Pandora in Time and Space

Earl Hopper

Dimensions of Psychotherapy, Dimensions of Experience

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INTRODUCTION

In this chapter I will argue that, just as helplessness is at the heart of the human condition, the fear of annihilation in the context of the traumatogenic process is the distinguishing characteristic of 'difficult' patients. In my practice as a psychoanalyst and group analyst I tend

to see all my patients individually and then to bring them into one of my twice-weekly groups. I see them individually for varying periods of time, but eventually, after a lengthy transition, during which they are in both individual and group treatment, they will be in group treatment only. Groups help the group analyst with troublesome countertransference responses, which are typical of work with our most difficult patients, precisely because countertransference responses make understanding them difficult (Gans and Alonso 1998;

Alonso and Rutan 1990; Caligor *et al*. 1993; Kauff 1991). Provided that the group analyst is prepared to listen to and learn from the group, he can usually find support and insight from them. However, it is uniquely important that through their enactment of the constraints of group basic assumptions, difficult patients are likely to repeat their traumatic life experiences and to 'tell' the group about their key problems and symptoms. Containing and compassionate understanding of these processes can be used in the service of

psychotherapy. It is especially important to work with 'Incohesion', which I regard as the fourth basic assumption in the unconscious life of groups. In making this argument I will draw on work that is both old and novel in its implications for the study of personality, for the study of groups, and for clinical work in groups and dyads: my own studies of the social unconscious, and of traumatic experience in the unconscious life of groups (Hopper 2003a, 2003b).

SOME OF THE CORE FEATURES OF OUR MOST DIFFICULT

PATIENTS: NARCISSISTIC AND BORDERLINE STATES OF MIND

Difficult patients are usually diagnosed in terms of pathological narcissism and borderline personality organization. First and foremost they are characterized by the fear of annihilation. The phenomenology of the fear of annihilation involves psychic paralysis and the death of psychic vitality, characterized by fission and fragmentation, and then fusion and confusion of what is left of the self with what can be found in the object. Fusion and confusion are a

defense against fission and fragmentation, and vice versa. There is oscillation between these two psychic poles, because each is associated with its own characteristic psychotic anxieties. For example, the fears of falling apart and of petrification are associated with fission and fragmentation; of fear of suffocation and of being swallowed up are associated with fusion and confusion. Both disassociation and encapsulation occur as a defense or protection against psychic paralysis.

These bipolar intrapsychic constellations are associated with two types of narcissistic and borderline character disorder: one, the ‘contact shunning’ or ‘crustacean’; and two, the ‘merger-hungry’ or ‘amoeboid’. These two types of character disorder have often been delineated in similar terms, for example, schizoid reactions against the fear of engulfment and/or clinging reactions against the fear of abandonment.

The fear of annihilation and its vicissitudes are caused by traumatic

experience of failed dependency, leading to damage, abandonment and loss. Moreover, traumatized and difficult patients have not been able to mourn and symbolize their traumatic experience. Many have been able to engage only in various forms of inauthentic and perverse mourning characterized by schizoid ritualization and sado-masochism.

Traumatized patients tend to use projective and introjective identification of malignant kinds, involving the repetition compulsion

and traumatophilia, in the service of expulsion of horrific states of mind, and attempts to attack and control their most hated objects, because the symbolic process has failed. However, these processes are also used in the service of communication of experience that is not available through conscious narrative. Thus, traumatized patients are exceedingly vulnerable to role suction, because specific roles offer them skins of identity.

These features of narcissistic and borderline states of mind are illustrated by my patient Pandora, who can be described as having a merger-hungry, amoeboid character:

> Shortly after Pandora was born, her mother was hospitalized for a depressive illness. When she was approximately three months of age, Pandora was looked after by family friends for six months. When she was two years of age, Pandora was again looked after by these friends for about six months. During these periods, she rarely saw her father.
>
> She contacted me for psychotherapy at age 38 following an unsatisfactory experience in a once weekly group with a colleague who had died suddenly. She was shocked but not

> saddened, perhaps even relieved because this gave her the chance to leave the group.
>
> Among her presenting symptoms were shame of her history of periodic phases of bisexuality, an intense persistent monophobia of cancer which was virtually a hypochondriasis, leading her to seduce many doctors to perform various medical investigations, and abuse of alcohol and a number of other substances.

After one year of one session per week and seven years of five sessions per week, we agreed to reduce the number of sessions to four. Soon after, in June, she became aware of a perineal fistula, treated surgically in July with apparent

success. In August we took a break. In September the analysis resumed.

In the very first session she introduced the image of Pandora's Box as a metaphor for her rigid, hard, muscular and bony body. She did not look that way to me. She was convinced that her Pandora's Box contained powerful insects such as bees, hornets, giant and stingy little creatures. They were all dangerous but she felt well protected because she could suffocate them with poisoned aerosol sprays. She felt that I would stop treatment if I knew how vulnerable I was to her inner dybbuks. Before the next session she dreamt that her disreputable gynecologist used a laser to remove a birthmark mole from her cheek, and another mole from her buttock. In her dream the mole on her face turned into a pseudo-pod that stepped into my stomach where it

> became rooted in such a way that if she had to leave me it would have to be ripped out like a tumor or insidious weed. She associated these moles to stigmata of punishment for stealing and eventually for killing the unborn babies of her mother.

We understood this material in terms of her recent fistula, the reparative surgery, separation and the loss of a session, and her fantasies about the other patient(s) who had taken her session, and who would soon fill the space that she had vacated. We also focused on her further fear that I had abandoned her and that her abandonment of me would soon lead

to further cutting of her sessions. I thought she was experiencing an intense fusion and confusion of her traumatized infantile self with her early maternal object, and with me and her analysis itself. Paradoxically, I felt that it was time for Pandora to begin to reduce her sessions further, and that she might be ready to come into one of my twice-weekly groups.

MY THEORY OF INCOHESION: AGGREGATION/ MASSIFICATION OR (BA) I:A/M

I will now outline my theory of Incohesion: Aggregation/Massification

or (ba) I:A/M. I will first remind you of Bion's theory of basic assumptions. Using a Kleinian model of the mind, Bion (1961) conceptualized three basic assumptions associated with specific kinds of anxieties and specific kinds of anxieties and roles: Dependency, associated with envy, idealization and the roles of omnipotence and grandiosity, on the one hand, and passive compliance, on the other; Fight/Flight, associated with envy, denigration and roles of attack, on the one hand, and retreat, on the other; and Pairing, associated with the use of

sexuality as a manic defense against depressive position anxieties and the roles of romantic illusionaries, on the one hand, and messianic Salvationists, on the other. All basic assumption processes are manifest in patterns of interaction, normation, communication, styles of thinking and feeling, and styles of leadership, followership and bystander-ship. People with particular patterns of anxiety are attracted to the roles of particular basic assumptions.

This theory is a remarkable contribution, although it is not without certain inconsistencies (Billow 2003; Kernberg 1998). However, using an alternative model of the mind associated with the Group of Independent Psychoanalysts of the British Psychoanalytical Society, and shared by sociology and group analysis, it is possible to conceptualize a fourth basic assumption of Incohesion. This model of the mind (Hopper 2003a) can be defined in terms of a set of axioms, as follows:

1 In the beginning there is no such thing as an infant but only a mother/infant couple; the mother/infant couple can be described as two bodies/one mind; moreover, the mother/infant couple or dyad always exists within a social context that includes the father/male partner and/or within a family set-up or arrangement within a wider community, etc. This can even be applied to the unique object of the mother/fetus couple. (It is curious that many analysts who are pleased to regard the womb and amniotic fluid as the baby's pre-birth environment do not continue to show the same

interest in cultural orientations, language systems, power structures, family arrangements, etc.)

2 An original ego of adaptation precedes an emergent ego of agency, which is based on social relations mediated through communications, ultimately through language; although an infant may be born with an original ego of adaptation, or with a body-ego or a perceptual apparatus, this is hardly what we mean when we talk of an 'ego' or the 'self' as an 'I' with agency.

3 As a complement to body-ego, we need a concept of a society-

ego or other-ego or what G. Klein (1976: 178) called a 'we-go'. However, the body-ego and the 'society-ego' are equally primary, and develop in parallel and in interaction with one another.

4 Psychic facts are preceded by both social and organismic facts.

5 Psychic life begins with processes of internalization.

6 The first emotion is not innate malign envy based on the so-called 'death instinct', and the first psychic act is not a projection of the anxiety inherent in it. Although envy is

ubiquitous, it should be understood as a defense against the fear of annihilation as a consequence of personal and social helplessness rather than as an expression of the anxiety inherent in the so-called 'death instinct'. Envy is a spoiling attack on people and their parts who are perceived as able to be of help but who will not.

7 Although external objects are impregnated with projections, they can be and often are internalized in their pristine form.

8 'Unintegration' precedes 'integration', but 'disintegration' follows trauma,

especially breaks in attachments, and impingements to the safety shield.

9 Trauma and traumatogenic processes are central to the study and treatment of psychopathology, which is not to deny the importance of unconscious fantasies based on instinctual impulses.

10 Aggression is a function of frustration and aggressive feelings, and the normative orientations towards the expression of feelings generally and aggressive feelings specifically.

11 Helplessness and shame are closer to the heart of the human condition than are envy and guilt.

12 Persons and groups are open systems; thus, groups are always open to the personalities of their participants, and vice versa, from conception to death. Thus, people are affected profoundly by social, cultural and political facts and forces at all phases of their 'life trajectories'.

13 In clinical work the exercise of the transcendent imagination (or the development and maintenance of mature hope) is as essential as the analysis of

> the transference of past experience which may involve a sense of despair and the loss of hope.

Although these axioms are not self-explanatory, I hope that they convey that it is possible to be sensitive simultaneously and recursively to the constraints of body, mind and society, and to work within all the cells of the time/space paradigm. The ‘complete interpretation’ of processes within the ‘Here and Now’ should include the ‘Here and Then’ and the ‘There and Now’, or in other words, experience

from the three cells of the Therapeutic Triangle. However, group analysts also work in the 'There and Then', the long ago and far away, that is, in all areas of the Therapeutic Square, without feeling that in doing so we are being defensive against the heat of the moment. (Some of us also work in the 'If and When' with respect to the exercise of the transcendent imagination.)

My theory of (ba) I:A/M is centered on two propositions. The first is that the fear of annihilation is caused by

traumatic experience, which may be ubiquitous but is clearly a matter of degree. The second proposition is that the fear of annihilation is bipolar and characterized by oscillations between fission and fragmentation, and fusion and confusion, as outlined above. Hence, (ba) I:A/M involves an assertion of identity when identity is under threat—I:A/M is an acronym of 'I am'. When the fear of annihilation is prevalent, then, based on malignant forms of projective and introjective identification concerning intrapsychic fission and fragmentation, the group is

likely to become an ‘aggregate’ through a process of ‘aggregation’. The terms ‘aggregate’ and ‘aggregation’ are taken from early sociology and anthropology. A social aggregate is not quite a group, but nor is it merely a collection of people who have no consciousness of themselves as being part of a nascent social system. Among the metaphors for an aggregate are a collection of billiard balls or a handful of gravel. An aggregate is characterized by contra-groups rather than subgroups, who experience long periods of silence in

which they do not relate to one another. Aggressive feelings are rampant, although they may not be expressed in actual aggression. (Turquet (1975: 103) referred to this state of affairs in terms of 'dissaroy', and Lawrence and his colleagues (1996: 29) in terms of 'me-ness'.)

As a defense against the anxieties associated with aggregation, the group becomes a mass through a process of massification, involving an hysterical idealization of the situation and the leader, and identification with him,

leading to feelings of pseudo-morale and illusions of wellbeing. This defensive shift is based on malignant forms of projective and introjective identification of intrapsychic fusion and confusion. Among the metaphors for a mass are warm wet sponges squeezed together or a piece of feces. Some might prefer the icon of a nice piece of chopped fish. (Somewhat confusingly Freud (1921) originally referred to this state of affairs as a mass, but sometimes he referred to a horde, and sometimes to a mob, which are really very different from one

another; unfortunately, Freud's mass has often been mistranslated as group, which is misleading; Turquet (1975) and others have conceptualized the group as a mass in terms of the concept of one-ness, which is the basis of Kernberg's (1998) later work on mass psychology.)

The development and maintenance of massification is based on a variety of complex patterns of aggression towards objects that are perceived to be obstacles to the process of massification, that is, the collective

desire to merge with the idealized breast. No sounds, colors, textures, smells, etc. may be allowed to interrupt the hallucinated fusion with the idealized breast and its milk. In fact, during massification traumatized people are likely to seek the milk of the breast, possibly as an equivalent of amniotic fluid. In this sense even the skin of the breast is an obstacle. All of the aggression associated with aggregation is still present, but it is used in the service of marginalization, peripheralization, neutralization and even ‘annihilation’, because the desire

to annihilate follows from the fear of annihilation. Typical patterns of aggression in the context of massification include severe and prejudiced moral judgments, anonymization, scapegoating, and assassination. Of course, character assassination occurs more often than actual assassination, but perhaps fantasies about assassination occur even more often than character assassination, especially in the political life of our professional organizations.

We must think in terms of processes. Although the first group-based defense against the anxieties associated with aggregation is a shift towards massification, the first group-based defense against the anxieties associated with massification is a shift back towards aggregation, thus precipitating the same anxieties that provoked the first defensive shift from aggregation towards massification in the first place. In other words, in the same way that a person who is overwhelmed by the fear of annihilation tends to oscillate between

states of fission and fragmentation, on the one hand, and fusion and confusion, on the other, a group in which the fear of annihilation is prevalent is likely to be characterized by oscillation between aggregation and massification, the two bipolar forms of incohesion. However, such oscillations are rarely total and complete, and, therefore, at any one time vestiges of aggregation can be seen in states of massification, and vestiges of massification in states of aggregation. It is useful to think in terms of primary

and secondary oscillations, and to take a historical perspective.

During these oscillations between aggregation and massification, typical roles emerge. For example, the 'lone wolf' is typical of aggregation, and the 'cheerleader', of massification. Difficult patients are highly vulnerable to the valences or suction of these particular roles, and, therefore, they tend to personify these roles, and to be experienced by others as doing so. Specifically, crustaceans are likely to

personify aggregation processes, and amoeboids, massification processes.

In sum, not only are our most difficult patients likely to create the bipolar states and processes of aggregation and massification, they are also likely to personify the key roles associated with them. Having been exploited and scapegoated by their families (mainly in order for their families to minimize various anxieties and to prevent their own disintegration) difficult and traumatized patients feel compelled

unconsciously to strive to recreate their early experiences within their later life, which is especially and painfully evident in their groups. This is the key to the application of my theory of the fourth basic assumption to our clinical work.

I would like to make two further points. First, the experience of psychotic anxieties within a group, and especially the experience of the fear of annihilation, may occur in several ways: the members of the group may regress to an early phase of life in

which certain kinds of traumatic experience are virtually universal and ubiquitous; the members may share a history of specific kinds of trauma; and the group may itself become traumatized, possibly through management failures on the part of the group analyst, or by other events that break the boundaries of holding and containment causing the members of the group to feel profoundly unsafe. And second, it is important to take account of the phenomenon of equivalence, that is, traumatic experience in any one system may be

recapitulated in either a higher or lower order system, for example, a group that meets for the purpose of psychotherapy may recapitulate the tensions of the wider society, both contemporaneously and historically.

A CLINICAL VIGNETTE FROM GROUP ANALYSIS

Some of the processes associated with Incohesion and its personification can be seen in the following vignette of sessions from a mature slow-open twice-weekly heterogeneous group. In it, I will also illustrate how I was

helped by the group to be a more perceptive analyst; they allowed me the time and space in which I could consult myself about difficult, discordant countertransference processes. I will also indicate some constraints of the social unconscious in connection with gender identity and sibling rivalry, and the gradual emergence of a hopeful attitude associated with the development of the 'workgroup'.

Pandora will be at the center of our attention. She was in the second, group

phase of her therapy, and had stopped seeing me individually. In this vignette she personifies massification by becoming a cheerleader. Not only was she sucked into the role, but also helped to create it. However, eventually, after much hard work, she came out of the role and showed a new capacity for insight and the integration of feeling and thought.

With respect to the group itself, I will focus on a sequence of aggregation in response to separation for the holiday break, followed by the

emergence of massification as a defense against aggregation, and then by the recovery and continuing development of workgroup functioning. The central underlying dynamic was aggregation manifest in engendered contra-groups, that is, subgroups of men and women who began to define themselves in terms of not being members of the other subgroup even more than on the basis of being members of their own subgroup. This was stopped by the rapid fusion and confusion of these contra-groups with a lost and

abandoning object that they held in common based on the sexualization of explosive rage. The group slowly regained its capacity to recognize and to accept differences and imperfections, eschewing the temptation to become a massification cult. This was connected with my own ability to resist the group's demands that I become a cult leader.

1. Aggregation based on impending separation caused by the forthcoming Xmas break

Pandora found it very difficult to share her new group with me, and to share me with the new group, especially with those people in it who had become her favorite rivals, her so-called ‘sibling figures’. Although she had begun to settle, shortly before Xmas, when I would be taking a break for a couple of weeks, I sensed within the group levels of separation anxiety and annihilation anxiety that threatened their feeling that they could and would go-on-being. The group began to display patterns of gaze-avoidance; frequently many people

talked at the same time; and subgroups carried on their own conversations. Also, the group sat in a pattern grouped in such a way as to represent splits and polarities with respect to at least nine variables: religion, clinical history, profession, sex, age, country of birth and marital status. I have rarely experienced a group that evinced so many subgroups and polarities simultaneously, and, therefore, potential contra-groups.

2. A shift towards massification personified by Pandora

Pandora began to generate an unauthentically cheerful, slightly manic atmosphere of pseudo-morale. She established patterns of interaction and of verbal and non-verbal communication that influenced the group to feel that they all ought to join one another in becoming more aware of their successes in life and of how they had been helped by their therapy. People started to agree that as a result of their participation in this particular group they had made marvelous achievements and had no need to fear the impending holiday break. These

communications became a frenzied but almost rhythmical litany of idealization of the group and of me, coupled with the denigration of a few of my colleagues and their groups, giving me immense gratification, and confirming my own judgement.

There was an attempt to silence and split up a couple of patients who were a little less enthusiastic. When they attempted to talk about their fear of the holiday they were attacked. They retreated contemptuously into a silent, somewhat conspiratorial, partnership

maintained through eye contact and the mutual raising of eyebrows.

3. Work group functioning: the group analyst and his interpretations

Pandora continued to express her adoration of me and contempt of my colleagues. This gave me enormous pleasure, in fact too much pleasure, the dawning awareness of which alerted me to the possibility that I was on the receiving end of projective identification in the service of sucking me into the illusion of perfection,

based on idealization. I resisted this, and wondered aloud if the refusal to allow any differences of points of view, any expression of individuality, and the need to maintain a continuous pep-talk, were attempts to avoid the fear that we might all go our individual ways never to return, and, thus, that the group would dissolve and fall apart.

Pandora came to the forefront of my mind. On the basis of seemingly good advice, she had recently undergone yet more surgery. She had a

mole removed from her lower lip, which actually I understood as yet another somatic expression of an encapsulation. I reminded her of her surgery for a fistula, which had also developed at a time of separation. I asked her if she might be a little more worried about the impending break than she was prepared to acknowledge.

> She replied that she had forgotten that last night she had a nightmare. She was standing outside a large house with many rooms and many windows, unable to get in. She began to throw rocks, but there was still no response. Finally, she threw one big rock that was somehow not really a rock but a very explosive strong weapon. There

was a white light, not quite an explosion. She became very frightened. The rock bounced off the window and started to come back at her. Despite her terror, a transformation occurred. 'Mercifully,' she said. This so-called weapon-rock turned into a thousand tadpoles which became very slimy and tried to get into her mouth, her ears and her body, searching for what she called 'appropriate openings'.

4. Some countertransference considerations

I felt very frustrated. I wanted to be alone with Pandora in order to analyze the dream with her. Also, I assumed that I was involved in projective and introjective identification of Pandora's

frustration and anger with her group rivals for my attention. I felt confused with her, and not at all clear as to who was who, and whose objects belonged to whom. However, I started to think about the work of Fairbairn (1952) in connection with his concept of the moral defense, and the work of Andre Green (1986) and his concepts in connection with the dead mother, in addition to the work of other intellectual fathers of Independent psychoanalysis.

Clearly, I was involved in a concordant transference/countertransference relationship (Racker 1968), feeling what Pandora was feeling, but whereas she was using amoeboid, merger-hungry defenses, I was using crustacean, contact-shunning defenses. However, I was aware that my feelings and defenses were also connected with my own more personal and 'discordant' countertransference to her. In other words, transference/countertransference relationship was not only a matter of

communication, but was also co-constructed by Pandora and myself on the basis of our respective unconscious conflicts and preoccupations.

I remembered how determined Pandora was never to be blocked from a space in which she felt that she would be protected and looked after, and in which she would not have to communicate with words in a grown-up way. Her experience of maternal space, including the flat to which she had been taken when her mother was hospitalized, had been transferred to

my body, my mind, the group and even to my consulting room. Nonetheless, I became more and more preoccupied with my own experiences of failed dependency both very early in life and more recently. In other words, I was both in touch with Pandora and not in touch with her, because more in touch with myself. I realized that my initial preoccupations were too intellectual, a sign of my own defensiveness against my emotions. Perhaps I was seeking some supervisory help with my maternal objects; certainly I was using theory in a defensive way, in order to

protect myself from painful experience (Hirsch 2003). In any case, I decided to remain silent, and to let the group respond to Pandora and to allow the central group tension and the collective transference to develop more clearly. This was the right thing to do and the safest thing to do, because I needed to protect myself and the group from my sudden anxieties, and to clarify my countertransference and to try to analyze it (Hopper, in press).

5. The group as co-therapist

With considerable empathy, the group began to work. One patient talked to Pandora about her rage and pointed out that although it was reactive it was so quickly projected and re-introjected. Another said, 'That's sexy stuff Pandora. Clearly those tadpoles were sperms.' As hysterical as she was, Pandora was surprised that she had reported a sexy dream. It is likely that she felt sexually aroused. This was unusual for her.

Pandora then told us with feeling about her being alone and feeling

empty. She described her despair as a female, and her envy of male creativity. She felt caught in a dilemma that as she came to accept herself more and more as a female she would not feel creative unless she had a baby, but if she felt herself to be female and had a baby, she would lose her sense of herself as a male, sacrifice other things in her career.

6. Work group functioning: the recovery of the group analyst

By this time I had regained my ability to think. The group had functioned as a good enough container for Pandora's destructive projections, tolerated her sexualization of her violent feelings, and communicated to her as equals who did not judge her strange and sexy thoughts and feelings. Although her dream was a gift of sorts, there was definitely the possibility that with further interpretation of the dream Pandora and the group could start to shift back towards an aggregate as symbolized in the dream by her pebbles and rocks,

and by the pane of window glass as a traumatized and overly intellectual analyst/mother who would soon be separating from her. Before this occurred, however, I commented about retaliation from the housemother, who did not let the weapon break into her. In fact, the weapon was rejected or repulsed, and transformed into a thousand tadpoles, which if they symbolized sperms might not be expected to come from her mother. In any case, aggression had been sexualized protectively. I wondered about her image of her father as a

fertile man, and what sort of access she felt her mother had allowed them to each other. I had worked with her on this sort of material a thousand times, but somehow it all felt very fresh. I wondered about myself as a housemother and housefather, and about my being an amalgam of the two. I said maybe there was some confusion about her mother as a father and her father as a mother.

Another patient then said that the impending holiday was like a menstrual period. After another brief

silence, which was not contemptuous of the remark, but involved an attempt to think, I spoke of the loss of perfection and the loss of hope, replaced by a wishful search for a protective inner circle and a compulsion to enter it. I also said that a menstrual period could be understood as a reference to the group's falling apart, but that a period is not the same as an abortion, and perhaps more like a holiday break.

In response Pandora spoke of her fantasy that during the holiday I would

see one of the patients who was a training candidate at an event at the Institute of Group Analysis. I said that I understood that the group generally felt hurt and angry about the holiday break and also felt frightened both about their ability to function without too much anxiety and about their impulse to express such feelings to me, because they might hurt me and themselves. I also said that Pandora had transformed her fears about falling apart into a desire to make the group totally and absolutely whole and to put herself inside it, and to attach herself

to the group and to me, as she felt the male training candidate would be able to do. I went on to imply, but not to spell out, that she had a fantasy that only a boy could really do this, or at any rate a girl with a penis, which she thought was the only creative sexual organ.

7. Work group functioning: deeper insights originating in the group rather than in the group analyst

Pandora acknowledged her conviction that only males could be creative in a general way. She then

became a little angry with the male candidate and the group, which she had not been able to do before. Another member of the group said that it was obvious that she was treating this man as though he were her younger brother. Several members of the group then reminded her of her considerable achievements in the field of the arts. Pandora then asked one of the members of the two-person contra-group to tell more about their feelings of doubt. Imagine, this woman was inquiring as to the feelings of others with whom she might have been in

competition. This led to some anger and sadness and memories of having been let down repeatedly during childhood, which was an experience shared by the entire group. The encapsulated contra-group began to dissolve. The group began to discuss in an authentic way Pandora's confusion concerning her sexual identity and her gender identity. Pandora showed some understanding that she could be her 'own' kind of woman who might even develop some of the same intellectual and emotional

characteristics that she felt only men were entitled to display.

8. Some aspects of the social unconscious

When the group returned after the Xmas break, they reclaimed their sense of mature hope. They returned to Pandora's dream again and again. As spring approached, this dream became the basis for discussions of conflicts between Arabs and Jews in the Middle East, attempts to enter the Promised Land, the River Nile and the plagues, and the River Jordan.

It occurred to me that when a few months before I became defensively preoccupied with the work of Green on the dead mother, I was also attempting to work out tensions between green/envy and green/springtime and hopefulness. The group put frogs in my 'river', a symbol for mother, and, therefore, for the group and me, and this was a punishment for my enforced separations during holidays. Thus, Pandora's dream was a personal dream, as well as a dream dreamt for the group.

Following my interpretations of the ‘river’ as a symbol for mother and her body, ethnic group rivalry and sibling rivalry became the central focus of the group. A consensus was reached that in a way younger siblings were always both ‘chosen’ and ‘little brothers’, especially when they really were. In other words, the group began to consider the possibility that their preoccupations with sibling rivalry and gender identity reflected both their idiosyncratic concerns and personal histories, and the unconscious constraints of various social, cultural

and political factors, not only in the ‘Now and There’, but also in the ‘There and Then’. This was reflected in the connections that they made between how they had been influenced by World War II, and were now affected by the events in the Middle East.

Several members of the group wanted to discuss whether I was a Jew and what this meant in the group. For example, several members of the group acknowledged that when they were involved in scapegoating the

small contra-group who tried to express their reservations about me as a group analyst and about the efficacy of group analysis in general, they had also experienced some anti-Semitic feelings. At this moment the contra-group were experienced as Jews, although it was known that I was myself a Jew. This was explored in terms of sibling rivalry and ambivalence towards rebellious sons, but slowly and eventually we came to feel that unconsciously the group was also enacting their perceptions of what had happened to Jews in Germany. It

was accepted that following World War I, Germany experienced intensive and extensive aggregation based on various kinds of social insecurities, and as Germany shifted towards massification, various forms of aggression were directed at Jews and others who were described in terms of attacks on the mother-tongue, blackness, strange hair, bad smells, etc. Obviously, they had to be eliminated in order for massification to develop and offer its transient and illusionary sense of safety.

9. Summary

In this group vignette a patient with pronounced borderline disturbances personified a specific massification role as a defense against the anxieties associated with aggregation following an experience of failed dependency in connection with the holiday break. This enabled Pandora to become the focus of therapeutic attention in such a way that we could see how together we colluded in setting up situations that were potentially destructive based on the unconscious attempts to avoid

anxieties of a particularly painful kind, as had happened very often in her own daily life in a particularly pathogenic family and during other phases of her life. The group helped me to have the space that I needed to understand my countertransference to Pandora. Several individuals were able to make connections between their own present functioning in the group and their previous experiences. Although Pandora had experienced a long period of psychoanalysis, and psychoanalytic psychotherapy, the quality of her experiences within the group was new,

providing both an affect-laden experience of unconscious role creation and enactment, and a space for reflection. Reciprocity and complementarity were the basis for the development of the optimal cohesion of the therapeutic workgroup.

Eventually, Pandora left the group. I still see her occasionally. Many of her symptoms have abated. She has never established a relationship with one partner for more than a few months at a time, and she has not had a child. She has established a career, and has

an active social life, perhaps too much so.

CONCLUDING COMMENTS

In this chapter I have outlined my theory of (ba) I:A/M, and have illustrated these processes with clinical data concerning the treatment of a particularly difficult and highly traumatized patient. I have also showed how a group can help the group analyst with troublesome countertransference processes, especially those that resonate to a predominant basic assumption. I have

tried at least to indicate how the social unconscious is of continuing and constant relevance in clinical work.

It is incumbent upon the group analyst to do his very best to keep in mind the group as a whole, and to support the development of a mature work group whose members can see how they tend to collude with one another in the recreation of their respective traumatic experience. The group analyst must also keep himself in mind. Nonetheless, although very often the best policy is to contain and

to hold, containment and holding are not always sufficient for the maintenance of the therapeutic process. It is also necessary to engage in interpretive analytical work, that is, both to stay with affects and to keep alive the reflective process.

Within relatively closed institutional settings such work can become almost impossible, mainly because the unconscious material is more highly amplified. Relationships among colleagues—nurses, doctors and managers, perhaps between people

within the hospital and people within the referral system—are all affected by the projection of encapsulated fears of annihilation and related phenomena. Whatever the setting, it is essential to maintain a kind of mental and organizational hygiene in the face of this impossible work. I have in mind a hygiene in which the good, the resilient, the optimistic, the hopeful, the transcendent and the hardy prevail over the bad, the despondent, the pessimistic, and the despairing in connection with our inevitable failures

to realize our highest aspirations for our patients and ourselves in our work.

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