

Can Love Last? An Alonso Center Panel Discussion On The Fate of Intimacy

The Alonso Center presented a lively and provocative panel at Fielding's Summer Session in Kansas City. The panel was comprised of three Center faculty members—Dr. Sandy Drob, Ruthellen Josselson, and Kjell Rudestam—plus Dr. Marilyn Metzler, a psychoanalyst in private practice in Kansas City and President of the section on couples and families of Div 39 of the APA.

The panel took as its starting point, Stephen Mitchell's influential book *Can Love Last?* Mitchell provided a strong and distinctive voice for relational theory in contemporary psychoanalysis—an approach that emphasizes people's primary need to connect with others, the self that exists "within in the relational tapestry" of their life, in his words. Mitchell was a founder of *Psychoanalytic Dialogues* and author of many books. *Can Love Last?* was—in a cruel irony—his last

book before his untimely death in 2000 at age 54.

Mitchell takes up the topic of what really happens in romantic love. He argues that, rather than safety, commitment brings danger and despite our best efforts to find intimacy, we also want to destroy it. The tension between the comfort and danger of intimacy infuses the relational tapestry of our lives. *New York Times* book reviewer Judith



Panel: Dr. Kjell Rudestam, Dr. Marilyn Metzler, Dr. Sam Osherson, Dr. Ruthellen Josselson, Dr. Sandy Drob

Shulevitz described Stephen Mitchell in this way: "Cheerful, open, and human," Mitchell "reminds us that psychoanalysis is at heart a hopeful profession."

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In Vienna and London with psychoanalytic psychology

Erik M. Gregory, PhD, EdM

A recent article in the Chronicle of Higher Education (R. Jacoby, 2008) outlined how Freud and his seminal contributions to psychology have largely disappeared from course offerings and discussions of psychology programs nationwide. In fact, my alma mater, the University of Wisconsin-Madison, was referenced as having led this trend. As a doctoral student at Madison, I can confirm from my own experience that this was true.

Freud and psychoanalytic psychology seemed destined to be part of my life. My mother grew up near Bergasse, the street of Freud's practice in Vienna, and like Freud, my family fled the Nazis. I grew up familiar with Freud's importance as a Viennese, his contributions to science, his bearded image, before I really understood about the field of psychology.



Erik Gregory, PhD

After fleeing Vienna in 1939, Freud made his home in the UK. This building, now a museum, is up the street from the Tavistock Institute in Hampstead. I enjoyed greeting Freud every morning in statuary form in front of the Tavistock Institute, a nod to his time in the UK, during my clinical internship in London. In fact, The Tavistock Institute was home to Melanie Klein and John Bowlby, who both claimed Freud as their own and themselves as keepers of British psychoanalytic practice.

I like reflecting on my time and training at the Tavistock. Where else could I have had the opportunity to go to a yoga class in the early hours with actress Helena Bonham Carter (to whom I dedicated a portion of my dissertation, as she asked of my progress regularly); work with refugee children and their families in the morning; adolescents and young adults from across London in the early afternoon; and child actors embarking on worldwide cinema fame and their families in the afternoon?

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Contemporary Neuroscience Support for Freud, the Biologist

Rob Turner

Rob Turner is an advanced graduate student at the Fielding Graduate University. He lives in South Glastonbury, Connecticut. He has a strong interest in independent music and also volunteers as a public radio DJ.

Sigmund Freud's work as a physician and neurological research had a profound impact on the development of psychoanalysis. Recent advances in the neurosciences, moreover, have been very successful in uniting the more psychological aspects of Freud's theory with the biology of the brain.

Frank Sulloway (1992) provides a revealing account of the extent of Freud's experiences as a biologist. As a medical student in 1873, Freud established himself in the Physiological Institute of famed biologist Ernst Brucke.

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We welcome suggestions about possible future Center offerings. Contact Dr. Sam Osherson with ideas and suggestions (sosherson@fielding.edu/617-354-1330). To discuss gifts and contributions to the Center contact either Dr. Sam Osherson or Anne Kratz, Director of Development (akratz@fielding.edu / 805-898-2926).

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...Can Love Last? (continued from cover)

Beginning our panel's discussion, Kjell Rudestam discussed the high American divorce rate and noted that passion is indeed alive and well in contemporary America. However, he reminded us that Mitchell draws on Freud's observation in 1912: "Where they love they have no desire and where there is desire there cannot be love."

Is there more than one kind of love, Kjell asked? Long term relationships establish security, constancy, and predictability, all of which can be in opposition to desire, which brings unpredictability, risk, and adventure. Kjell suggested that our social and personal constructions of marriage may kill love, not the inherent nature of marriage itself. How do we view the intimate other, and: do we show up for intimacy ourselves? Kjell drew on his work with couples to discuss how shame can inhibit adventure in relationships. He suggested that Mitchell's notion of "the Third" can infuse our relationships with desire, if we are not threatened by what our partners think and desire, or what we ourselves do. The mutually constructed adventure of desire may be an antidote to the constriction of love that results from attempts to over-control our partner's thoughts and behaviors.

Marilyn Metzel, a former Director of the Kansas City Center for Contemporary Psychoanalysis, emphasized in her presentation Mitchell's reformulation of the concept of romance. Drawing on the attachment research of Beebe and Brazelton, Dr. Metzel noted the importance of novelty-seeking in intimate relationship, beginning with neonatal development. In contemporary culture, how is the need for stimulation and novelty portrayed? In Hollywood films we are rarely offered resolutions that show the need for courage to face the real challenges of intimacy. Dr. Metzel went on to discuss the crucial role of idealization and the question of who do we idealize: the worship of youth or the ability to invest in relationships that endure?

Ruthellen Josselson suggested that Mitchell wrote *Can Love Last?* to provoke us into rethinking conceptualizations we've inherited from classical analytic theory. He offers not the last word on

the subject, but the first. Oscar Wilde noted that "one should always be in love, that is why one should never marry," pointing to the security of attachment and the heat of passionate desire. Yet there are many meanings to the word, "love," Ruthellen pointed out. The answer to the question, "can love last?" may depend on what you mean by "love." Ruthellen then drew on the Greek distinction between *eros* (passion) and *agape* (companionship), as well as the Medieval ideals of beauty and suffering. She suggested that attachment and mutuality may or may not contain a passionate component. Classical analytic theory takes sexuality as a metonym for attachment, but contemporary neurophysiological work indicates that the biological bases of sexuality may differ from attachment. So, Mitchell's question also directs our attention to keeping vitality alive in attachment: what does it mean to love one another, to discover new aspects of the self and the other? Mitchell may have overly codified only one version of marriage. Ruthellen suggested that we need avoid fixed ideas of what life should be like—there are many ways to put together vital relationships, with and without sexual passion.

Sandy Drob picked up on this theme when he noted the essential unknowable quality to love. Can we even claim to know who we are, or who the other is? There is no right formula for being in relationship. In Western culture, we tend to emphasize romance. There are other models, Sandy noted, which offer fruitful contradictions, such as hysterical

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Dr. Marilyn Metzel, Dr. Sam Osherson

... *Vienna and London* (from page 2)

I had received psychoanalytic training at the University of Chicago from Arnold Goldberg in Kohutian psychoanalytic self-psychology prior to my clinical work in London.

Kohut rejected Freud's theory of the id, ego, and superego. He instead proposed a tripartite theory of the self, including one's sense of worth and well being, as created in relationship with others. In contrast to traditional psychoanalysis that focused on drives, internal conflicts, and fantasies, self-psychology emphasized the importance of connection.

Kohut examined this "sense of self" using narcissism as a model. For example, if a person is narcissistic, it will allow that person to suppress feelings of low self-esteem. By talking highly of oneself, the person can eliminate his or her sense of worthlessness.

Kohut called himself "Mr. Psychoanalysis" according to his colleagues and he was content with this recognition in the United States.

In Europe, Melanie Klein was eager to assume the psychoanalytic throne of Papa Freud upon his death. One problem was that Freud's daughter, Anna, naturally expected that role. Both Klein and Anna Freud were talented researchers and practitioners who were navigating in a profession dominated by male physicians at that time. Unable to resolve their conflicts, the psychoanalytic society in Britain divided into three groups: Kleinian, Anna Freudian, and Independents. I found this division very present in today's British psychoanalytic world.

Klein is credited with using observation of children's play to understand their emotional world. She observed children at play with toys and pencil and paper. She then made specific interpretations about the meaning of the child's play. She concluded that much of the play had to do with the role of the parent/parents in that child's life and concluded that Freud's theory of the Oedipus complex was not correct: the superego was present before the Oedipal phase.

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... *Can Love Last?* (continued from page 3)

approaches, which excite desire without satisfying it. Sandy then reflected on what's involved in tolerating the notion that we are free and autonomous beings, in love as elsewhere

in life. Enlivening idealizations can create opportunities in our life, offering discovery and novelty.

In response to a lively dialogue between panel

and audience—which included the question of how aggression and love intertwine—Sandy observed that, after all, "make-up sex after a fight is the best kind." The evening closed with acknowledgement of the crucial questions: Can I receive love? Am I open to what I want to give someone else? In some ways we are more vulnerable giving than receiving love.

So, our panel seemed to conclude that love *can* last, if
1) you are open yourself to the risk—and danger—of novelty and adventure in yourself and search for it in others, and
2) you don't make too narrow, constricting assumptions about a singular kind of "love"—there are many ways for human beings to "be in love." AC

...unknowable quality to love. Can we even claim to know who we are...?

The Alonso Center is pleased to acknowledge a generous gift over the next two years from the Lazarus Family Foundation supporting the Anne Alonso Memorial Symposium series.

We plan the symposia to be made available nationally real-time on video over WebEx. We hope to begin with our first symposium at SS in KC in July 2009.

... *Vienna and London* (from page 4)

I observed many children, reeling from the horrors of civil war, at some form of play. Indeed, I found that there was an opportunity to capture a portion of a child's inner life by their play—especially when they were unable to articulate the horrors they and their families had experienced. I

frankly took home those children's traumas for many, many of those early months. One child from Somalia would not speak with me week after week. I felt at a loss by our fifth session. He would take his blunted scissors and cut paper in the corner over the garbage pail.

Finally, I said only what I could think of: "I like the way you cut paper." He took such care to cut the paper into smaller and smaller pieces—an indication, my supervisors told me, of his own cut up life. That comment was a turning point, as he turned to me and responded that I had an American accent and wondered if I liked action films. It was the beginning of some wonderful work together.

In the adolescent and young adult unit, I cheerily went to greet my first clients by introducing myself, shaking the client's hand, and doing a bit of superficial chattering as we walked together along the institutional corridors. When my supervisor learned of my approach, I was redirected. I was only to make eye contact with the client, have the client follow me into the therapy room, and sit down quietly until the client spoke. I tried this a few times, but returned to my own style of introduction. How absolutely anxiety provoking, I thought, for a young person to be addressed in this manner. I couldn't adhere to this particular Kleinian approach.

Overall, the training at the Tavistock was excellent, with knowledgeable individual and group supervision. I was as interested in learning about the National Health Services

provision of mental health care as my international colleagues were interested in learning about US models of mental health services. They believed that the short-term model of psychotherapy in the US would eventually be imposed on the long-term model of therapy services provided—a luxury that had been enjoyed but was being challenged by the National Health Services cost cutting measures. Indeed, five years after my internship, the shorter-term models of therapy were mandated with a greater emphasis on medication.

This past summer, at an international psychoanalytic meeting at the Freud house in Vienna that I attended, the shorter-term model of psychoanalytic psychology was discussed at length. Freud has never left the psychoanalytic table of discussion in Europe. Thinking differently about psychoanalytic therapy practice is a tremendous shift. Yes, it is largely motivated by economic

constraints and health care mandates, but I do recognize what a step it is for the European psychoanalytic community. Even the discussion of positive psychology, my area of research, was brought into the discussion.

Participants from around Europe were divided by this trend with many of those from the Scandinavian countries a bit more enthusiastic than those from the UK and Western European countries. Whether various practitioners agreed or disagreed, it was recognized by us all that the traditional approach to psychoanalytic psychology as practiced by Freud at Bergasse, the very place where I was sitting and where the echoes of Freud and his patients loomed with such potency everywhere, was simply evolving to another level of understanding and practice. AC

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“I like the
 way you cut
 paper.”



Tavistock Institute

... neuroscience (from page 2)

During his years at the Institute, Freud published papers on such topics as the neuroanatomy of a primitive form of fish, the gonadal structure of the eel, a new method for staining nerve tissue, and a study of the nerve cells of the crayfish.

After medical school, Freud decided not to pursue a career in research but did spend the next fifteen years investigating such highly related scientific topics as histological techniques for staining nerve tracts and wrote several papers on the structure of the medulla oblongata. In addition to

these accomplishments, Freud gave a lecture entitled "The Structure of the Elements of the Nervous System." This lecture is considered by some to have anticipated the neurone theory normally attributed to Wilhem Waldeyer nine years later (Jones, 1953). Freud's last significant publication from his days as a neuroanatomist appeared in 1897, the same year he discovered infantile sexuality and the Oedipus Complex. The work was a 327 page tour de force on the treatment of childhood cerebral paralyses. Swiss neurologist Rudolph Brun commented some 39 years later that it was "the most thorough and complete (work) that has yet been written... [It] was a brilliant achievement..." (Brun, 1936). Although this was his last major undertaking in the field of neuroanatomy, Freud continued to compose yearly summaries of the literature on clinical neurology until the turn of the century (Sulloway, 1992). Even Freud's work on hysteria in Paris with Charcot in the mid-1880s had a biological tinge: while developing a psychological view of hysteria, Freud's conceptual view of hypnosis maintained a common dualist approach, allowing room for both neurophysiological and psychological explanations of mentation. Freud's respect for biological processes was implicit also in his collaborative work with both Breuer and Fleiss.

Psychoanalytic theory has evolved and changed, of course, since Freud's time. Contemporary approaches take much greater account of socio-cultural influences while retaining careful attention to

the importance of the early caretaker- infant relationship in personality development.

Modern neuroscience has brought these ideas out of the realm of theory and found physical evidence that this is actually the case. Human infants are born at a very under-

developed stage in comparison with most other animals and could not possibly survive without the total care of their parents. This is in large measure due to the complex nature of the human brain and the prolonged period of time that is required for its full development (19 – 20 years). The portion of the human brain that differentiates us from other animals is the forebrain, the area of the brain ultimately responsible for deciding how to interpret the information being presented

to us and deciding how to react to any given situation. In so doing, it must take in information from many other areas and integrate it before forming a response and this is something that can only be accomplished with a great deal of experience.

Newborn infants not only lack this experience, but this area of the brain is the least developed. Current research has shown that this gap is filled by the infant's mother who essentially acts as the baby's forebrain (Schore, 1994). Not only is she providing a necessary function, she is, by her actions helping to direct which connections get formed in the infant's forebrain and which do not, bringing her own

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...a revealing
account of ...Freud's
experiences as a
biologist.



Rob Turner

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unique aspects of personality and experience into the equation.

Opiates have also been found to play a role in the developmental processes of the socioemotional aspects of imprinting and attachment during infancy (Schore, 1994). According to these findings, in the course of face-to-face affective interactions, the emotional expressions present on the face of the imprinting object, the mother, brings about alterations in opioid peptides in the infant's developing brain. The mechanism of this psychoendocrinological process involves the caregiver's regulation of the child's hypothalamus and its production of corticotrophin releasing factor (CRF). This substance then activates the sympathetic components of the autonomic nervous system while deactivating the

...these findings represent strong evidence in support of psychoanalytic theory...

parasympathetic components. CRF also controls the synthesis of a hormone that facilitates imprinting (ACTH). At the same time, CRF also regulates the production of beta-endorphin in the anterior portion of the pituitary gland, another substance that has been linked to the process of imprinting. This lays the groundwork for the infant learning to feel positively about the perception of these facial expressions in the mother and later to translate that into the outside world and society (Schore, 1994). By the end of the first year of life, the child has already become a social being. By that point in time the infant has developed a complex psychobiological mechanism to process socioaffective information. This mechanism allows the child to compare current perceptual socioemotional input with previously stored interactive representations and physiological-affective responses to various emotional facial expressions of the attachment figure. The internal models used to guide interpersonal behavior and regulate affect are stored in the orbitofrontal cortex of the right hemisphere. This system of affect regulation involves the orbitofrontal regulation of the mesocortical dopamine system including subcortical components containing neurons that specifically

relate to faces, encoding representations of the emotionally expressive face. The sequential processing of socioemotional information takes place along the ventral tegmental limbic forebrain-midbrain circuit within neuronal centers at various hierarchical levels of the cortex and neocortex (Schore, 1994).

Taken as a whole, these findings represent strong evidence in support of psychoanalytic theory, lending credence to the notions of object relations, attachment theory and self psychology. At the same time these findings also point out that Freud's belief that a "Scientific Psychology" is possible may well have been correct. A

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Introjected Fathers and Projected Dragons

Gershon Reiter

Gershon Reiter, former cook, carpenter and teacher of films and music, lives on a kibbutz in Israel. His first book, Fathers and Sons in Cinema, was published this year by McFarland & Company, Inc

Dragons are mythical creatures. Like myths, they exist also as metaphors, as one thing representing another. Where myths are metaphoric tales that reveal our shared psyche, dragons are symbolic embodiments of a force that bars the hero from obtaining a semblance of the Golden Fleece. Just as dragons figure in myths of countless cultures, in modern times they can be found in many of our *filmmylths*—movies that combine the medium of film with the messages of myths. Unlike myths,

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however, the cinematic dragon is personified by a character that, for the hero, represents the dragon.

Given movies' visual nature, filmmyths are most suited to envision the dragon. They not only have the uncanny ability to project on the screen images that mirror the hero's psyche, the wellspring of myths and dwellings of the dragon, they do it in a most entertaining and accessible manner. This is the power that *filmmyths* have over written or spoken myths. Filmmyths that deal with fathers and sons envision how the cinematic hero projects his apprehension of the father, both his perception and his dread, on a menacing figure that functions much as dragons do in myths.

Perhaps the most famous (and obvious) case of the dragon between fathers and sons in filmmyths is occurs in George Lucas's *The Empire Strikes Back*, when Darth Vader informs Luke Skywalker: "I am your father." His words echo Odysseus assuring Telemachus, "I am that father whom your boyhood lacked and suffered pain for lack of" (Homer, p.295). Demonstrating that nothing has changed since Homer's time, these powerful words encapsulate the dragon in filmmyths. On the one hand, this boyhood "pain for lack of" a father sets the stage for the projected dragon, the son's introjected father; on the other, hearing such words

is part of slaying the dragon, part of the atonement between father and son. *The Odyssey's* father-son relationship figures in other filmmyths, such as Robert Zemeckis's *Back to the Future* and John Sayles' *Lone Star*, two filmmyths in which the dragon



Gershon Reiter

Psychoanalytic Therapy Wins Backing

By BENEDICT CAREY

New York Times. Published: September 30, 2008

Intensive psychoanalytic therapy, the "talking cure" rooted in the ideas of Freud, has all but disappeared in the age of drug treatments and managed care.

But now researchers are reporting that the therapy can be effective against some chronic mental problems, including anxiety and borderline personality disorder.

Read the entire article in the New York Times Online at:

<http://www.nytimes.com/2008/10/01/health/01psych.html?scp=1&sq=psychodynamic%20therapy&st=cse>

[may require free registration]

functions as the son's projected image of his introjected father.

In *Back to the Future*, Marty McFly deals with his introjected father by literally going back to the time when his father was his own age. His "nightmare" (as he repeatedly refers to finding himself back in 1955) makes very personal the famous observation by Stephen Dedalus, the "Irish McFly" (or "Irish Bug," as Biff calls George McFly), in James Joyce's modern *Odyssey, Ulysses*: "History is a nightmare from which I'm trying to awake" (Joyce, p. 34). Indeed, history changes when Marty inadvertently helps his future father deck Biff, his nemesis, with one clean punch, thus becoming St. George the Dragon Slayer. With this heroic deed, the man "not good in confrontation" removes the obstacle that stands in the way of his winning the young woman and becoming a man. Like Odysseus slaying the suitors, George shows his son Marty how it's done, becoming a hero before his eyes. "I never knew he had it in him," Marty comments on his father's heroics. "He never stood up to Biff in his life." Seeing his father slay his dragon, Marty sees his father as never before. It frees Marty from the introjected father, his dragon. He overcomes his (and his father's) fear of rejection by playing his shadowy double's "axe" in front of his father's (and mother's) high school audience, becoming an electrifying Marty B. Goode.

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George's parting words before Marty heads back to the future, "Marty, I want to thank you for all your good advice. I'll never forget it," recall Telemachus' words to Athena, disguised as Mentor, "Friend, you have done me kindness, like a father to a son, and I shall not forget your counsel ever" (Homer, p.11).

In true analytic fashion, he comes to know himself and his father.

John Sayle's *Lone Star* presents a contrasting father dragon. Whereas Marty McFly feared he is too much like his loser father, Sam Deeds, the sheriff in *Lone Star*, is constantly reminded that he

does not measure up to his legendary father. From what he hears, Buddy Deeds was more a father to the townspeople than to him. To them he was a good patron, the dragon slayer; to Sam, who sees mostly the ogre side of his father, he is a patriarchal dragon, an ominous figure that obstructs him from taking his own course in life. Because Buddy is the prime suspect in Charley Wade's murder, at least in Sam's mind, he must investigate his father's history. In the process, painful memories and pent up feelings resurface, turning Sam's investigation into a quest for the truth about his celebrated father. And like Telemachus' quest for the truth about his absent father, everywhere Sam turns he is told of his Odysseus-like father. But where Odysseus is alive and thought to be dead, Buddy is dead but very much alive in the minds of the town's citizens. Along with a real character named Athena, who initiates Sam's shadow (Del) to take a second, more forgiving, look at his father, *Lone Star* contains its own symbolic Athena: the discovery of the "lone star" sheriff's badge (together with several other objects) force Sam—and help him—to dig up the past.

Contrary to *The Odyssey*, where Odysseus eventually returns and helps his son to de-mythologize him, Sam Deeds must come to this realization by his own wits. Only after he

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Intolerable Pain and Aggressive Enactments in Group Treatment

Myrna L. Frank, Ph.D.,

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While the manifestation of aggression during separation-individuation is recognized as normative (Mahler, 1974) and its expression in the psychodynamic treatment process is welcomed as an opportunity for a corrective experience (Pine, 1985), aggressive enactments in the group treatment setting present particular challenges for the therapist. In the individual treatment setting both therapist and patient are assured the relative privacy of the 1-1 treatment relationship. In contrast, in group treatment an aggressive outburst is a public event to which many people are witness—both the object of the aggression (which can be therapist or some or all group members) and the aggressor him/herself. Treatment recommendations that are thus effective in individual settings may be especially challenging in the group, where the transferences multiply exponentially.

In contrast to the broadly described notion of "acting-out behaviors" the more complex concept, "enactment," captures the regressive manifestations of transference and countertransference, aptly described by Osherson and Hatcher (2007) as an unexpected "pressured" moment in the therapy setting. Their newsletter article emphasized the dyadic or interpersonal components of enactments—either person in the therapeutic dyad can initiate such situations with both parties tending to attribute the genesis of the action to the other. Enactments in a group setting inevitably make for a more complex dynamic, with multiple interpersonal components where any of the seven or so group members on the one hand and the therapist on the other can initiate a situation with the respective party/parties tending to attribute its genesis



Myrna Frank, Ph.D.

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to the other. In group psychotherapy the relational patterns are enacted within the transference to the leader and other member(s), and have the potential to be identified and explored within the safety of this setting. As a patient once explained to another member who wanted to leave group treatment in favor of increasing her individual sessions, “you learn it in individual and you play it out in group.” It is this ‘playing out’ that is so tricky in group treatment, and is pivotal in that it has the potential to be growth inducing, thus facilitating a profound corrective experience for the individual.

A patient, Melanie, exemplifies the enactment dilemmas a group therapist confronts: her constant engagement with the group therapist in angry communications around billing and payment reflected the fact that she was “still in the divorce.”

Not her own incomplete divorce, but her parents’ ugly high conflict divorce 40 years before. Melanie is a lonely woman, eager for friends and a partner, who experiences constant disappointment in and rejection by others. She engages in a contentious way with people, entrenched in her positions, and easily injured. Melanie’s frequent aggressive enactments are challenging for the group members and for the therapist. Beneath Melanie’s bristle lies fragility and terrible pain. Her anger tends to be contagious, spreading to the group as a whole. Often there seems too much pain for her to bear. The group veers from irritation to caring to helplessness.

The situation came to a head when the therapist—who had tolerated Melanie’s constant conflict and aggressive behavior around payment—began to feel abused by her. There were frequent phone calls with unreasonable demands for new bills, different kinds of bills, and angry queries before, during and after group about what she owed or was owed. The therapist’s efforts at being extra patient and accepting, at exploring the dynamics of resistance to connection, and at making attempts to accommodate these requests, were all

unproductive. In fact, the patient’s inappropriate abusive behavior escalated.

A defining moment occurred when the patient had a small credit balance with the therapist due to an insurance payment. Melanie, before the subsequent group session, greeted the therapist with her arms extended upward and a joyful yell “Do you have money for me?” The therapist felt shamed, as if accused of being greedy and withholding. Some time later—in response to a particularly unpleasant encounter—the therapist told Melanie that if she could not find a way to be respectful in her interactions, she could not stay in group. This was done over the phone, an unusual venue for the therapist to inform a group member that they may be terminated. Although the therapist had spent some time considering how to address this issue, she wondered even

at the time what she was acting out by doing so in this way.

Melanie arrived at the next session and announced gleefully that she had been “asked” to leave group. The group predictably split down the middle; some members were sympathetic to Melanie’s plight and upset with the therapist for being too hard on her, while others were confrontative of her inappropriately aggressive behavior. This process provided a space for the therapist

to traverse the split and convey to the whole group that Melanie was wanted and cared for, but that abusive behavior was not going to be tolerated. The therapist became curiously conscious of her own sense of relief in knowing that both she and the patient were supported by the group. Over the ensuing weeks much was accomplished as the entire group engaged in addressing the painful issues that had been kicked up for everyone. Specifically for Melanie, she was gradually able to make conscious this re-enactment of her painful early experience, i.e. the highly contentious divorce of her parents in which money issues were fought about over many years. In retrospect it seems likely that the re-enactment was evident on three other levels: first, Melanie’s primitive excitement, demonstrated by the palpable glee in her announcement to the group, can be construed as a re-

...aggressive
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Intolerable pain... (continued from page 10)

enactment of the primary passion associated with her parents' conflicts (Aledort, 2002). Secondly, the therapist was in effect threatening to divorce Melanie from the group, an enactment that was likely a powerful motivator for this patient to do the necessary work. Finally, much like a divorcing parent who is mindful of the effects of her actions on the family, the therapist's phone enactment was in fact an effort at protecting the patient, the group as a whole, and herself from the potentially destructive impact of Melanie's aggression (and perhaps the therapist's own).

In a subsequent session Melanie's demeanor was strikingly different. She began with a very moving apology to the therapist and an explanation about how for the first time she really understood the source of her lifelong issues with money, and how this had been so destructive in so many of her relationships. This change has been experienced by her and observed by others as stable and even transformative, and the patient's announcement one day that "she and the therapist are doing well" captures the primary nature of this event for her. The threat of being terminated, in effect being divorced from the only group she had was clearly crucial to what became a profound corrective emotional experience for Melanie: this served as a positive motivator to work through the underlying relational patterns in order to assume responsibility for her acts.

So, are there times when it is clinically appropriate to terminate treatment? The action to terminate treatment on the part of the therapist at the time felt quite drastic, and even contradictory to the Winnicottian notion of the therapist as a container, calmly holding boundaries (1955), providing a safe psychological space within which the patient can work at resolving his/her conflicts. Winnicott may be misunderstood in a Rogerian way, as advocating "unconditional positive regard." Group therapists who take this stance can become the object of abuse by the aggressive enacting patient/s while playing out a complementary enabling role. For Groves and Newman (1990), treatment is impossible when the patient utilizes the process in order to stay sick, harm others or achieve self-destructive ends. In the case of Melanie it proved beneficial to propose termination. In fact, a more accurate interpretation of Winnicott's "holding environment" is one which endorses setting necessary limits; as he said it, one cannot do therapy

with a patient who carries a revolver (Winnicott, 1971). While he did not use this violent imagery in his discussion of the therapist's intensely negative feelings to the patient, Winnicott insisted that in order to protect the treatment, these needed to be acknowledged (Winnicott, 1949). In Melanie's case the therapy group played an important function in holding both therapist and patient through a difficult crisis till a resolution was attained.

In conclusion, it could be said that while the therapist is potentially at risk for undesirable exposure to aggressive enactments in a group setting, she/he can also derive benefit from its containing function. In the best case scenario, optimal therapeutic growth is facilitated by the group's ability to hold its members and its therapist through the intense affects set in motion during aggressive enactments. AC


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Introjected Fathers... (continued from page 9)

discovers who was responsible for the murder and the motives for much of his father's inexplicable and seemingly unforgivable behavior, does Sam's hostility diminish and his long-held grudge disappear. In solving the crime, Sam resolves his disagreement with his father.

Lone Star may be the more psychologically realistic of the two movies. In *Back to the Future*, Marty McFly actually changed history, in

Lone Star, Sam Deeds unearths his history and sees it for what it is. In true analytic fashion, he comes to know himself and his father. As a result, the historical facts no longer determine the present. Sam comes to forgive and forget. He forgives his father and forgets the dragon. 

...the dragon
between fathers
and sons...

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