlling it. But I'm not understanding it. I understand parts of it in my head. Does it have to do with forgiving my parents, or understanding them?

Therapist: This father of yours, whom you describe as never being able to deal with his own problems...

Jay: I can empathize with and love my father, as he is now.

Therapist: But the father of your childhood?

Jay: The father of my childhood...I have terrible, mixed emotions about. Many times, he was very, very good to me. Many times he was full of shit. Total shit.

Mark: First time I've heard you say some nice things about your father. That there were some nice things and there were some bad things. And I guess the point, should we look at it, is the fact that you only remember the shit.

Therapist: Not only remember it, but resent it.

Mark: I guess the reason I'm bringing it up, though, is because with all the good things that Jay says that he's doing with Jeremy... that humiliation and so forth will just wipe out.

Therapist: That's what he's worried about. It's his concern right here. Still resenting, Jay, not going on an overnight with the Boy Scouts?

Jay: Yeah, and the humiliation I suffered from the other kids because of it.

Therapist: And what else do you resent?

Jay: I resent the fat, little, scared, cowardly kid that I was. I hate that little kid that I was.

Bonnie: You hate the fat kid that you were?

Jay: I hate the fat kid that I am.

Therapist: You hate the fat you that you are?

Jay: I do. I hate every part of me that is a coward or a slob.

Therapist: So it is a part of you that you hate, not

Jeremy then.

Jay: Amazing. It's got nothing to do with Jeremy at all.

Therapist: That's right.

Jay: Amazing...

Jay began this session by describing an irrational aspect of his behavior with his son, namely, that he is overly and unfairly critical. He criticizes Jeremy for being "a little chubby," while he himself has struggled for years with a weight problem. He puts that part of himself which he dislikes into Jeremy, and then identifies with the child. Jay's view of Jeremy is contaminated by the detested, split off and projected parts of himself. This situation occasionally triggers violent behavior in Jay, temporarily, terrifying his son and permanently damaging their relationship. There are also times when Jeremy looks "fat, cowardly, or scared" and Jay is unable to respond to him as the eleven year old boy that he is. This projective identification is especially damaging because Jeremy's pudginess and understandable fear of his father trigger Jay's own unresolved childhood conflicts. Jay's projections on to his son of his own most disliked characteristics are then taken back into himself in his identification with Jeremy. Thus, he is never free of his

own insecurities, as well as contaminating his relationship with his son.

Jay discussed the envious base of his feelings toward Jeremy. The envy, both conscious and unconscious, resulted in destructive attacks on Jeremy as described in the session. Jeremy then becomes the attacked, devalued object. This situation diminishes Jay's ability to take in good and loving feelings from his son, for the devalued or despised object is not a source of pleasure.

As Jay worked with the problem of his projective identification with Jeremy, he related back to his relationship with his own father. For the first time in this group, he said something positive about his father, "Many times he was very, very good to me." The therapist took the opportunity to point out the irrationality of much of Jay's resentment of his father. He had repeatedly told the group of the rage he felt when his father had not allowed him to go on an overnight hike with the Boy Scouts. In a future session, the therapist tried to tease him out of his rage at forty over an incident which occurred at fourteen. In Jay's relationship with his father we have another example of projective identification linked to his relationship with his son.

The therapist attempted to modify Jay's anger towards both his father and son. If Jay's feelings toward his father can be tempered with love and gratitude,

he will have inside him a less hated parental object. With a more benign internal object world, Jay will realize he has taken in good things and will therefore have better feelings about himself. He will be more tolerant of his own weaknesses and more tolerant to both his, and others weaknesses, especially those of his son. Perhaps his son's greatest weakness is that he is still a child with all the helplessness and dependency which that implies. Jay's tolerance for his own weaknesses and those of this father will help him avoid the state of projective identification which he described in this session.

In the following brief dialogue, which occurred two weeks later, Jay began to integrate the work done previously on projective identification. He was able to take back the projections which had been contaminating his relationship with his son.

Partial Transcript of Group B
March 20, 1978

Jay: I have to tell you all something about my feelings about what happened last week...about the work that was done here. It was hard for me to believe that the problems I was having with Jeremy were really problems I was having with myself. But it was really true. The hateful feelings I was having toward him had nothing to do with him. He's a nice kid.

He's a good kid. It was things about me I was hating. And after I looked at that last week, I can't believe how much better I feel about Jeremy. It's like my anger is all drained away.

Therapist: Not only your anger, but also your guilt. I think at some level you knew you were putting something into Jeremy that didn't belong there...that he wasn't really deserving of such contempt.

Jay: He wasn't deserving of any contempt. He needs my discipline, but not my wrath.

Pam: You mean the wrath that was a part of yourself. The wrath against the fat, greedy, lazy, inadequate part of yourself.

Therapist: That sounds like a description of the unlovable part.

Jay: The unlovable part that wants so much to be loved. Especially by women.

Therapist: And you used to think all you wanted from women was sex and lots of sex. You really wanted to be loved as much as you wanted sex.

Mark: Ah...so Jay is not just the great jock I

always thought he was.

Therapist: You sound surprised to find out that Jay is
(to Mark) not only the great lover, but he also needs
to be loved.

Jay: Yeah, and what a revelation that was. I had
known about some of this...I knew that some
of my negative feelings about him came about
because of my negative feelings about my
father...

Therapist: And yourself.

Jay: And myself, as a kid. But, I never realized
that they also come from the negative feelings
I feel about myself now. It seems so obvious.
Anyway, I have a lot to think about, with me!
Things with Jeremy are good. I don't feel
that same concern for Jeremy anymore. It's a
relief...

CHAPTER V

DISCUSSION

Findings and Conclusions

The result of studying these two groups over six-months' time is that it appears possible to apply Kleinian concepts successfully in group therapy. Furthermore, there is evidence that the effectiveness of the therapeutic process in a group is enhanced by the introduction of Kleinian concepts. Kleinian theory concerns itself with the earliest and most chaotic aspects of personality development. The impact on the group of these interpretations about such primitive material appears to quickly move the group to a level of work involving significant and difficult issues.

In examining the excerpts and their follow-ups, it appears that the Kleinian orientation of the therapist contributes to improvement in the patients. The theoretical formulations about the nature of the problem under consideration in the groups may not always translated into direct verbal interpretations; they may only affect the attitude, style, and behavior of the therapist. Awareness of the patient's potential unconscious envy alerts the therapist to the need to avoid stirring up these envious feelings.

The sense of his own limitations, as well as the knowledge that his psychic processes do not differ from those of his patients, contributes to the posture of humility and humanness which mitigates envy.

This suggests the need for therapists to be aware of their own unconscious processes, so that they can treat others with the sensitivity essential for any degree of success.

Relevance of Klein's Contributions to Clinical Social Work

The understanding and conceptualization of man's unconscious psychic processes begun by Freud, carried on by his followers, and contributed to by Klein, is a basic ingredient of social work practice. Klein's specific contributions to the understanding of what people are like affect several areas of concern to social workers. She relates the internal object world directly to feelings of self worth and to the capacity to be productive. In addition, Klein's object relations theory relates to the functioning of intimate relationships. Thus Kleinian theory pertains to both the individual's capacity to contribute to the society in which he lives, and to his capacity to function in his family.

Klein asserts that irrational behavior is a reflection of persistence of early infantile problems in adult life. In the process of gaining better understanding of human

nature, clinicians also enhance their acceptance and capacity to deal with irrational behavior. The clinician's increased tolerance of irrationality improves his likelihood of modifying the problems he confronts.

Klein contributed an explanation for man's destructive behavior in her formulations regarding unconscious envy. Such behavior is painful to observe and frequently difficult to modify. Envious attacks also contribute to the so-called "negative therapeutic reaction" in which the clinician's best efforts are rejected by the patient who envies the capacities of the therapist.

The social work profession developed out of the desire to do good works and help others. The psychological validity of such loving and reparative acts for mental health has been given great support by Klein in her landmark monograph, Envy and Gratitude (1957).

An example of the problem of splitting for social work concerns maintaining stability in relationships. If ambivalence is not tolerated and an integrated view does not prevail within the patient, relationships may be impulsively abandoned when bad feelings are in view. Splitting leads to an unrealistic view of the world and of people as being either all good or all bad, contributing to prejudice and intolerance of others.

One negative result of projective identification in clinical practice is that bad feelings, which have been

split off and projected, can contaminate good experiences. This leads to feelings of dissatisfaction, discontent and sometimes persecutory anxiety. A problem of great importance which results from splitting and projective identification is the tendency to give excessive power to leaders and authority figures. This impulse is based on the infantile part of the person which views itself as helpless and falls victim to the fantasy that someone will rescue him. This infantile stance minimizes the sense of responsibility for oneself and increases the dangers inherent in giving excessive power to others. In such a situation there is a depletion of one's own power. The position of the social worker in relationship to other mental health professionals has tended to be one of inferiority in the minds of the social workers themselves. When our own sense of strength and value is not split off to be projected into others, but is instead integrated into our personal sense of worth, our professional effectiveness will inevitably improve.

Implications for Future Research

The practical advantages of group therapy are a strong motivation for exploring all dimensions of this particular form of treatment. A number of workers have explored the implications of Kleinian theory for clinical social work in the domains of individual, marital or family therapy (Zinner and Shapiro, 1972; Lloyd and Paulson, 1972; Stewart, et al.,

gradual accumulation of insights and impressions regarding the value of the concepts they hold in relation to the nature of their therapeutic work.

1975; Ganzarain, 1977; and Paul, 1977). These efforts should certainly be continued.

It would be important to determine if this study could be replicated by other therapists who have incorporated Kleinian theory into their work with groups.

Although the experimental investigation of the validity of the application of Kleinian concepts to group psychotherapy is a difficult question, it is one that deserves consideration. The whole problem of evaluating the outcome of psychotherapy is one that has not been satisfactorily resolved. It is fair to say that there are no psychotherapeutic methods which have been subjected to rigorous experimental validation based upon the use of control subjects and objective outcome data (Kazdin, Wilson, 1978). It is possible, however, to obtain data on long-term results of group psychotherapy utilizing methods of personality assessment such as the Minnesota Multiphasic Personality Inventory. Furthermore, other measures that have some bearing on successful life adjustment can be obtained, such as success in spousal relationships, ability to obtain jobs, and the ability to function productively with a sense of fulfillment.

The specific factors that would need to be judged in assessing patient outcome include: the proportion of patients who improve, the breadth of the change (such as changes in life circumstances) and the durability of the

improvements. Furthermore, these changes would have to be compared to similar changes occurring in patients in group therapy where other concepts of personality development were being emphasized. This could be established by setting up a number of different groups with Kleinian and non-Kleinian therapists. Patients in such groups would be in the group for a specified period of time, such as one year. After a period of another year, during which there is no treatment, a battery of measures, such as the one previously mentioned, could be collected. It would be necessary to have a large random population for such studies in order to overcome the many individual factors that affect patient outcome.

Future research that would be a logical extension of this study would include further exploration of the concepts used herein, as well as other Kleinian concepts applicable in a group setting. Of particular interest might be an investigation of the subtle manifestations of manic defenses, the nature and function of fantasy within the group, and the ways in which reparation and gratitude can be facilitated in the treatment process.

Basically, however, it must be recognized that the results of psychotherapy are not as amenable to experimental verification as are other kinds of scientific questions. Human personality is diverse and there are many variables affecting human behavior and development. Those who are interested in psychotherapy must often be content with a

APPENDIX

Additional follow-up of the work of Bonnie from January 18, 1978.

Partial Transcript of Group B, May 1, 1978.

Bonnie: I don't think that I'm messed up with Eric any-more at all. I still have to stop myself and just give him room to be ugly, because at times he is. In fact, it was very funny, Stan had a problem with him about three weeks ago. He was really on Eric. Just on him and on him. So Stan and I had a good talk one night and I said, "You know, it is the most incredible thing that I am able to sit and watch you overreact with Eric, like I used to do all the time. I think that the way that you're treating him doesn't have anything to do with what's happening with the two of you." Stan got very angry with me and very defensive. He didn't talk to me for about two days. I mean he was really angry. Because he was so angry, I knew that it was hitting something. But about two nights later he said, "You know, you're absolutely right. What used to happen between you and Eric has so contaminated

my mind that I was taking out after him." It was amazing how it all straightened itself out after that. But I realized at that time how contaminated things can become. It was very clear.

Therapist: Tell us about your relationship with Eric now.

Bonnie: My relationship with Eric is really good. It's open and honest.

Therapist: Does he make you feel like you want to kill?

Bonnie: No, not at all. I mean, there are moments...

Therapist: Of course. But it doesn't feel excessive or out of control?

Bonnie: Oh, no!

Therapist: You used to complain so much to us that you were on him and it wasn't warranted. So, now when you're on him, he deserves it? You used to have the feeling that you were on him when it seemed to have nothing to do with the reality of what he was doing.

Bonnie: Nothing at all. I still have, I still have with

all my kids, but with Eric particularly, a real strong tendency to want them to do and behave the way I want them to. But the most important thing is that I have the ability to like Eric. I really like him. I want you to know that I am not troubled with Eric anymore.

Additional follow-up of the work of Lyn from March 16, 1978.

Partial Transcript of Group A, May 18, 1978.

Therapist: I think it is curious that Lyn was so ready to see as "unfair" that Melinda couldn't say how she felt; that she needed to be sensitive to her husband's sensitivities, because that would be better for her as well as him. I think this gets you into difficulties at time also, Lyn. You have an attitude of, "Well, why shouldn't I...?" That stance has a kind of righteous indignation about it. I am trying to alert you because that is the way you get when you feel you are right. There may be a "righter than right" that has to do with being sensitive to your husband's feelings.

Lyn: Why shouldn't I be able to say whatever I feel?

Therapist: Because it doesn't always work! When you know the type of response you are going to get, as in the example Melinda just gave us...

Melinda: I just wonder if sometimes you do it because you are looking for trouble...

Lyn: Right now, I don't know. There are issues, such as Jay's weight, that I just don't know how to

deal with. I would certainly like to...

Art: That's different than what you said a few minutes ago. You said that there is nothing you can do about it.

Julia: There may be some way that perhaps you could discuss it with him.

Therapist: I think there is a fantasy going on around here that Lyn could actually do something about Jay's weight. I don't think she can. She can certainly let him know that it bothers her. If he is capable of taking that into consideration without becoming too angry or upset, hopefully he will become mobilized to do something about it.

Lyn: I just look at it right now and say, "Someday he is going to be able to deal with it, hopefully." I am able to be optimistic about it. There's no way that I am going to put the fire under him to do it. I used to think that with my little digs, maybe I would put the fire under him. It used to seem to me that since it would be in his best interest to lose weight, I was right to nag him about it.

Art: Why couldn't you limit the types of food you have in the house?

(continued group discussion about this subject)

Therapist: Everybody seems to be thinking of what Lyn can do realistically to help Jay that might work and not make him angry.

Art: This reminds me of my interchanges with Ethel about our son. I had resigned myself from having anything to do with him, because what I really was doing was saying "I told you so. He's going to grow up to be a this, or that, or whatever." Lyn isn't saying "I told you so" to Jay, nor is she giving up the battle...

Therapist: ...not giving up trying to be sensitive and helpful to him in whatever way she can....

Lyn: Certainly what you are saying is a good point.

Melinda: Maybe what Lyn needs to do is to change her image of what a good mother and a good wife are like. The "good mother" always has lots of food in the house, while the good wife in this are would try to help her husband lose weight by changing the

types of food which are in the house.

Therapist: That is a good point. Lyn, you may not even be aware that it makes you feel good to have all that food around.

Lyn: It does make me feel good... But I guess I could modify it.

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