

Traumatic representations associated with separation. Acting as dreams that can not be dreamed

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Abstract

The presentation deals with the reactions to the absence of a therapist.

The re-enactment, triggered by the absence of a therapist, provokes an automatic response of hyper-arousal that deprives the patients of the ability to modulate and control anxiety and aggression. This enhances the probability of acting-out. An acting can be regarded as a reactive action disconnected from its emotional symbolic meaning, as a dream that can not be dreamed, a coded message of unbearable painful mental content coming directly from the unconscious.

Key-words: dreaming, separation, group, acting, absence of a therapist

My presentation deals with the reactions to the absence of a therapist.

These emotions are unconsciously shared and constitute a common theme of the group that not only is detectable but that in certain patients may also help to unmask traumatic reactions that usually not surface during normal group sessions.

I wish to start by using a clinical vignette taken from one of the group therapy sessions currently under study for my research. In this way I will try to take you immediately to the core of my topic: the emotional consequences elicited by the absence of a therapist.

A session starts. The session begins with different patients making trivial interventions. There is a late arrival of one patient. She has a bag. The general attention turns to her bag and, among laughter and giggles, someone asks her if she has a tickling clock inside. She denies, but the entire group now insists and there is growing excitement until one patient says: "This reminds me of an episode of my childhood when a student came to the elementary school with a bomb in his bag, because he was mad against the teachers and wanted to destroy the entire school". After some more excited different interventions the group becomes silent, and then another patient, Gloria, tells of a dramatic episode occurred a few days earlier. While walking in the park, her beloved dog went over the thin ice of a frozen lake. She looked impotently as the dog went for its certain death. She was paralysed by fear, incapable of moving or screaming for help. When the dog actually fell in the icy water she remained frozen and incapable of any movement. Then, her boyfriend jumped inside and saved the dog.

The patient remained under shock for several hours daunted by the realisation that her overwhelming fear would have prevented the possibility of saving her own dog.

Let's stop here and let's examine together this fragment of a session. Interestingly, up to that point there had been no mention, nor any association, of the fact that the male co-therapist was missing and that he was going to be away for a week.

Back to the clinical vignette. There is an acting out, one patient narrates late, the group gives full meaning and participation to this act as aggressive and destructive (the bomb against the teachers-therapists). The high level of excitement is followed by a different level of symbolic representation when Gloria, through her dramatic narrative describes a situation that provokes as a reaction the feeling of being overwhelmed and paralysed. These responses appear as reactions to traumatic events, and indeed the absence of the therapist is a real event that some patients may live as a traumatic input. They have been described and documented in many reports of individual treatment.

Many of the patients who enter group psychotherapy have difficulties in dealing with separations, because too early or excessive separation traumas make them unable to cope properly. These previous events are major determinants of how the group members will handle separations within the group. Under these circumstances, their emotional needs are increased and their anxieties and defences are reinforced, and separation is lived as a crisis. If there is a predominance of these patients in a group, the whole group may be influenced and the emotional responses to the absence of the therapist may be significant because in these moments the missing therapists are seen as unavailable or abandoning parental surrogates.

Thus, one would expect to find a considerable amount of research and literature on this specific issue. Surprisingly, it is not so. The literature on separation in group therapy is amazingly scanty at variance with that in individual psychoanalysis in which this subject has been widely discussed. A recent book (Quinodoz, 1993) on this subject, summarises all the different theoretical views on the unconscious meanings of separations and how to handle them in the psychoanalytic treatment.

For what concerns group therapy, in 1979 Levine called attention to the fact that the experience of traumatic separations is often an integral part of the emotional disturbances of the patients and provokes countertransference defences in the therapist. However, investigators such as Stone (1990), Rutan (1984;1993) Simon (1992), made observations on this subject.

The framework of the setting is objectively established in a contract between patients and therapists. However, patients gradually build up many subjective, unconscious fantasies related to such setting.

Whenever the constants of the framework are modified (e.g. comings and goings of patients, therapist's absences, and so on) the fantasies, until then mute and almost frozen, become alive and produce group dynamics. The work by Ganzarain (1989) has been particularly important as a conceptual stimulus for my own research project. He provided a theoretical explanatory frame to the many emotional reactions and

acting-outs that may appear in the group in coincidence with the absence of the therapist. The fact that the sessions continue with the remaining therapist may give the false impression that the group proceeds as usual. This may favour the possibility to deny that the group might be emotionally affected by the absence of one of the two co-therapists.

Furthermore, these changes in the setting favour the appearance of transference emotions that are manifested by the group's members with modalities that are well articulated and nonetheless unitary. These unconsciously shared emotions may constitute what may be called a collective mental state, common space of the group (Neri, 1998) and in this situation the interventions of the therapist have to be addressed toward the overall group theme (Horwitz, 1977, 1983).

Is it possible to carry out a theoretical and clinical research in order to show how these symptoms manifest? Is it possible to analyse these cases empirically, i.e. in an objective and reproducible way? Is it possible to take in account cases as the one that I have described in the initial clinical vignette and place them in well defined categories? Is it possible to qualify and quantify these actings by the patients? Is it possible to compare the sessions in which one of the two therapists is absent with those in which they are both present?

Right now I wish to summarise how I have tried to answer these questions in designing my research plan. In essence, I was intrigued by the emotional consequences elicited by the absence of a therapist and by the possibility, through an adequate and objective assessment of these consequences, to unmask information that might lead to a more specific level of knowledge helpful for the therapy. Given the availability, through the Menninger Clinic, of a series of videotaped group therapy sessions I have designed, in collaboration with Dr. Leonard Horwitz and Dr. Larry Kennedy, a case-control analysis comparing sessions with only one co-therapist with sessions with both therapists presents.

Summary of Research Project

The primary hypothesis of the research project is based on the existence of a specific transference with each therapist (the group under study is conducted by two therapists) and the absence of one of the co-therapists may trigger a variety of emotional responses and group dynamics that may be subject to empirical observations.

A series of sessions of a therapeutic group, still ongoing and guided by the same two therapists at the Menninger Clinic, has been videotaped from the beginning. The patients participating to the group were young adults, aged 18-25 year. Since January 1996, all these tapes are available to us for analysis and they constitute the population under study.

Our research design is a case-control study. We have selected two samples, from the chronological list of all the sessions videotaped. From this list we have first identified all the sessions in which one co-therapist was absent for at least two consecutive

sessions; these sessions are defined as "cases". The identification of appropriate "control" sessions to match the cases has, by definition, to be based only on the remaining sessions with both co-therapists present and are selected in the period preceding the absence and its communication (at least 1 week before)

The analysis includes both quantitative and qualitative data. The quantitative data will largely measure the amount and type of acting out by the patients, such as their absences, their gender when present or absent, their announcements of interruption of group therapy or temporary withdrawal from the group.

Our preliminary findings point to a higher frequency, statistically significant, of these events and this is in accordance with our hypothesis.

The responses to the absence of the therapist appear as reactions to traumatic events, and indeed the absence of the therapist is a real event that some patients may live as a traumatic input. It is not farfetched to postulate that, particularly for patients in whom neglect, abuse and real traumas are important etiological factors, this situation may lead to re-enactment of the traumatic episode in consistently predictable patterns.

The results of this research point to the possibility that the group reacts with modalities that are in accordance with the ones that have been observed and described in individual treatment.

Why is there an increased tendency at acting out or acting in?

The re-enactment, triggered by the absence of a therapist, provokes an automatic response of hyper-arousal that deprives the patients of the ability to modulate and control anxiety and aggression. This enhances the probability of acting-out. An acting can be regarded as a reactive action disconnected from its emotional symbolic meaning, as a dream that can not be dreamed, a coded message of unbearable painful mental content coming directly from the unconscious (Grinberg, 1968). The group members constitute an emotional unitary matrix allowing the possibility that in specific conditions these reactions become the expressive modality of the group.

Following the acquisition of the quantitative parameters, the analysis focuses on a second and more complex phase of the study which describes and analyses whether and how such a common group theme, elicited by separation, might develop through the different and articulated emotional representations contained in the narratives of the patients. It is impossible to describe in this short time this complex procedure. I will only mention an original tool, a coding manual, specifically developed (Zerbi Schwartz, 1998).

The problem was how to go from clinical observations, which have an unavoidable subjective component, to the possibility of categorising the content in a systematic way to allow a reliable control.

A crucial step was to create a coding manual designed to detect the variables of interest and to establish whether there is association or continuity with others of similar emotional content. My objective here is to recognise whether the same emotional event may have increased relevance when it does not occur in isolation and

when it is part of a cluster of emotional responses with a common denominator. Among these emotional responses, we identified six main areas dealing respectively with issues of power, with trust (toward the medical profession), with the problem of abandonment, with aggression, with self-destruction, and with the pretence of self-sufficiency.

However, the purpose of this brief paper is not to illustrate the specific methodology (Zerbi Schwartz, Horwitz, Kennedy; 1998), design and the full set of results of this study; they are at present in the phase of final analysis. My primary goal was to discuss why this type of acting is frequent. My secondary goal was to share with you how it is possible to develop in a clinical setting ideas which can subsequently become research hypotheses to be tested with tools and methodologies different from the clinical ones.

Bibliography

- Ganzarain, R. (1989). *Object relations in group psychotherapy: A tool, and a training base*. Madison, Connecticut: International Universities Press.
- Grinberg, L. (1968). On Acting-out and its Role in the Psychoanalytic Process. *International Journal of Psychoanalysis*, 49, 171-178.
- Horwitz, L. (1977). Group-centered approach to therapy groups. *International Journal of Group Psychotherapy*. 27, 423-439.
- Horwitz, L. (1983). Projective identification in dyads and groups. *International Journal of Group Psychotherapy*. 33, 259-279.
- Levine, B. (1979). *Group psychotherapy: Practice and development*. Englewood Cliffs, N. J., Prentice-Hall.
- Neri, C. (1998). *Group*. London and Philadelphia: Jessica Kingsley Publishers.
- Quinodoz, J. -M. (1993). *The Taming of Solitude* (trans. Philip Slotkin), London: Routledge.
- Rutan, J. S.; Alonso, A.; Molin, R. (1984). Handling the absence of the leader. *International Journal of Group Psychotherapy*. 34, 273-287
- Rutan, J. C.; Stone, W. N. (1993). *Psychodynamic Group Psychotherapy*. (2th. Ed.) New York: The Guilford Press.
- Simon, J. C. (1992). The group therapist's absence and the substitute leader. *International Journal of Group Psychotherapy*. 42, 287-91.
- Stone, W. N. (1990). *Affects in Group Psychotherapy*. In B. E. Roth; W. N. Stone; H. D. Kibel (Ed). *The difficult patient in group: Group psychotherapy with borderline and narcissistic disorders*. Madison, Connecticut: International Universities Press.
- Zerbi Schwartz L. (1998). Traumatic emotional paradigms and self-object representations. The coding manual. Presentation to the College of Fellows for the Research in Psychoanalysis of IPA. University College-London, 11 March 1998

Zerbi Schwartz L., Horwitz L., Kennedy L. (1998). Separation in therapeutic groups, the triggering role of the absent therapist. Paper presented at the 13th Congress of Group Psychotherapy. London, 23-28 August 1998

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