**Themes in the Countertransference When Envy is Experienced by the Client in Psychotherapeutic work:
A Thematic Analysis**

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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

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Abstract

Psychotherapists are familiar with the powerful and destructive forces of envy and with the benefits of examining and reflecting on countertransference experiences. This dissertation is an analysis of the clinical material identified in peer-reviewed psychoanalytic literature on experience of the countertransference with clients who are experiencing envy in the psychotherapeutic relationship. A thematic analysis within an hermeneutic phenomenological framework was critically applied to the literature and the salient patterns of meaning, or themes, were identified. Major Themes were developed based on an inductive approach to finding meaning in the texts. The results are five major themes: Lack of Awareness, Blocks to Connection, Anger, Hurt, Fear and Blame, Difficulties in Thinking and Repositioning. The themes are discussed in the context of wider psychoanalytic theory.

Chapter 1: Introduction

This dissertation is about the experience of countertransference when envy is experienced by the client in psychotherapeutic work. Envy has been written about extensively in psychoanalytic literature and is well known for its destructive powers and ties with therapeutic impasse. At the same time it is generally not a hot topic for conversation given its quality of hiding in the shadows. "Envy is too painful to bear and too shameful to reveal" (Berke, 2012, p.154).

Countertransference is widely accepted as the form through which the psychotherapist attempts to reach the patient, and psychoanalytic writing has become more focussed on psychotherapists describing the nature of their own emotional involvement within the clinical process making this a prime time to examine some of these experiences.

My interest on the topic began during my training as a psychotherapist and continued. In my practice I have seen clients who seem unreachable, who respond aggressively in response to attempts to understand them. The pervasive deadness in the room, the difficulty I experienced to continue thinking the disguised and unrelenting attacks. I struggled, and I wanted to find out more about what others' experience of envious clients was.

This dissertation is a study of the clinical material in 12 articles that have not previously been brought together in one research project. By means of a thematic analysis, the specific, salient patterns of meaning across the data are sought and will be analysed in depth.

Literature Review

Introduction

In this Literature review, because of the paucity of direct literature addressing the countertransference to envy, I have reviewed psychoanalytic literature on envy and countertransference separately and then provided some thoughts about the interface between the

two in order to create the context in which I conceived of this research project on the themes in the countertransference when envy is experienced by the client.

Countertransference

Freud (1910) first described countertransference as that which "arises in [the analyst] as a result of the patient's influence on his unconscious feelings" (Freud, 1910, p. 144). He viewed the evoked response on the part of the analyst to be of his own pathological or unresolved conflicts, his transference to the patient, which he must attend to through personal and self analysis in order that he have a 'clear' view of the patient (Freud, 1910).

Klein further developed many of Freud's ideas as well introducing her own highly influential theories particularly based on her work with children, a number of which are relevant to the development of psychoanalytic thought on both countertransference and envy. Probably most significantly, Klein (1946) developed the concept of projective identification which she first described as the process by which the infant projects outward all that is unpleasurable, while holding onto only the feelings which are pleasurable. The first relationship the infant has according to Klein (1946), is with the breast; the infant therefore projects his/her bad feelings about the breast (part objects) into the external image of the breast which then renders the infant's image of the breast bad. These bad breast images are then re-introjected by the infant and become their bad and critical internal objects. This process has been named the evacuative process of projective identification (Grotstein, 1994). Klein (1957) further developed the concept of projective identification to include a 'solution' for the infant's hatred of its awareness of separation and desire to re-instate fusion with the maternal object.

> [A] phantasy was created in which the infant could imagine that it could evade the frustrations of separateness by imagining itself to be fused with the object by virtue of being able to control it in order to enact its wishes (Klein, 1957, pp. 579-580).

This function of projective identification could be described as possession and control of the object (Grotstein, 1994), and was the function through which Klein (1957) viewed the infant could manage excessive envy, in the sense that without separation there is no subject or object, and hence no self to be envious and no other to envy (but more about this later).

Klein's (1946, 1957) version of projective identification was an intrapsychic phenomenon where the infant experiences the object as split off parts of the self. This 'part object relation' work formed the basis for early object relationships and together with her work on projective identification, Klein (1952) further developed her understanding of the nature of transference which was later influential in transforming the understanding of countertransference (Joseph, 1985). Klein (1952) encouraged the analyst to think of transference as *total situations* transferred from the past into the present. Rather than viewing transference as only specific references to the analyst or psychotherapist as was previously thought, she introduced the idea that material talked about by the client with all kinds of content "gave a clue to the unconscious anxieties stirred up in the transference situation" (Joseph, 1985, p. 447). Klein (1952) viewed the analyst's and patient's unconscious as more inevitably enmeshed, however like Freud (1910), viewed countertransference as interfering in the treatment of the patient and as something to overcome.

In the 1940s and 50s countertransference was identified by others (Winnicott, 1949; Heimann, 1950; Racker, 1957) as not just the 'transference' the analyst felt towards the patient, but also an emotional response to the client's transference. This was later referred to as a diagnostic countertransference response while the earlier understanding was identified as a personal countertransference response (Casement, 1986). These changes took place in the context of one of the most significant shifts in psychoanalytic theory and technique - the focus of the therapeutic work moving from an emphasis on the patient's past experiences and intra-psychic structure (one person psychology), to the patient (and therapist's) experience in the present; the patient's and therapist's intra-psychic structure being expressed interpersonally (two person psychology).

Winnicott (1949), Heimann (1950), Racker (1957) and later Joseph (1985) all wrote influential papers on the 'new' meaning of countertransference (Cartwright, 2010; Casement, 1986). Bion (1959, 1962) and later Ogden (1979, 1982) built on Klein's projective identification and conceptualised it as an interpersonal phenomenon.

Heimann (1950) presented the idea that the emotional response of the analyst is frequently closer to the psychological state of the patient than is the analyst's conscious assessment:

> The analyst's unconscious understands that of his patient. This rapport on the deep level comes to the surface in the form of feelings which the analyst notices in response to his patient, in his 'counter-transference'. This is the most dynamic way in which the patient reaches him. (p. 82)

Racker (1957) agreed with Heimann (1950) and emphasised that countertransference reactions of great intensity, even pathological ones, should also serve as tools. He wrote that countertransference is both the expression of the analyst's identification with the internal objects of the patient (a diagnostic tool), as well as with his id and ego (a personal response). He described how countertransference reactions have specific characteristics; from which the analyst can draw conclusions about the specific character of the patient's psychological happenings. Racker (1968) also later coined the terms concordant and complimentary countertransference. The former relates to the analyst's identification with the patient's experience while the latter relates to the analyst's experience of what the patient is dissociating or disidentifying with.

Through his conception of container-contained Bion (1959) made a distinction between normal and pathological forms of projective identification and and developed projective identification into an interpersonal, rather than intrapsychic mechanism. Klein's (1946) version of the concept is similar to what Bion (1959) characterised as a pathological form. In contrast a normal form of projective identification, by which he meant "normal mechanism of pre-verbal *communication* between mother and infant" (Grotstein, 1994, p. 580), involves the projection of the infant's intolerable or unassimilated states of mind to the mother who is hopefully receptive and

holds the projected material in mind, transforms it and feeds it back to the infant in digestible form,

all of which leads to psychological growth and development (Cartwright, 2010). According to

Grotstein (1994), it was Bion's (1959, 1962) conception of the interpersonal aspects of projective

identification, which became the basis for the corrective use of countertransference in England.

Joseph (1985), in her seminal paper *Transference: The total situation* expanded on Klein's

(1952) thoughts about transference in relation to total situations to include countertransference.

Joseph (1985) argued that, in much the same way as Klein (1952) described transference, all sorts

of things experienced by the psychotherapist in the countertransference give clues as to the

unconscious processes taking place between the two:

> Much of our understanding of the transference comes through our understanding of
> how our patients act on us to feel things for many varied reasons; how they try to
> draw us into their defensive systems; how they unconsciously act out with us in the
> transference, trying to get us to act out with them; how they convey aspects of their
> inner world built up from infancy—elaborated in childhood and adulthood,
> experiences often beyond the use of words, which we can often only capture through
> the feelings aroused in us, through our countertransference, used in the broad sense of
> the word. (p. 447)

Despite developments where many, like Joseph (1985), have argued that

countertransference be viewed "no longer as an obstacle, but as an essential tool of the analytic

process" (p. 447) countertransference continues to hold a variety of meanings in the contemporary

context (Carpy, 1989; Mendelsohn et al, 1992; McWilliams, 2004; Mitchell & Black, 1995).

Mendelsohn et al (1992) note that there have been a plethora of new terms created to express

different meanings and that this has also led to a large amount of confusion. Kernberg (1965)

however helped to clarify the most distinguishable differing views by naming them classicist and

totalist.

While some analysts continue to see value in regarding themselves as relatively objective

(the classicist view) and therefore view countertransference as an obstacle, relational analysts hold

the totalist view that the analyst will get caught up in the patient's dynamics no matter how hard one tries not to (Bienenfeld, 2006; Carpy, 1989; McWilliams, 2004, Mendelsohn, Bucci & Chouhy, 1992; Mitchell & Black, 1995). From an interpersonal perspective for example, "The very idea that he might be free of the interactional mix itself is a problem, because it blinds the analyst to his own involvement and requires the patient to collude in that denial" (Mitchell & Black, 1995, pp. 82). Relational therapists acknowledge the inevitably of re-enactment and therefore, while identifying the patterns in the patient's other relationships, look for the ways they are also emerging in their own experience and the interaction of the analytic relationship (Mitchell & Black, 1995).

To borrow from Stern (1990), countertransference generally has an "unbidden" quality; it catches us by surprise. But this feature of its phenomenology can conceal the extent to which countertransference is also an action, within a particular context, with an implicit purpose. We could consider countertransference as the form through which the psychotherapist attempts to reach the patient, and as Mitchell and Black note, "Since we have our own idiosyncratic styles of engaging the world, it is not surprising that we each participate in analytic interaction in a distinctive fashion" (1995, p. 146). With Stern's (1990) definition in mind it, it is my view that the transference-countertransference matrix is not all too different from Bion's (1959, 1962) or Ogden's (1994a) model of projective identification.

As a result of the shift and diversity of meaning, psychoanalytic writing has become more focussed on psychotherapists describing the nature of their own emotional involvement within the clinical process (Bienenfeld, 2006; McWilliams, 2004, Mendelsohn et al, 1992; Mitchell & Black, 1995). I propose to look at countertransference from a relational perspective in responses to clients experiencing envy because I am a psychotherapist who works from a relational perspective and and hold something like a totalist approach to countertransference in that I consider making use of one's countertransference to be one of, if not the most valuable tool in working with clients.

Envy

"If I cannot have *something,* no one is to have *anything,* no one is to *be* anything!"
        (Nietzsche, 1881, p. 304)

Envy according to *The Oxford English Dictionary* is "the feeling of mortification and ill-will occasioned by the contemplation of superior advantages possessed by another". The Latin root of envy is invidia from the verb invidere, meaning 'to look maliciously upon','' to look askance at' or 'to look with enmity'. A translation of invidia from Cicero is 'to produce misfortune by his evil eye'.

Not mentioned in the dictionary definition but crucial to psychoanalytic thinking is that the interpersonal configuration is a two-person one in which the other person has possession of that which is envied. (Berke, 2012; Spielman, 1971; Ulanov & Ulanov, 1983/2012; Wurmser & Jasser, 2007). This is in contrast to jealousy which requires the capacity of relating on a three-person relationship level, or otherwise described as an oedipal level (Berke, 2012; Spielman, 1971; Ulanov & Ulanov, 1983/2012; Wurmser & Jasser, 2007). Jealousy is linked with rivalry for the love, attention, and possible privileges from a third. It arises from a belief or fear that the love object may divert some or all of his or her love or attention to another (Wurmser & Jasser, 2007). Envy's roots on the other hand belong to the nursing couple and to the infant's relation to its first object, the breast (Williams, 1972). Envy is strongly linked with fantasies of being exploited, belittled, and forced into a submissive position (Berke 2012; Klein 1957). The individual feels attacked in his or her omnipotence and sense of superiority by the object of this envy, which forces the individual to face in an unbearable way his or her dependency on the object. (Klein, 1957; Wurmser & Jasser, 2007). The difference between jealousy and envy has mainly to do with the fact that the sufferer of jealousy feels less completely at the mercy of 'the other' as he or she has already achieved more complex, somewhat more mature and multiple object relationships (Wurmser & Jasser, 2007).

Envy has a long history in psychoanalysis. Freud (1925/1961) centred his theory of feminine psychology on envy with his concept of penis-envy, which he conceptualised as guilt at incestuous and aggressive patricidal fantasies, an innate female psychological trait. Since then Horney, Klein, Bion and others have written and constructed theories about envy.

Freud (1920) also conceptualised 'the life instinct' and 'the death instinct'. While these concepts have since been widely debated in psychoanalytic literature, they did have a significant impact on theoretical thinking about envy. Berke (2012) describes the duality of the life and death instincts as "a struggle between forces aiming at growth, order, integration and structure… and forces leading to contraction, disorder, fragmentation and chaos" (p. 151). Berke (2012) later states that "the passive projection of chaos and confusion is not necessarily envy, but the active, wilful, vengeful evacuation of displeasure certainly is" (p. 152).

Horney (1942) coined the term womb-envy, proposing that men experience womb-envy more powerfully than women experience penis-envy. Horney (1967) considered womb-envy a cultural, psychosocial tendency, rather than an innate male psychological trait. Horney (1939) suggested that Freudian theory took the concept of penis envy too literally, advising that each individual and situation must be analysed and understood separately. She suggested that the wish for masculinity could be a cover for inferiority feelings from various sources, and that the analytic work is to discover and understand these sources. Indeed, penis envy continues to be a topic of much debate today (Zeitner, 2008).

Klein (1957/1987) investigated and wrote about envy more fully than any previous theorist and was possibly the most important psychoanalytic contributor on the topic (Barth, 1988; Mitchell & Black, 1995). Klein (1957/1987) is noted for her view that envy is innate, arising spontaneously in an infant from birth (in tandem with love and gratitude), in response to the maternal breast. Klein (1957/1987) saw envy as having a constitutional basis and took this as evidence of a death-instinct (Freud, 1920): "I consider that envy is an oral-sadistic and anal-sadistic expression of destructive

impulses, operative from the beginning of life, and that it has a constitutional basis" (Klein, 1957/1987, p. 176). Klein did however also consider the aetiology of envy to include environmental factors, and viewed envy as an essential aspect of human psychology that could give rise to efforts of restitution and creativity. These ideas were given fuller attention by later theorists (Bion, 1959; Ogden, 1972; Grotstein, 1994).

Klein (1957/1987) postulated that envy is the most destructive of all primitive mental processes. She founded this position on the basis that all the other hatred and destructiveness in the paranoid schizoid position is contained in the relationship to the bad breast. Through splitting, the good breast is in all other cases protected as a refuge and source of solace. Envy, she pointed out, is extraordinary and unique in that it is a reaction not to frustration or pain, but to gratification and pleasure. The infant feels deprived and hostile towards the ungiving mother/breast, who it assumes is keeping the milk for her own enjoyment and satisfaction. The hostility includes both a wish to possess the breast and the nourishing good milk, and also a wish to destroy the mother/breast and the milk which she is enjoying while the infant suffers. If the hostility is not balanced by a sense of adequate gratification, accompanied by loving feelings, the child will not be able to appreciate what it does get from the mother (Barth, 1988). Envy is an attack, not on the bad breast, but on the good breast. Thus envy undoes splitting, crosses the divide separating good from bad, and contaminates the purest sources of love and refuge. Steiner (1993) calls this breaking of the splitting defence pathological fragmentation and reiterates that the result is chaos. Envy destroys hope; it contaminates good milk and makes it poisonous. Klein's (1957/1987) definition of envy is "the angry feeling that another person possesses and enjoys something desirable - the envious impulse being to take it away or to spoil it" (p. 181).

Klein's concept of envy became a powerful clinical tool for understanding patients with the most severe and inaccessible psychopathology, those who have great difficulty in utilising what psychoanalysis has to offer (Mitchell & Black, 1995). She captured the essence of the primitive and

often shame-filled feelings of greed and rage which are often part of the experience of

extreme envy in adults. Klein (1957/1987) said it was the patient's inability to tolerate the feeling of

hope that the analyst could help them which plunged some patients into a sense of envious

helplessness they could not endure. Believing that the analyst might possess something so

desperately sought and needed by the patient, the only way not to feel at the mercy of the analyst

was to destroy the value of what the analyst (or otherwise said the object) had to offer by way of

projective identification. Defences against envy seek to both destroy the differences between good

and bad, and subject and object "The pleasure connected to transgression is sustained by the fantasy

of having reduced the object to excrement … [having] destroyed reality and thereby having created

a new one, that of the anal universe where all differences are abolished. (Chasseguet-Smirgel 1978,

pp. 30-31).

Klein (1957) advocated for a confronting interpretative stance in working with unconscious envy,

advocating that assisting the patient to become conscious of these processes allowed the envy to

come under the control of the ego. For envy is most dangerous when it is disowned.

 As already mentioned Bion expanded on Klein's projective identification by developing his

concept of container-contained. As well as the healthy container and containing function, Bion

(1962, p. 90) conceptualised the negative container. A mother who could not tolerate their infant's

painful projections was perceived by the infant as a non-container or rejecting container (negative

container), who is then internalised as an obstructive object (Grotstein, 1994). Bion (1959) referred

to the obstructive object as a very unreasonably moralistic 'super' ego. "It is an envious assertion of

moral superiority without any morals" (Grotstein, 2007, pp. 154). I would add without any morals

or any empathy or mercy. The obstructive object has also been described as the result of envious

stripping down of all good and continues to serve this purpose itself until the container-contained

represents nothing more than an empty shell of 'superiority-inferiority' (Grotstein, 2007). Bion

(1962) wrote: "It shows its superiority by finding fault with everything. The most important

characteristic is its hatred of new development in the personality as if new development were a rival to be destroyed" (pp. 97-98).

The negative container, which lays the foundation for Steiner's (1993) *psychic retreat* acts as a pathologically 'protective' agent for the infant who is denied a reasonable container - mother into whom to project (Bion, 1959). This protection takes the form of an attack on one's own thinking and linking with other objects, the part of the subject's own mind that was connected to the object and reality in general. "The infant experiences her whole link to the object as unbearably painful, and therefore attacks not just the breast, but her own mental capacities that connect her to the breast" (Bion, 1959, p.103). This attack on one's own mind results in difficulty thinking, processing and metabolising feelings and experiences. The internalised negative container serves to isolate the infant from further contact with the outside by attacking potential relationship from within. Bion (1959) called this attacks on linking.

Bion described a manifestation of attacks on linking as 'minus K' or reversal of learning (Bion, 1962, p. 52). In minus-K the subject renders anything coming from the object as useless or without value, which resolves the difficulty of acknowledging that something of value is coming from outside, but also ensures nothing of any value can reach the subject. As cited in Malcolm (1990):

> Bion says 'in minus K meaning is abstracted, leaving a denuded representation'….by shifting the perspective, the interpretations have been denuded of meaning. Bion described the phenomenon of 'minus K' as not understanding or misunderstanding, and he linked it to primary envy. The infant because of his excessive envy of the breast does not experience mother's reverie as a relief. On the contrary, by projecting this envy into the mother, what might have been relieving anxiety is experienced as mother taking his own value away" (p. 390).

Laing (1961) describes the the cut off relating style of the envious patient evocatively:

> To make a difference to the other, in the sense of making some impression or dent in a brick wall, becomes his greatest triumph. To allow the other to feel that he or she makes any difference to him in the same sense, becomes his greatest defeat … Others … see that if they give him [the envious one] love he will spurn it (if he feels he is being given anything)

or he will despise it (if he feels that the other is dependent on him for receiving anything). (p. 73)

By explanation, Laing (1960) writes of a double bind for the envious person. In contrast to the emptiness felt, abundant connection is longed for and yet participation is perceived to be impossible without a loss of self. The longing is for complete union but this would be the end of the self. Such individuals cannot imagine a dialectical relationship between connection and separation. They don't have the capacity to *be* alone (Winnicott, 1958).

Much later, Steiner (1993) conceptualised the 'psychic retreat'. Everything hinges upon the 'position' of withdrawal that may be attached to either the paranoid schizoid or the depressive position. Unlike Winnicott (1953) who is known for his influential paper on the transitional phenomena, Steiner (1993) suggests that we should not idealise transitional spaces, on the grounds that they may be confused with a psychological withdrawal that is not creative. Withdrawal is to be understood simultaneously as an expression of destructiveness and a defence against it, serving a 'false' adaptivity which allows a quiet and temporarily protected space but at the price of impaired contact with reality. It is withdrawal to a refuge where the client is relatively free from anxiety but where development is minimal if existent at all.

Rosenthall (1963), who gave the most prominent Jungian contribution on the topic of envy (Ulanov & Ulanov, 1983/2012; Williams, 1972), studied envy in relation to the emergence of the contrasexual archetype, the anima in men and the animus in women. Envy ties a person to his mother and prevents the differentiation of the contrasexual side of the personality. Rosenthall (1963) wrote that the envious are fascinated by the archetype of the phallic mother, a bisexual figure which 'has everything' and is characterised particularly by the capacity for orgiastic excitement. Like others before him (Freud, 1925/1961; Klein, 1957/1987), he agreed that envy has an oral character, and he elaborated that the breast-penis equation of Klein is one representation of this. I

wonder if what Rosenthall really meant when he said bisexual was in fact bi-gendered - a figure who is both male and female. This would resonate with Ulanov and Ulanov (2012):

> The envied one seeks refuge from envy by no longer looking to the envier for anything, trying to become both provider and dependent, lover and beloved, teacher and learner, even, if necessary, male and female. This can sometimes result in a remarkable development of talent and splendid independence, but it will not last. Eventually, chronic loneliness, even schizoid isolation, will develop. The withdrawal will have ended where it started, in a diminishing of being" (Chapter 1, para. 18)

Schoeck (1966/1987), in his sociological study of envy, developed a theory that broadens the psychological understanding of the subject. He presents envy as a social phenomenon necessary to group formation and coherence, yet also a barrier that must be broken if society is to achieve technological and cultural progress. Fear of others' envy and of one's own envious attacks on others prevents rampant individualism and therefore stabilizes group life. But too much fear of envy can block innovation.

In his review of the envy literature, Joffe (1969) noted that most of the psychoanalytic writing about envy had failed to pay adequate attention to its varied components. Joffe (1969), himself defines envy as "a complex object-related attitude or tendency made up of different component parts" (p. 540). He also noted that envy is often triggered by a loss of self-esteem. "Viewed from the vantage point of the ego, envy is a reaction to a painful feeling state intimately related to loss of self-regard, self-respect and self-esteem" (Joffe, 1969, p. 542). Joffe did not however elaborate on the clinical significance of this point.

Kernberg (1975) and Kohut (1971) both wrote about envy as an affliction of individuals with narcissistic character disorders. Kernberg (1975) described the internal and external object-relations in such patients as pathologically twisted. He said their subjective experience feels lifeless because of an unconscious attack by crushing self-judgements, aroused by their own envious attacks on others . Relating with others evokes envy, even hatred, over the possibility that the other may get and keep more than themselves, therefore they take nothing in and feel empty. Kohut (1971)

disagreed with Kernberg (1975) on the aetiology of envy; rather than attributing the dysfunction to a pathological core, he viewed envy as arising from neglect. Kohut argued that his patients failed to get adequate empathetic relating from their parents which resulted in an envious style of perceiving self and others.

Barth (1988), like Joffe (1969), wrote about the relationship between self esteem and envy. She reminded us that this relationship had been missing from much literature on the topic apart from Klein's and Horney's work:

> It has often been my experience, in the process of exploring the meaning of envy for an individual, to find among other dynamics the existence of damaged self-esteem beneath aggressive, greedy, and hostile envious feelings. Recognizing these dynamics, when they exist, helps to determine appropriate interventions and to enrich the work. (p. 204)

Unlike Joffe, Barth (1988) included thoughts about how to work with this client group. Barth (1988) also presented a different take on the rage and greed associated with envy; while envious feelings may interfere with an individual's ability to appreciate what one has, the rage and demanding greed are often attempts to restore self-esteem. While not discounting the destructiveness of rage, she pointed out that rage may be empowering and may help to compensate for the feelings of inadequacy which triggered the envy in the first place. This is different from Kohut's (1984) concept of 'disintegration products' where rage is seen as a by-product of loss of cohesion, instead it is seen as an attempt to restore self-esteem, a healthy drive. Barth did however agree with Kohut's (1971, 1984) slower reparative approach to the work:

> It has been my experience, however, that making conscious either the hostile, destructive wishes or the feelings of inadequacy and inferiority before the patient has built a stronger sense of self, is often impossible and, when possible, may be more destructive than helpful to the patient. (Barth, 1988, p. 201)

In psychoanalytic literature the topic of envy has been dominated by Klein, kleinians and neo kleinians (Wurmser & Jasser, 2007). However more recently, some theorists have moved away from Klein's original emphasis on the infantile relationship with the breast to focus on envy more

generally as an affective force shaping the clinical process. These authors have written on envy of the female body and of woman's procreativity, summarised under the heading of 'womb envy' or 'birth envy' (Balsam, 2003; Barth, 1988; and Seelig, 2002), as well as differentiating two types of envy; malicious or pathological envy and benign envy (Wurmser & Jaruss, 2007). Malicious or pathological envy is viewed as the type most commonly described by psychoanalytic theorists and benign envy is put forward as a type of motivational force much like that described by sociologist Schoeck (1966). From this perspective envy is therefore experienced by everyone. One could also argue, that the degree to which one can tolerate the feeling of envy, as well as the degree to which one can make use of this feeling or not, can give some indication as to the type and degree of pathology of that individual. I am interested, and therefore focussing on the malicious form as envy as it is clients with this form of envy who have been cited as particularly difficult to treat (Klein 1957/1987, Mitchell & Black, 1995; Steiner, 1993).

In his recent book Berke (2012) traced the place and perception of envy throughout history and revisited its ties with greed, jealousy and narcissism. Both Berke (2012) and Wurmser and Jaruss (2007) point to the overlooked relationship between envy and shame "envy is too painful to bear and too shameful to reveal" (Berke, 2012, p. 154). Berke (2012) cites anthropologist Foster:

> [I]n recognising envy in himself, a person is acknowledging inferiority with respect to another; he measures himself against someone else, and finds himself wanting. It is, I think this implied admission of inferiority, rather than the admission of envy, that is so difficult for us to accept. (p. 156)

It was difficult to locate psychoanalytic literature on the experience of the envied, particularly as I did not want to review the literature on the envied psychotherapist before conducting this research project. I found the majority of the information about this experience in Ulanov and Ulanov's (1983/2012) *Cinderella and her sisters: The envied and the envying*. They wrote about the subjective experience of being envied from a Jungian perspective with reference to

fairytales and anecdotal everyday experiences of people who are not specifically identified as either clients or psychotherapists.

> To be the object of envy is a terrible experience … envy makes the misery of others its devoted aim. One who is envied feels the attack of envy as nullification of her own subjective reality. She is turned into an object by her envier, whether by praise or scorn. Her reality as a person is obliterated. Her hurt, her anger, or her shock in response to envious assault seems not to matter at all to the envier. Any facts of her personal history are utterly discounted (Ulanov & Ulanov, 2012, Chapter 1 para. 1-2)

Ulanov and Ulanov (1983/2012) describe the 'impossible' situation of the envied. Efforts to be nice will only intensify the situation, angry confrontations are taken as justification for grudges, efforts to understand are labeled as patronising, and showing the pain caused by an envious attack is met by unrelenting hostility. The distorted lens of envy renders any reparative gestures useless. "The envied one is left dependent on the envier to fix the break, something the envier clearly does not want to do. (Cinderella's sisters for example scorn all her efforts to reach them)" (Ulanov & Ulanov, 1983/2012, Chapter 1 para. 7).

Ulanov and Ulanov (1983/2012) summarise the experience of being envied as involving three parts 1) one is violated by being made into an object, 2) one is cut off and rendered helpless and 3) one is actively attacked and persecuted. The response is pain, anger and fear. Anger and fear then manifest in a number of different ways: Persecution of the self or the other, withdrawal from relating to the envier or the self, or succumbing to the disavowal of the good which can manifest on a surface level or ego dystonic manner where the envied denies possessing any desired or good 'That's not mine' or "I don't have anything you would want' (but doesn't really believe this) or more pathologically on an ego syntonic level where the envied comes to dread 'the good' and hold goodness itself responsible for the envious attack that has brought so much pain. In my opinion the latter seems to describe an attack on the good milk as described by Klein which would beckon the question has the envied then become the envier? And brings to mind Salman Akhtar who said

during a talk I attended "You can only be *just* a victim once" (personal communication, May 27,

2010) in reference to the internalisation of the bad object, or in this case the envious object.

Additionally one may struggle to master the pain of being envied by blaming oneself;

making oneself the cause and denying the malevolence of the envying, or by inclining towards the

opposite temptation and retaliating with a counter attack, blaming the envier. One may cycle

through both first directing anger and rage outwards and then, upon recognising what one is doing,

rage turns to guilt and is directed inwards. What really happens is both envier and envied get caught

in a mind set of: 'if you have it I can't, if I have it you can't' or 'if I exist you can't, if you exist I

can't, (in other words splitting as seen in the paranoid schizoid position).

> If the envied can avoid being overwhelmed by defensive expostulation… or by urges to
> persecute the envier in retaliation, an extraordinary fact will emerge: the very existence of
> the envied is the problem. The target of envy's attack is not one's doing, but one's
> being" (Ulanov & Ulanov, 1983/2012, Chapter 1 para. 11)

The interface between Countertransference and Envy

Envy has been described in the literature as tending to remain within the shadows of

perception because it is chaotic, violent, dangerous and highly disturbing (Berke, 2012; Bion, 1959;

Kernberg, 1975; Kohut, 1971; Laing, 1961; Spero & Mester, 1988; Spielman, 1971; Ulanov &

Ulanov, 1983/2012; Williams, 1972; Wurmser & Jasser, 2007). Ulanov and Ulanov (1983/2012)

have added that to be envied is a terrible 'impossible' experience where one feels the attack of envy

as nullification of one's subjective reality resulting in hurt, anger and shock. Berke (2012) points

out that knowledge of envy's presence and its intricate relationships with greed, jealousy and

narcissism within our psyche is essential to understanding why we relate the way we do.

Furthermore, this knowledge is essential for freeing us from the grips of its destructive capacity and

liberating goodness.

Countertransference has come to be seen in the literature by many, myself included, as an essential piece of the puzzle to understanding the client's intrapsychic makeup and is considered a way in which the psychotherapist can reach the client, perhaps particularly those clients who are most difficult to reach.

Mitchell and Black (1995) have written of the countertransference response to envy as being "powerfully disturbing to the analyst" (p. 107). Both Spero & Mester (1988) and Williams (1972) describe how they use their countertransference responses to envy to better understand their patients' psychic structures and subjective experience, however it is Williams (1972) alone who draws attention to how disturbing and strong the countertransference affects are likely to be in such cases. In reflecting on her response to a client's envious attacks in the therapeutic relationship she says:

> I caught myself hating her [the client] for 'spoiling' my initiative; for trying to force me to admit some monstrous intention from imperceptible clues. At the same time, I found myself envying her for 'having everything' as it seemed which I had not. I also realized a passing feeling of triumph that I had got this material from her, stolen it, as it were, when she was not looking and was the richer for it. (p.15)

Examining this powerful response and relating this back to the countertransference literature, much of which points to the necessity of examining ones responses (Freud, 1910; Heimann, 1950; Joseph, 1985; Klein, 1957/1987; Racker, 1957; Winnicott, 1949), it is possible to see how important the subject of countertransference responses to envy can be.

It seems timely to conduct research in this area now given that psychoanalytic writing has become more focussed on psychotherapists' emotional involvement within the clinical process than ever before (Bienenfeld, 2006; McWilliams, 2004, Mendelsohn, Bucci & Chouhy, 1992; Mitchell & Black, 1995). In addition, there is little literature which focuses specifically on countertransference responses to envy and none that I have found, combine multiple case examples. I hope that in doing so I am able to contribute to increasing our level of awareness to countertransference responses to envy in the clinical setting. McWilliams (2004) notes the more conscious the analyst/therapist is of

their inner processes the less likely it is that they will be disavowed and unconsciously forced onto the client.

I also hope that by choosing a hermeneutic phenomenological framework that I move some of the focus away from the theoretical understanding to a subjectively felt and embodied 'knowing' of the felt sense of being envied which has potential to be very helpful to clinical understanding.

In conclusion, by analysing the themes which emerge in the literature on countertransference responses to envy, I hope to contribute a deeper understanding on the subject of envy – a subject which is easy to ignore and difficult to face (Berke, 2012; Klein, 1957/1987; Laing, 1960; Searles , 1979; Spero & Mester , 1988; Williams, 1972) and which can have a powerful impact on the therapeutic relationship (Barth, 1988; Berke, 2012; Mitchell & Black, 1995; Ulanov & Ulanov, 1987/2012; Williams, 1972).

Overview of the Dissertation

This dissertation is organised into ten chapters which are in turn divided into a number of sections. Following this chapter, the chapter contents are as follows:

Chapter 2 outlines the methodology underpinning the research and the specific method used. I present the philosophical underpinnings of this approach and give my rationale.

Chapter 3 describes the application of the method, from data selection through the coding and meaning process to refining and further refining the themes.

Chapters 4, 5, 6, 7 and 8 focus on the presentation of results in combination with existing theoretical concepts and ideas.

Chapter 9 includes a summary of the findings, examines the findings in a broader context and includes a reflection on the method as it was applied as well as discussing the limitations of the research and some suggestions for further study.

Chapter 10 ends the dissertation with a short concluding statement.

Format

APA 6th Edition format has been used for this dissertation, except in the instances where AUT

University or Department of Psychotherapy guidelines recommend an alternative format, or in

instances when a minor adaptation aids readability.

Chapter 2: Methodology

Introduction to the Chapter

In this chapter I outline the methodological framework determining my approach to this research project as well as the method by which this research was conducted. In order to do so I first introduce the research objective, and explore the research question and the research design. I give my rationale for this area of study. I then explore and analyse the methodology, discussing the guiding philosophical assumptions and underpinnings before giving my rationale for choosing it for this study. I conclude by discussing and analysing the method and describing why this is the appropriate method for this project.

Research Question and Objective

The Research Question: How do psychotherapists experience countertransference with a client who is experiencing envy in the therapeutic relationship?

Terminology. I have chosen to use the term psychotherapist, therapist and analyst interchangeably throughout this dissertation to refer to a variety of titles which professionals use in the field of psychoanalytic and psychodynamic approaches to talk therapy, namely psychoanalyst, psychoanalytic psychotherapist, psychodynamic psychotherapist, and psychodynamic counsellor. I am referring only to these titles as the body of literature I draw on in this research project is rooted in the psychoanalytic tradition. I acknowledge there are differences in approach between psychoanalysts and psychotherapists, however, both draw on the same underpinning theories and philosophies in their approach to the work. While further discussion about such differences might be warranted it is beyond the scope of this project. Similarly, I have chosen to use the terms client and patient to refer to the person seeking treatment who may also be known or referred to as the analysand.

Countertransference is a term which can be defined in a number of different ways. For the purposes of this project I define it as all the thoughts, feelings, fantasies, phantasies, body responses

and behaviours the psychotherapist has while with the client and or while actively engaging in thought about the client.

Research Objective. The objective of this dissertation is to identify and explore the experiences of countertransference for the psychotherapist working with a client who is unconsciously and/or consciously experiencing envy. The overall aim is to provide an integrative understanding of psychotherapists' experience of countertransference to envy in clinical practice as described by psychotherapists who are informed by various different psychoanalytic or psychodynamic theoretical orientations.

Research Design

The research is designed as an examination of a limited set of texts (published articles) authored by psychotherapists using the method of thematic analysis through a hermeneutic phenomenological lens. While it could have been no doubt beneficial to conduct interviews with psychotherapists directly, I was influenced to analyse texts both by the limitations of the scope of this project and because it is not simply the experience of countertransference to envy that I am interested in but also the way in which one writes and thinks about it. With this in mind I have looked specifically for articles that include clinical examples (case studies) of therapists working with envy which detail their experience of their countertransference at the time (or close to it), as well as a discussion section where the therapists reflect on their countertransference. This provides data, both in the descriptions of the therapy (some of which is unprocessed) and the reflections that shows therapists' countertransferential responses (more processed).

> The aim in dataset selection in hermeneutic phenomenological research is to select participants who have lived experience that is the focus of the study, who are willing to talk about their experience, and who are diverse enough from one another to enhance possibilities of rich and unique stories of the particular experience. (Laverty, 2003, p. 29)

My selection of texts which include rich descriptions of the countertransference experience within a case study and reflection on this experience in the discussion is, to my mind, equivalent to selecting participants who have a lived experience which they are willing to talk about.

As a thematic analysis of published texts, this project fits, broadly speaking, into the category of a literature review. Essentially, the research design is a process of reviewing a set of literature, where the review is carried out in the form of a robust thematic analysis. Unlike more conventional literature reviews, which aim to condense and critically examine the content of published literature on a topic, this study analyses meanings across a set of selected publications in order to discern emergent patterns, or themes, for the purpose of deepening understanding of (an) experience. In using literature rather than conducting interviews or focus groups, the data studied is not bound by time or geographic limitations. This study has the potential to yield new findings and to further develop a comprehensive understanding of this topic.

Rationale for the area of study

I chose to focus on countertransference experience and clinical practice because one of the foremost healing components of psychotherapy is the use of the transference and countertransference in order to have a *new* old experience. In addition, envy has been cited in existing literature as having the potential to present significant clinical problems (Mitchell & Black, 1995). I believe focusing on this topic has the potential to present new meanings and ideas relating to the nature of the experience itself, and therefore also the potential to contribute new perspectives on the very psychoanalytic concepts which authors bring to their experiences in their discussions. Additionally, in my preliminary literature searches, I was not able to find any studies of this type focusing on this area. As a beginning psychotherapist I chose to research this topic because of my own challenging countertransference experiences in relation to envy in the consulting room and I hoped that reading and thinking about the experiences of other more seasoned practitioners may help develop my practice.

Introduction to the Rationale for the Approach and Discussion of the Philosophical Lens

In this section I aim to explain why I have chosen a hermeneutic phenomenological methodology

and thematic analysis method with which to conduct this research. Braun and Clarke (2006) point

out "what is important is that the theoretical framework and methods match what the researcher

wants to know, and that they acknowledge these decisions, and recognise them as decisions"(p. 79).

Additionally Van Manen (1990) writes:

> A research method is only a way of investigating certain kinds of questions. The questions
> themselves and the way one understands the questions are the important starting point, not
> the method as such. But of course it is true as well that the way in which one articulates
> certain questions has something to do with the research method that one tends to identify
> with, (p. 2)

In other words, a certain dialectic exists between question and method. Why then should I choose

one method over another? Or, one might ask, what comes first the question or the methodology?

Van Manen (1990) seems to add something to Braun and Clarke's (1990) point, in suggesting that

not only should the research method match the question but that it ought to "maintain a certain

harmony with the deep interest that makes one who one is" (p. 2) , in my case a psychotherapist. To

my mind this applies in particular to the chosen methodology, as it seems to me that the

philosophical view one takes in approaching a research project requires the researcher to locate

themselves in a position regarding how one views the nature of reality and what can be known, the

nature of the relationship between the knower and what can be known, and how the researcher can

go about finding out whatever they believe can be known.

Early in my research I came across this quote from Ogden (2005):

> When we read an analyst's written account of an experience with a patient, what we are
> reading is not the experience itself, but the writer's creation of new (literary) experience
> while (seemingly) writing the experience he had with the analysand …At the same time,
> the "fiction" that is created in words must reflect the reality that occurred. (p. 110)

This really spoke to me, I could see that Ogden's (2005) point applies both to my research material

- the highly crafted texts written by psychotherapist's about their experience - as well as my process

as researcher. I was most captured by the acknowledgement that writing about an experience is different to the experience and the idea that one would make this explicit resonates with me as the most 'honest' way to present representations. By crafting a new *fiction* in producing this piece of research, (fiction in that what I come to is different from both the psychotherapists' experience of countertransference in response to clients' envy as well as from their account of this experience), it seems important to acknowledge it as such. That said, in my *fiction,* I also seek to find and portray an essence of the experience of the countertransference that occurred.

I did not choose hermeneutic phenomenology as my methodology solely because it is appealing to myself as researcher (although it is), but also because psychotherapy, and therefore psychotherapy research, requires a phenomenological sensitivity to lived experience (psychotherapist's and client's realities and *life-worlds* (Van Manen, 1990). Psychotherapy also requires a hermeneutic ability to make interpretative sense of the phenomena of the life world in order to see the therapeutic significance of the transference-countertransference matrix. The knowledge forms generated by a hermeneutic phenomenological methodology as described in this project are intended to serve the practical aims of awareness of countertransferential response to envy and, in doing so, the aims of psychotherapy in general.

In order to give this rationale more weight it seems pertinent to first describe and analyse the approaches of phenomenology and hermeneutics, two philosophical approaches to research which some may say are diametrically opposed and are underpinned by the viewpoints that a) everything is different and therefore unknowable and b) that there are patterns and arrays of experiences which form the basis of empathy. By first investigating these viewpoints I hope to find a way in which I can hold both in approaching this research project, as well as portray why it is important to do so.

What is Phenomenology

Phenomenology was first developed by Husserl as an alternative to empirical research approaches that were originally developed in the hard sciences but then applied to the human sciences with what he viewed as questionable results (Laverty, 2003).

Phenomenology is essentially the study of lived experience or the lifeworld (Van Manen, 1990), "the world as we immediately experience it pre-reflectively rather than as we conceptualise, categorize, or reflect on it" (Van Manen, 1990, p. 9) and quite often includes what is taken for granted or those things that are common sense (Husserl, 1970). It aims to cast light on the essences of these structures as they appear in consciousness - to make the invisible visible.
Study of these phenomena intends to return and re-examine these taken for granted experiences and perhaps uncover new and/or forgotten meanings. In phenomenological research one would ask "What is this experience like?" as an attempt to unfold meanings as they are lived in everyday existence (Laverty, 2003; Smith, 1997; Van Manen, 1990). It is a philosophy or theory of the unique, interested in what is essentially irreplaceable. As Van Manen (1990) cautions, "we need to be reminded that in our desire to find out what is effective we tend to forget that the change we aim for may have different significance for different persons" (p. 7).

Husserl (1970) considered the attraction of the phenomenological method to be in its promise to reach true meaning through penetrating deeper and deeper into reality. The researcher is required to begin with a process of reflection in order to become aware of one's biases and assumptions. In becoming aware, one then aims to set these aside in order to 'see clearly', or engage in the experience without preconceived notions about what will be found in the research. Awareness of one's 'bias' is used as a protection against imposing one's own view on or tainting the study. This process is known as bracketing (Boyatzis, 1998; Laverty, 2003; McLeod 2001).

What is Hermeneutic Phenomenology?

Hermeneutic research is interpretive and concentrated on historical meanings of experience and their developmental and cumulative effects on individual and social levels. This interpretive process includes explicit statements of the historical movements or philosophies that are guiding interpretation as well as the presuppositions that motivate the individuals who make the interpretations.

Hermeneutic phenomenology was developed by Heidegger who was a student of Husserl, and later by Gadamer (Laverty, 2003). Like phenomenology, hermeneutic phenomenology is concerned with the life world or human experience as it is lived (Laverty, 2003). The focus is toward illuminating details and seemingly trivial aspects within experience that may be taken for granted in our lives, with a goal of creating meaning and achieving a sense of understanding (Van Manen, 1990; McLeod, 2001). The way this exploration of lived experience proceeds is where Husserl and Heidegger disagreed, and where phenomenology and hermeneutic phenomenology differ. These differences emerge within the areas of ontology, epistemology, and methodology.

While Husserl (1970) focused more on the relationship between the knower and the object of the research, (epistemological study), Heidegger (1927/1962) focused on the ontological question of the nature of reality and 'Being' in the world. Husserl aimed to differentiate his approach to that of the Cartesian split between mind and body, and although Husserl believed that such a sharp distinction does not exist, he did consider that individuals were capable of a direct grasping of consciousness, as reflected in the practice of bracketing. While Husserl is not seen as falling exactly within the positivist frameworks of ontology and epistemology, he is also not seen as exactly departing from them (Laverty, 2003). Heidegger, on the other hand, fully erased any distinction between the individual and experience, interpreting them as co-constituting each other and unable to exist without the other. From this perspective, he saw bracketing as impossible, as "one cannot

stand outside the pre-understandings and historicality of one's experience" (Heidegger, 1927/1962, p. 27) and therefore falls squarely in the interpretive framework.

Historicality, a heideggerian term, refers to a person's history or background, including what the person inherits from their culture which presents particular ways of understanding the world. Through this understanding, one determines what is 'real', yet Heidegger also believed that one's background cannot be made completely explicit. He referred to a notion of pre-understanding which is a structure for being in the world; the meanings of a culture or the organisation of a culture that are present before we understand them. Pre-understanding is not something that one can step outside of or put aside as it is not conscious. This concept is well described by Merleau-Ponty as cited by Bazzono (2014) who writes:

> The world [is] the place we inhabit rather than something apart from us, and the way we inhabit it is by being embodied, by being a *body-subject.* We are not pure reason or pure consciousness; we will never be able to absorb and receive the whole of reality. Inhabiting the world as a body means realising the sheer impossibility of a view from nowhere. It means giving up the notion of objectivity and transcendence. The world is unfathomable, our experience ambiguous, and it forever resists a completely rational or non-rational explanation of it … Descartes' *cogito* (I think) is too narrow; it limits our identity to the conscious mind, separate from 'matter' a new *cogito* is needed, one that is able to include our interrelated physical embeddedness with a world we *inhabit* rather than *represent.* (p. 8)

In Heidegger's (1927/1962) opinion, all understanding is connected to a given set of fore-structures, including one's historicality, that cannot be eliminated. One, therefore, needs to become as aware as possible and account for these interpretive influences (Laverty, 2003), rather than attempt to set them aside as is done with the phenomenological technique of bracketing. This interpretive process is achieved through a hermeneutic circle (Heidegger, 1927/1962) which moves from the parts of experience, to the whole of experience and back and forth again and again to increase the depth of engagement with and understanding of the text. Meaning is found as we are constructed by the world while, at the same time, we are constructing this world from our own background and experiences. There is a transaction between the individual and the world as they form and are formed by each other (Laverty, 2003; McLeod, 2011).

Rennie (2012) emphasised the way in which imagination plays a key role in the hermeneutic circle. In terms of my research, the hermeneutic circle is a dialogue between academic articles as primary data and myself as the reader, a psychodynamic psychotherapist who comes with preexisting ideas and clinical experience. This can be described as prejudice through which I create in my mind the whole of the text's author's experiences by reading and interpreting each article, or "part". In a cyclical fashion, each part alters my perception of the whole which in turn alters my perception of the parts. Thus creating a living dialogue of understanding between different parts or articles and the whole (whole dataset) as seen and understood by myself, the researcher. This research project would not be the same without me, for example, with a different researcher, and I am not the same for having read this particular dataset.

Loewenthal (2007) writes

> narrators…operate like movie directors: they are editing, have biases, can toe the party line, etc. Thus there are histories, not history - it is also more problematic for us to see our jobs as …researchers as just facilitating the researched to tell a story, as if it was the story with our respondent/narrator centre stage and most probably subject to little". (pp. 222)

This sits alongside and acts in juxtaposition to the idea that there is an essential truth. Continually moving between both, there are some essential aspects that I am looking for yet, at the same time, the above quote is true.

Smythe and Spence (2012) point out that a hermeneutic approach goes beyond extracting knowledge for the purpose of making it available as research evidence. Van Manen (1990) talks of the hermeneutic manner of turning to "the tradition of one's subject so that the work of others turns into a conversational partnership that reveals the limits and possibilities of one's own interpretive achievements" (p.76). Reviewing is to bring words, meanings and the thoughts that arise into viewing-afresh, and questioning, as Gadamer (1960/2013) wrote, is an essential aspect of the interpretive process as it helps make new horizons and understandings possible.

Gadamer (1960/2013) points to the incompleteness of qualitative research in terms of claims to absolute truth, because interpretation always involves the subjectivity of the researcher and research subject and how they interact. Gadamer (2013) had the crucial insight that prejudice and tradition constitute understanding, in that there is no thought without a thinker - essentially subjectivity is always present. Rather than being seen as a disadvantage, this living breathing form of research has its greatest strength in its acknowledged subjectivity. (This is an approach that has many parallels with psychodynamic psychotherapy where we use our subjectivity in order to 'do the work'.

To summarise, I would like to borrow from McLeod (2011) who identifies four key principles which comprise a hermeneutic enquiry; 1) a sense of meaning is gained by the researcher of the whole text and then used as a framework for understanding fragments of the text, 2) these fragments are analysed on a micro level for possible meanings and then these meanings are used to challenge or reinterpret the overall meaning/sense of the whole text, 3) the researcher utilises empathy in respect to the author(s) of the text - empathy is defined as the process by which one mind seeks to understand, or fit oneself into another - note the necessity of the subjective required for empathy, in essence this takes place through sensitive interpretation found through a personal sense of understanding of the emotional and interpersonal worlds as well as the cultural situation of the author(s); and 4) innovation creativity and discovery are key values in relation to the evaluation of hermeneutic work. I thought about this in the sense that while empathy is important, i.e. being able to situate oneself as if you are in the mind of the author, it is equally important to take this information into one's own mind and see and interpret it as only you would i.e. make it your own. This is where one goes beyond the immediate givens and aims to enrich current understanding by bringing forward new differentiations and interrelationships.

Rationale for Hermeneutic Phenomenology

According to research literature the research methodology chosen depends on the research questions and the philosophical perspectives from which the questions are to be investigated (Ajjawi & Higgs, 1997; Laverty, 2003; McLeod 2001; Van Manen, 1990). Phenomenology is concerned with lived experience, and is thus ideal for investigating the psychotherapists' experience. However, the main focus of phenomenology is pre-reflective experiences and feelings (the essence of a phenomenon), and a key motivation for this research is to reach some understanding about the meaning of the countertransference experience. The use of hermeneutic phenomenology enables the exploration of psychotherapists' texts about experiences with further abstraction and interpretation based on my theoretical and personal knowledge as researcher. Hermeneutics adds the interpretive element to explicate meanings and assumptions in the texts that the psychotherapist authors themselves may have not articulated for a variety of different reasons, including the focus and aim of their papers.

I chose hermeneutic phenomenology because it is attentive to the philosophies underpinning both hermeneutics and phenomenology (Ajjawi & Higgs, 1997; Laverty, 2003; Van Manen, 1990). This is appropriate because I wanted to take the phenomenon out of the text and then interpret it by thinking about psychotherapist's countertransference to envy in order to create meaningful understanding.

Thematic Analysis

While Braun & Clarke (2006) argue that thematic analysis as a method is not tied to any particular theory and methodology, Mcleod (2011) takes an opposing position, arguing that thematic analysis and qualitative research in general is above all a method framed by interpretative and therefore hermeneutic principles. The aim of my research is to identify and analyse the themes or patterns of meaning in the experience of psychotherapists' countertransference, that is to say thoughts, feelings, fantasies, body sensations and behaviours in response to envy. Thematic analysis

is a method to identify meanings which is an interpretive act, and hermeneutics is often described as the art and science of interpretation (McLeod, 2011). Good qualitative research seeks detailed, complex interpretation of socially and historically located phenomena. It focuses on understanding meaning via interpretation (Joffe, 2012: McLeod, 2011). Thematic analysis is among the most systematic and transparent forms of qualitative work, partly because it holds the prevalence of themes to be so important, without sacrificing depth of analysis. It not only forms the implicit basis of much other qualitative work, but also strives to provide the more systematic transparent form of it (Joffe, 2012, pp. 210). So, what is a theme?

A theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set. An important question to address in terms of coding (the process by which one identifies themes) is: what counts as a pattern/theme, or what 'size' does a theme need to be? Braun & Clarke (2006) and McLeod (2001) advocate that the researcher needs to be flexible about what counts as a theme, however, one also needs to be consistent. Joffe (2012) adds that while prevalence ought to be noted, above all thematic analysis seeks to portray a balanced view by presenting data and its meaning within a particular context of thoughts, rather than attaching too much meaning to frequency of codes abstracted from their context. I take from these descriptions that identifying themes is in a way instinctive however also requires careful and consistent reflection, for example, asking oneself "Is *this* important in terms of the overall research question?" McLeod (2011) describes this task by relating to musical themes. As a musician in my previous life I appreciate this analogy and conceive of musical themes as reflecting a particular mood, character, action or element in the musical story - something all important, not necessarily in quantity but in quality or essence, and something which the piece of music would not be the same without.

Braun and Clarke (2006) consider thematic analysis the first qualitative method of analysis that researchers should learn, as it provides core skills that are useful for conducting many other

forms of qualitative analysis. Importantly for this project, thematic analysis can legitimately be structured in a manner that makes the task achievable for a sole researcher without compromising the robustness of the research. However, any decisions regarding structuring need to be made explicitly when conducting thematic analysis, preferably before the analysis of data, and sometimes before data collection, in order that the approach is consistent and therefore reliable and also traceable. In other words, the researcher's approach and process should be clear to the reader who could retrace their steps (Braun & Clarke, 2006; Joffe, 2012; McLeod, 2011). The following paragraphs address such decisions.

Robustness in terms of a thematic analysis can be ensured by describing the bulk of the data, not just selected examples which support any particular preconceived argument (Joffe, 2012). I have modified this somewhat due to the size of my project, however, I have taken careful attention to formulate robust inclusion/exclusion criteria which is fully described in the method chapter. These criteria have produced a inclination to favour texts written by psychotherapists of a particular period and with particular theoretical leanings.

The researcher may take a deductive or inductive approach to identifying themes. Deductive themes are when the theme is drawn from a theoretical idea that the researcher brings to the research. Inductive themes arise from the raw data itself. Guided by the hermeneutic phenomenological lens which recognizes that I am not able to remove my prejudice or judgement from my approach, and given that I have as part of this prejudice knowledge, information and ideas from my extensive reading on the topic, I approach this task much in the way that Joffe (2012) conceived it: "one goes to the data with certain preconceived categories - useful to replicate, extend and refute existing studies, while also remaining open to new concepts that emerge which have the potential to revolutionise knowledge of the topic under study" (p. 210). In my case I am not consciously looking to replicate, extend or refute existing studies however I certainly bring with me

prior knowledge of some depth on this topic and this will inevitably shape the way in which I code for meaning, that said on a conscious level my approach is primarily inductive.

Thematic analysis can tap into the manifest and latent themes concerning an issue (Braun & Clarke, 2006; Joffe, 2012); manifest content being something directly observable such as direct communication about something, and latent content being meaning that is inferred or uncovered. Elucidating or uncovering meaning leads to philosophical questions about such meanings: were they intended by the authors and left for us as readers to uncover? or are they discovered without having been intentionally left by the authors? This depends on whether one leans more towards an essentialist or constructivist stance. Most researchers will navigate a combination of both. In this study I take at face value the authors' accounts - the published accounts of practising psychoanalysts and psychotherapists. However, in combining my mind with the different accounts (the parts), and the dataset (the whole), or in other words, engaging in the hermeneutic circle, this creates a new context in which I am open to identify emergent (or latent) meanings.

An example of this idea could be loosely described in terms of sampling music. While writing this dissertation I came across an *NPR Ted Talks* podcast where world famous music producer Mark Ronson was interviewed about the question *what is original?* He said "the basic idea of creativity comes from remixing" (Ted Talk Radio Hour on NPR, 2014). Musicians take samples or themes from pre-existing music and put them into a different context, using their personality, the time, and the place. They take something which has meaning for them and create something new with it. "You take the things that come before you and make them new" (Ted Talk Radio Hour on NPR, 2014). I saw a lot of similarity between sampling and cutting up music and the way in which I very physically cut up the meaning units in order to 'see something new' when coding for meaning (see details in the method chapter). Much like Gadamer, who I quoted earlier, Ronson said "Human beings are not capable of coming up with something new from nowhere" (Ted Talk Radio Hour on NPR, 2014).

My approach to thematic analysis

There are surprisingly few published guides on how to carry out thematic analysis (Joffe, 2012). I have been guided by a hermeneutic phenomenological perspective and one of the best known and most frequently cited guidelines to thematic analysis developed by Braun and Clarke (2006), while also integrating ideas from Boyatzis (1998), Joffe and Yardley (2004) and Laverty (2003). In doing so, I am supported by Braun and Clarke (2006) who describe the method as "flexible" while also being "methodologically sound" if applied robustly. I provide a detailed description of how I carried out the thematic analysis in the following chapter.

Chapter 3: Method

Introduction

This chapter is a description of how I applied the method of thematic analysis using a hermeneutic

phenomenological lens, its procedures and processes. I aim to be as open as possible about the

research process and why I applied the method the way I did. This is important in terms of the

robustness of the research (Boyatzis, 1998; Braun & Clarke 2006; Joffe, 2012) and is in line with

the methodology chosen.

I discuss the steps in the research process, beginning with the search procedures of identifying and

selecting publications which will provide the data that addresses the research question. Following

this I describe how I identified particular segments of text as data, also called meaning units. I then

describe the coding process which comprises the identification and interpretation of commonalities

or highly meaningful segments in these meaning units. Finally I end with illustrating the method of

analysis which involves several phases and levels of identifying themes, as well as further

discussion based on considering and contrasting the major themes within the context of existing

psychoanalytic theory and literature.

Searching for Texts

This section describes how the search process ensured that I selected a representative set of texts,

including how I negotiated some difficulties in carrying out this process. My search was determined

by my research question: How do psychotherapists experience countertransference with a client

who is experiencing envy in the therapeutic relationship?

My first step was to familiarise myself with the literature. I very quickly came across some

difficulties in locating the texts I was looking for. This was primarily due to a plethora of literature

on countertransference and envy separately, with very little of this literature referring to both these

subjects and usually without any relevance to the research question. For a long period it seemed

there was very little literature which specifically combined the two and therefore no easily

accessible or significant body of literature to draw on. Where the topic has been written about, it was usually used to support or illustrate arguments which were, in the larger scheme of things, not precisely related to my topic. While this presented great difficulties in locating relevant texts, it does also mean that this project is one of very few works dedicated to this topic. Due to these difficulties I began by reading about both envy and countertransference separately.

Search Procedures

The systematic search in databases proved challenging as my research topic does not have an established body of work which led to difficulties in carrying out searches in the two databases PEP and OVID. Here I explain how I addressed these challenges.

Search terms: Countertransference and envy have both been widely written about in the psychoanalytic literature. I found that when I paired these two words in a keyword search, the number of results was too large to manage. The term "attacks on linking" is strongly associated with envy through the work of Bion (1952) and brought up the opposite problem, identifying only five articles, two of which were relevant to my topic. I then tried searching various different terms which could be part of a countertransference experience such as 'analyst's feelings' 'analysts felt experience' etc combined with 'envious patient' and or 'envious client'.

Table 1 shows my initial database searches, showing the search terms, the search field and the number of results. The column 'on topic' shows the number of articles which included material on the topic, and the 'selected' column indicates those which fulfilled the selection criteria.

Table I - Database Searches

Search Term	Search Field	Database	Hits	On Topic	Selected
envy + countertransference	Article	PEP	3238	n/a	n/a
envy + countertransference	Article	OVID	813	n/a	n/a
envy + countertransference	Paragraph	PEP	211	42	4
"envious patient" + countertransference	Article	PEP	17	3	1
"envious client" + countertransference	Article	PEP	0	n/a	n/a
"analyst's feelings" + envy	Article	PEP	89	3	1
"analyst's feelings" + envious	Article	PEP	33	10	3
"analyst's feelings" + "envious patient"	Article	PEP	0	n/a	n/a
"analyst's phantasies" + envy	Article	PEP	1	0	0
envious + countertransference	Article	PEP	1133	n/a	n/a
envious + countertransference	Paragraph	PEP	53	14 (10)	1
"attacks on linking" + countertransference	Paragraph	PEP	5	2 (1)	1
envying + countertransference	Paragraph	PEP	5	3 (2)	1
"analyst's body sensation*" + envy	Article	PEP	0	n/a	n/a
"analyst's body" + envy	Article	PEP	51	0	0
"analyst's felt experience" + envy	Article	PEP	0	n/a	n/a
"analyst's physical experience/sensation" + envy	Article	PEP	0	n/a	n/a
"analyst's fantas*" + envy	Article	PEP	28	0	0

Difficulties with the Databases

Fairly early on I noted that OVID was not revealing any new material that PEP did not already include and since my topic is particular to a branch of psychotherapy, namely psychoanalytic or psychodynamic psychotherapy in which PEP specializes, I decided to contain my search to this one database with the exception of accessing articles which appeared in search results but were not directly available to me due to subscription limits on PEP.

Defining the Dataset

The aim was to define a dataset that provided rich material to analyse while also containing the project to a manageable size for one researcher working manually (without the aid of a computer programme such as nVIVO). As it was also important to collect data which was comparable, I excluded articles involving specialist work such as that with children and adolescents or with psychotic clients. This meant I was able to interpret the variations of themes and interrelationships among them as meaningful in relationship to the phenomenon under study. In other words the data needed to be comparable to be suitable for analysis and this was attended to by minimising variables such as those mentioned above. While comparability was an issue so too was variety, my aim therefore was to select a data set appropriate to the size of the project where the client group was similar but which also provided a variety of different psychotherapists' experiences. Different psychotherapists here refers to psychotherapists with a variety of theoretical orientations within psychoanalytic and psychodynamic psychotherapy. Other dataset defining considerations have already been discussed in the research design section of the previous chapter.

> **Inclusion and Exclusion Criteria.** As already mentioned I attempted to select articles from a variety of different theoretical perspectives, although due to inclusion criteria, namely that the article includes rich description of countertransference experience in response to envy, the resulting articles skewed towards those from theoretical perspectives who prioritise the use of countertransferential reflection over others. For example, intersubjectivist oriented psychotherapists

are more likely to describe their countertransference than those coming from a post-Kleinian perspective. In addition, I also attempted to include a cross section of articles from various periods. Again, due to the changing perspectives of countertransference as discussed in the literature review chapter, this was skewed towards more contemporary works. However, the articles I chose did span 24 years, including publications from 1988, 1990, 1993 (x2), 1997, 2001, 2004, 2005, 2008, 2009, 2010, and 2011.

I have excluded articles on the following criteria; where the author is not the therapist, where there is no case study, where there is one paragraph or less on the topic, where the patient is a child or adolescent, or is diagnosed as functioning on a primarily psychotic level, book reviews, and articles not in English. With this in mind I worked my way through the search results listed in Table I and made selections by following the steps below:

1. Assessing the title, abstract or first paragraph. If the article appeared likely to be relevant I proceeded to the next step unless I identified features excluding the article as as described above.

2. Conducting a digital search using the computer search function for occurrences of the search terms listed above (i.e. *countertransference, "analyst's feelings", envy, "envious patient"*etc) and reading these paragraphs.

3. Assessing whether the use of these terms refers to the research topic and to clinical material.

4. Applying the selection criteria.

My aim was to capture the bulk of the data while at the same time containing the dataset to a manageable size. In my view, this is possible if the dataset provides enough material for analysis while allowing me to carry out the required reading and immersion in the data necessary for a data-driven thematic analysis. In total I selected 12 articles.

Data Analysis

During this process I was guided by my focus on the psychotherapist's experience of his or her feelings, thoughts, phantasies, fantasies, body sensations, and behaviours in relation to the

patient and the therapeutic relationship. I endeavoured to stay open to discovering what I found in the data (an inductive approach). To help me with this I borrowed from Van Manen's (1990) existential themes related to lived experience: lived space, spatiality; lived body, corporeality; lived time, temporality; and lived human reflection, relationally in order to assist me in capturing all elements of the lived experience of the psychotherapist's countertransference. At the same time I was aware that my pre-existing knowledge as well as immersion in the project was no doubt influencing my sensibilities.

In following a hermeneutic phenomenological approach I was not concerned with bracketing although, given that my approach was data-driven, I wanted to free up my associations to the material rather then try to make them fit the theoretical models I was already aware of.

With relatively little literature on precisely how to code, I found Cayne and Loewenthal's (2006) guide to coding useful. From them I borrowed the concepts of 1) description (rather than analysing from a particular theoretical or other position) and 2) horizontalisation (this describes the approach of treating each piece of information with equal importance rather than quickly prioritising some over others). Rather than bracketing, a hermeneutic approach dictates that the critical issues of prejudice and potential bias are addressed via self-awareness, self-reflection and openness in a transparent circular conversation between the parts and between the parts and the whole (i.e., the hermeneutic circle). Biases are not set aside but rather seen as an integral part of the conversation (Gadamer, 1960/2013; McLeod, 2011).

Practical steps. In this section I describe the practical steps involved in the process of analysis. The order of stages in this thematic analysis is as follows:

1. Identifying relevant units of meaning in the texts of the dataset

2. Coding these units for meaning

3. Generating first order themes by analysing and combining codes

4. Clustering first order themes to create sub-themes and then major themes

The first task here was to organise the dataset in a way which was manageable, meaningful and code-able. Boyatzis (1998) noted that "Observation precedes understanding. Recognising an important moment (seeing) precedes encoding it (seeing it as something), which in turn precedes interpretation" (p. 1). I initially read each article through once without coding. During this read-through I noted ideas which stood out to me and I identified sections of text which were primarily theory-driven to exclude (as I wanted to maintain my focus on the experience). I did however keep brief theoretical writing which was close to the clinical material for the sake of maintaining a comprehensive and contextual account. For example, I approached text discussing theoretical concepts by focusing on how authors draw on theory to explain their experience and, to a much lesser degree, how they develop their argument in relation to the theoretical concept or orientation.

Meaning-units and codes. I re-read the articles and identified meaningful segments or meaning-units. It was from these meaning units that I created the codes. I worked with two documents on my screen - one the original text, the other where I compiled the codes for that particular article. I used a reference number made using the author's initials and the page number. For example GC90 indicated the code was created from Grace Connolly's article *The price of growing up* and the segment of text corresponding to the code can be found on page 90. I later revised this to include the paragraph so 2/90 would indicate paragraph 2, page 90. It was important to be able to trace back to the original text to ensure the original meaning in the text matched the code, and later the first order theme, sub-theme and then the major theme.

At times codes were created from a single sentence, at other times from a whole paragraph or larger segments of text. It was not uncommon to code the same section of text in a number of different ways, focusing on a variety of different aspects of what was communicated. While Boyatzis (1998) describes coding as "a way of seeing" that is unique to each researcher, I also held in mind Joffe (2012) who pointed towards a need for a reliable coding frame. In noting both of

Figure 2. Cut up meaning codes ready to put in the bag

these perspectives I attempted to honour both the hermeneutic and the phenomenological. For

reliability I consulted with my supervisor and colleagues to gain their perspectives on my coding,

ensuring a second pair of eyes could see the connections that I could. I also doubled back over my

own work after some time had passed. At this time I checked the grouping of meaning units, and

identified the code. If on this re-run the code was the same as the one I had originally assigned, I

kept it, if not I started again.

During both the meaning unit and coding phase I arrived at a dilemma about how to

maintain my focus on countertransference. My difficulty arose because I consider

countertransference to be but one part of the intersubjective transference-countertransference matrix

and so to write about one I felt I needed to write about the other, and yet I was also concerned about

being drawn into focusing too much on the client's experience. At the time I could not reconcile

within myself how to find the balance. I thought about Winnicott (1960) who wrote that there is no such thing as an infant without a mother, only a nursing pair, or for my purposes no mother/ psychotherapist without an infant/client. I decided for this reason to err on the side of caution and code whenever I was unsure. At the later point of grouping into sub-themes I removed codes about the client's process or experience other than those which psychotherapists drew on to explain their experience.

First-order Themes. Once I had created codes for about half of my dataset, I began to move into identifying first order themes. To do this I printed out all the codes and cut them into separate segments of paper (see Figure 2), put them in a bag and proceeded with the next article. After segmenting codes from several articles I pulled the code pieces of paper out and considered them for possible first order themes.

I initially started with clear pockets on the ground with a Post-it note identifying the first order theme, (see Figure 3). After this became unmanageable due to space restraints I compiled them into a book with tabs on the side (see Figure 4). During this theming process I moved quickly; reading the code and then assigning a theme without much thought. I wanted to free myself up in this moment - as if I was forgetting what I had already learnt in order to 'play'. This process reminded me of how musicians learn the notes and then forget them in order to perform beautiful music, a kind of letting go is required in order to play music, much in the same way as a letting go helped me to make my associations. At first I had no first order themes as such but over time these built up and I started to notice patterns. I checked each code and, if it matched an existing theme, I assigned it, if not I created a new one. While I worked on this process I also continued to code the rest of my data set. I found that I started to notice similar codes in the texts that may fit into the themes I was identifying.

Figure 3. Clear files with yellow post-it first order themes and corresponding white strips (codes) inside

Having the files on the floor and later in a book with tabs was helpful as I was able to see all the themes at a quick glance. The more I continued with the process the more I was able to identify and remember themes. In total I created 89 first level themes.

Once I had sorted all the codes into first order themes, I began to review the contents of each clear file. The way I had constructed the clear file book meant that I was able to remove the codes without looking to see the theme I had allocated to them. I was therefore able to blind test myself, to check to see if at a different time with fresh eyes I continued to see the same theme within the codes that I had before. I started by looking at each code to see if I could see the commonality and, if I

Figure 4. Clear files collated into a book with blue tabs denoting first order themes for quick reference

could, I created a Word document for this theme and listed each code. At this time I also reassessed each code for any other possible themes it might contain as some codes fit into more than one theme. If this was the case I would add it to each document. During this process I refined the themes, created some new ones and combined others into one. Completing this task alone meant the reliability was less than if several researchers had worked together however I attempted to ameliorate this by doubling back and checking the codes a second time.

Sub-themes and Major themes. I now had 89 Word documents, each continuing a first level theme (see Figure 5), and was faced with the daunting task of how to identify sub-themes and, following this, major themes without compromising the important meaning differences. To conceptualise the process of theme identification other than as a hierarchical funnelling process

Figure 5. Screen shot of some of the many Word documents containing the first level themes

which I felt could easily compromise nuances in meaning, I was influenced by Attride-Stirling's

(2001) model of thematic networks which proceeds as a clustering process whereby lower order

themes cluster into a network which constitutes a higher order theme.

It was during this process that I came to recognise some of the first-order themes were not

relevant to the research question in that they contained data which was primarily or solely based on

the client's experience. I chose to exclude these first order themes from this point on.

I found this part of the process particularly difficult. I attempted numerous ways of

clustering first-order themes including laying out the documents together and drawing mind maps.

In the end I moved away from the *physical* data momentarily and reflected on what I felt I had

learnt from the data, in doing this I believe was standing on what Gadamer (1960/2013) might call

my horizon and reflecting in order to reach a momentary understanding between myself and the

data. I then wrote out seven points: 1) It's difficult to know what is happening, 2) It's difficult to think - act instead, 3) It's difficult to empathise with the client, 4) Experience of doubt, fear of attacking the client, 5) Fear of being attacked by the client - conscious and unconscious avoidance, 6) Mismatch between client presentation and feeling, tone, and ambiance, and 7) An as-if place is felt - aliveness and deadness.

After identifying these points I went back to the first-order themes and grouped them according to these points. These points became the basis of my Major Themes although I did continue to make some changes as I continued to compare each point, and first-order theme to the whole. In the end the major themes I settled on were: 1) Lack of Awareness, 2) Blocks to Connection, 3) Feelings and Blame, 4) Difficulties in Thinking and 5) Repositioning. Analysing the final major themes and the interrelationships between them

Analysing the Themes in Relation to Theory and Personal Response. In hermeneutic phenomenology the researcher engages in a process of self-reflection on an ongoing basis. Throughout this research project I kept a reflective diary to assist me in the process of reflection and interpretation. I linked my ideas, some of which came from my experience as a psychodynamic psychotherapist and some from prior knowledge about theoretical concepts, with what I had come across in the research project. I referred to my diary both to help me become more aware of my internal processes, thoughts, assumptions and judgements, as well as to have a record to include in the final work, particularly in the results and discussion sections where the hermeneutic phenomenology researcher is required to explicitly claim the ways in which their position or experience relates to the dataset and the ways which she has compared and contrasted the themes with the existing literature. The overt naming of assumptions and influences as key contributors to the research process in hermeneutic phenomenology is one striking difference from the naming and then bracketing of bias or assumptions in phenomenology.

In hermeneutic phenomenology, data can include the researcher's personal reflections on the topic, information gathered from research participants, and depictions of the experience from outside the context of the research project itself, including the arts (Laverty, 2003). I have only coded for meaning from literature, however, in the discussion section I refer to my personal experience, clinical experience, and existing theoretical concepts and writing, as well as arts and popular culture.

Introduction to the Results

The aim of the following chapters is to present the results of my thematic analysis in a summary form and to provide an account that tells the story that the data tells while "providing sufficient evidence of the themes within the data - i.e., enough data extracts to demonstrate the prevalence of the theme" (Braun & Clarke, 2006, p. 93). Likewise, Joffe (2012) advised that "in the name of transparency, researchers need to present systematically a sufficient portion of the original evidence in the written account to satisfy the sceptical reader of the relationship between the interpretation and the evidence" (p. 219).

Therefore, each chapter includes a brief description of the theme, a list of the sub-themes which it includes, evidence to support the sub-themes, a sub-theme summary and discussion as well as an overall theme discussion. Some researchers choose to leave their discussion to a separate chapter however I have decided to include my thoughts and discussion throughout the results section and leave just additional discussion points such as the interrelationship between themes and findings in a broader context to the discussion chapter.

Because the data of this thematic analysis is extracted from published texts, text excerpts are quotations which need to be properly cited. Quotations can therefore be traced, which enhances the study's reliability and trustworthiness. That said, larger citations interrupt the reading process and where possible I have shortened quotes by omitting information not relevant to the theme under discussion (i.e. I cut out sections from the middle of long quotes).

I would like to note here that at times I cite the same quote or parts of the same quote as evidence for different sub-themes, this is because I am pointing out different features of the text, or looking with differing lens depending on the theme.

Chapter 4: Lack of Awareness

The over arching theme of 'Lack of Awareness' groups a number of sub-themes which presented in the texts. The sub-themes are 'Like lambs to the slaughter', 'Disoriented and attacked - Meeting a wolf in sheep's clothing', 'Unknowingly searching for meaning in 'non-relating confusion', and 'Not noticing missing the client'.

Like Lambs to the Slaughter

In the texts the psychotherapists described initially not being aware of the extent of and nature of the client's resistance to making use of the therapy. At times this was overtly stated and communicated directly , for example *"I had very little idea* [emphasis added] how these defences would be rigidly used in order to retain her narcissistic superior position" (Moser-Ha 2001, p. 717), while at other times I deducted the experience of not being aware when psychotherapists described their experience of coming to know after a period of time; *"Over time, I began to see* [emphasis added] … Ms. A's dreams were used non-symbolically performatively-countertransferentially to evacuate-communicate her abject hopeless states" (Gerhardt 2009, p. 286). Other examples of this experience are: "Moreover, when she ended the session, saying, 'I don't know how to change' *it didn't occur to me* [emphasis added] that 'don't know' could mean 'mustn't, can't and won't change'" (Moser-Ha 2001, p. 717), which indicates the deceptive and intentional aspects of the client's psychic structure involved in maintaining a status quo.

Khwaja (1997) describes the illusion of 'realness' with her client, even her countertransferential experience of her client's sadness reinforced this illusion:

> At our first meeting, my initial thoughts were that he was different from what I had expected. His sadness felt real, and I wondered if he was different because his previous therapist and his assessor were men. But later, when I tried to write up the session, I could remember little of substance, except that he had been talking about a hole inside, whilst what I was left with was a feeling of emptiness. On reflection the session seemed more obviously false … Mr T commented at the end of this first session that he and his brothers were all good conversationalists; but that they all talked and that there was not much underneath the talk. (p. 105)

And it wasn't until on reflection that she noticed *holes* in her experience which gave the clue as to what might have really been happening (or not happening).

Moser-Ha (2001) also wrote

> *[A]fter seven years of analysis* [emphasis added], I came to appreciate how deeply caught up she was in an endless list of justifiable reasons for grievances against various objects around her, and how much gratification and sadistic pleasure she derived from experiences of suffering and despair" (p. 718).

This indicates the long period of time which it took for the therapist to identify the intensity of the client's resistance and the way in which Moser-Ha (together with her client) were like lambs to the slaughter of the client's internalised negative container (Bion, 1959).

Sub-theme summary and reflections. By describing the experiences of coming to realise, becoming more fully aware, or understanding clearly, the psychotherapists also communicate previously being unaware or not fully aware of the aforementioned aspects of their clients. I find this interesting because it says something about the experience of the the therapist in terms of the process involved in using one's countertransference experience - formulating ideas and reflecting on the experience, further experiencing and further reflecting. And that it is a process which takes place over time (Moser Ha, 2001).

Although the process of moving unconscious material into consciousness is a normal part of the therapeutic process, in my opinion what is most interesting about the examples of this process in the dataset, is that there appears to be an insidious sabotaging element involved which works against the therapist who I have conceptualised as like a lamb to the slaughter. Khwaja (1997) describes the experience of feeling 'realness' only later to find that all she was left with nothing - emptiness which begs to question was there anything real there in the first place? Where did it go or how did it leak out? Moser- Ha (2001) describes realising after a long period of time the extent to which her client *actively*, rather than simply passively resists development, as well as the extent to which she had perverted the experience of suffering. I suggest that what the psychotherapists in the

dataset are describing is the experience of coming into an 'unfair fight'. The therapists see their

client but what they don't see is the negative container embedded within them - , the non-container

or rejecting container (negative container), which manifests as an obstructive object to the therapy,

hating all new development and seeking to destroy it. This merciless obstructive object is sneaky

and deceiving, smiling to the therapist's face and stealing right out from under their nose, cutting off

any life that may still remain within the client and stopping them from making true contact.

Disoriented and Attacked - Meeting a Wolf in Sheep's Clothing

This sub-theme is strongly related to the previous one and includes descriptions of

psychotherapists coming to notice a specific form of defence their clients utilise, namely the pre‒

emptive strike, or attack as the best form of defence. The psychotherapists described not noticing,

not recognising or not being able to make sense of what was happening:

"*I had not understood that this whole area of her pathology was specifically aimed at disrupting the*

situation of containment [emphasis added]. By aggressively attacking my thinking and creating

confusion in my mind, the links had been attacked" (Connolly 1993, p. 93). "It is important to note

that she used *subtle* [emphasis added] and delicate manoeuvres to create very uncomfortable

feelings in the analysis" (Moser-Ha, 2001, p. 717).

Barth (1988) wrote:

> There was another, unarticulated, side to her attitude towards me. It was noticeable first
> through a surprising countertransference reaction I had to her. …Although at first I did not
> understand these feelings, I knew that I often felt vaguely dissatisfied with myself after
> sessions with Marilyn. (p. 205)

Here Barth describes the experience of being attacked before becoming consciously aware,

although she does notice something as described by her countertransferential dissatisfaction with

herself. Later in the article Barth (1988) becomes more fully conscious of the attack:

> Very gradually, I began to realize that, despite being made in a voice of innocence and
> insecurity, Marilyn's comments were often actually condescending and usually either
> directed towards something about which I was feeling good (a new piece of furniture, a new

item of clothing) or made at a time when I was feeling good about something (and was probably showing it in some way). (p. 206)

Zeitner (2008) described how he attempts to deepen the connection with his client after having come to realise her devaluing attack (as well as desire for help) by inviting a conversation about this (this aspect of the interaction will be discussed in the following chapter), however my focus here is how he indicates that he hadn't noticed the devaluation earlier:

> When I commented that she might be questioning whether I was the best analyst for her, *now* [emphasis added] sensing both her devaluation of me and her desire for my help, she merely repeated that it was important that she get the best treatment possible" (p. 1152).

While the client replies that she wants the best treatment available, her actions say the opposite. She does not take up Zeitner's invitation to talk about what is happening between them and inside of her and in doing so shuts out any possibility of real contact and potential growth. This is an example of the way in which the wolf in sheep's clothing operates. The sheep's clothing says 'I want the best treatment' the Wolf's behaviour says 'I don't want any treatment'.

Sub-theme Summary and Reflection. In this sub-theme psychotherapists describe becoming aware of a particular kind of attack their clients made on them or on the therapy process and in doing so illustrate their initial lack of awareness about this attack. The attack is described as having three noticeable elements, the first is "subtle and delicate manoeuvres" (Moser-Ha, 2001, p. 717), "made in a voice of innocence" (Barth, 1988, p. 206), which lulled the therapists into a false sense of security and trust. The second is that the attack is like a sharp shooter, it is precise and aggressive, and directed at goodness; "something about which [the therapist] was feeling good" (Barth, 1988, p. 206) and the third is that this combination "creat[es] confusion in [the] mind" (Connolly, 1993, p. 93). What is more confusing than having your arm bitten off by a wolf but only seeing a sheep in front of you. You don't see the wolf coming, just a sheep with a voice of innocence, hence the disorientation, the attack is precise and aggressive while also subtle, and then it is gone and you are faced with a sheep, hence the confusion.

I think here we see a combination of the obstructive object with its harsh and ruthless elements, which acts to destroy any potential new growth by attacking the mind of the therapist -ie Bion's (1959) attacks on linking, the result is confusion and chaos, reminiscent of Berke's (2012) description of a force like the death instinct. The attacker is invisible and the therapist is left feeling the impact of the attack - hurt, devalued, dissatisfied with themselves but is not able to make sense of why.

Unknowingly Searching for Meaning in 'Non-relating Confusion'

The text excerpts taken to form this sub-theme illustrate the therapist's experience of searching to find some meaning in the pseudo communication from their clients. Waska (2011) captures the essence of how I perceived a similar experience of not knowing through a 'non-relating confusion' in other texts:

> Some patients enter psychoanalytic treatment and quickly create a difficult, confusing, and often frustrating experience for the analyst. While doing our best to help these patients locate the nature of their core conflicts and help them begin to think and feel in a new way, we are met with a rigid and concrete method of non-relating (Waska 2011, p. 246)

In my view these are further examples; "it was not clear to me if this had been arranged before the start of her therapy as her manner of communicating was quite ambiguous" (Connolly 1993, p. 87); 'I searched for ways in which I might have hurt or disappointed Marilyn … Marilyn consistently denied either a hostile component to her comments or feelings of hurt or disappointment" (Barth 1988, p. 205). Khwaja (1997) wrote

> He continued by talking bout Pinter and Beckett, who are supposedly alike; but he said he thought that Beckett really did let his audience know what he was thinking; whereas Pinter, he felt, *left things out and played tricks on his audience* [emphasis added]. This seemed a commentary on what he was doing to me as his 'audience', but he only went on to muddy things further by to-ing-and-fro-ing about whether what he felt should be described as 'criticism' or 'contempt'; and in attempting to define 'enquiry'. With my mind reeling and unclear, clutching to find *some* sense in the material… (p. 109)

Sub-theme Summary and Reflections. When I first presented this sub-theme to my supervisor, I included little explanation for what I had been thinking. I did so unconsciously. I had

recognised a commonality in these text excerpts but had not yet been able to integrate and therefore communicate how they fit. I hypothesise that my miscommunication was due to my fear of revealing the holes in my understanding to both both my supervisor and to myself because to do so would be to come face to face with my limitations, which in my mindset at the time equated to unbearable feelings of inferiority and emptiness. The idea that my supervisor could help me was not experienced at this time as soothing but rather as shaming and envy producing, so my solution was to keep my lack of understanding from my supervisor, however in order to protect myself from the aforementioned unbearable feelings I also needed to keep my lack of understanding even from myself. By not writing anything, or thinking too much about what I didn't understand, I succeeded, I wasn't even aware that what I had written for my supervisor lacked any explanation. My obstructive object, had isolated me, not just from real contact with my supervisor but also by preventing the parts within myself from linking together aka, preventing my thinking or attacking my linking (Bion, 1959). I (or my obstructive) may have protected myself from unbearable feelings but I also prevented myself from gaining further understanding. In minus-K, a manifestation of attacks on linking, the client renders anything coming from the therapist as useless or without value, in doing resolves the difficulty of acknowledging something of value is coming from outside, but in doing so ensures nothing of any value reaches them. Much in the same way as I have identified a disguised element to the attacks in the previous sub-themes, there is a disguise element here too. I used a sort of pseudo communication - the elements of communication were there but meaning was missing, it is in fact what I have described as non-relating. I had communicated just enough to give the impression that I did understand and not enough to reveal what I didn't. The psychotherapists in the dataset similarly describe a "manner of communicating [which] was quite ambiguous" (Connolly 1993, p. 87), a client who "did not let his audience know what he was thinking … *left things out and played tricks on his audience*" (Khwaja, 1997, p. 109), and a client "consistently denied" (Barth, 1988, p. 205) any enquiry made by the therapist to gain clarification.

The disguise element is necessary because "envy is too painful to bear and too shameful to reveal" (Berke, 2012, p. 154), so pseudo communication acts as a form of projection where the unbearable feeling is disowned and projected out to the other.

The result of my pseudo communication left my supervisor perplexed about what I was communicating, and potentially wondering whether it was me not making any sense or her not making sense of what I had written, much in the same way as described by psychotherapists in the dataset; Khwaja (1997) "clutch[ed] to find *some* sense in the material" (p. 109) while her mind reeled, Barth (1988) "searched for ways" to clarity, and Connolly (1993) stated "it was not clear to [her]" (p. 87) what had been arranged. By coming into contact with pseudo communication where the client is working to keep the therapist in the dark, the therapist, in searching for meaning, begins to question their own faculties. The clients because of his excessive envy of the therapist do not experience their attempts to understand and make contact as relief, on the contrary, by projecting this envy into the therapist, rather than anticipating relief from contact the anticipation is that contact with the therapist will take their own value away. Meanwhile the therapist is cut off, completely oblivious to the battle going on within the client and rendered helpless (Ulanov & Ulanov, 1983/2012), questioning their own judgement.

Not Noticing Missing the Client

In the dataset psychotherapists described having a realisation that they in some way have failed to meet, or missed the client. Zeitner (2008) was particularly prolific on this topic. In order to understand his use of parentheses I should first add that his style of writing was to add 'after the fact' reflective commentary in his case study using parentheses. "(Here I perhaps had not yet consciously recognized that the analysis itself was experienced by the patient as a masochistic subordination to me)" (p. 1154), "while technically accurate, [I] avoided addressing the essence of her depression and other affects" (pp. 1160-61) and "Here I made an interpretation that was

technically accurate, but was perhaps experienced by the patient as exceptionally reserved and

avoidant of the essence of her attack" (p. 1154). Other psychotherapists also wrote on this topic:

"Over time, I began to see how the content of my interventions was unusable to to Ms. A" (Gerhardt

2009, p. 286); "I became aware of how ineffective my initial interpretative attitude was in the face

of this dissociative state" (Andrade, 2005, p. 689). Mitrani (1993) wrote about how unbearable

uncertainty and hopelessness was, and how this led to her distancing herself by relying on theory

and missing/misunderstanding the client:

> It seems, in retrospect, that at first I had been unable to tolerate the full extent of the
> state of uncertainty and suspension to which Mr B had been subjected as a very small and
> helpless child… Relying on theory was perhaps my way of compensating for and dealing
> with those unbearable feelings of helplessness which Mr B evoked in me… I had failed to
> provide him with adequate containment for that little-him, who had been so abandoned,
> once the atmosphere of that abandonment was unwittingly recreated in the analytic setting.
> Not until I began to rethink my own experience was I able to provide sufficient 'holding' for
> the baby-him, so that he could relax his attachment to that self-made caretaker which had
> isolated him from human bondedness" (Mitrani 1993. p. 692).

Sub-theme summary and reflections. In this sub-theme I have shown examples where

psychotherapists have described failing to meet their clients in a number of different ways. Zeitner

(2008) describes how he was not aware of how his client was experiencing himself or the therapy.

Gerhardt (2009) and Andrade (2005) describe becoming aware, and therefore previously not being

aware that their interventions were unusable and ineffective for their clients. Mitrani (1993)

describes failing to meet her client with adequate containment as a result of her own overwhelm.

Gerhardt's and Zeitner's experience relates directly to not being aware of something about the

pathology of the client not identifying the defences used by the client as described in the first sub-

theme while Mitrani describes how it is not only the client who is faced with something too painful

to bear and too shameful to reveal, but also the therapist.

Missing the client is exactly what the obstructive object wants to happen, its main aim is maintain

the status quo; an un-attuned mother, because to come into contact with a good enough mother is

experienced as annihilating of the self. The clients, because of their excessive envy of the goodness of the therapist do not experience the therapist's reverie as a relief. On the contrary, by projecting this envy into the therapist, what might have been relieving anxiety is experienced as the therapist taking the client's own value away

Lack of Awareness - Theme Summary and Reflections

While working in the unknown is a normal part of work for a psychotherapist, what I have taken from my findings in these sub-themes is that the psychotherapist may have an experience where their countertransference in the moment alone can't be trusted, it can take a very long time to discover what is happening, the therapist experiences a false sense of trust and security and is cut off from knowing about the battle taking place within the client. Faced with meaningless communication and or a mismatch between client presentation and countertransference feelings the therapist struggles to make sense of what is going on. The ensuing feelings are of confusion and self doubt.

What the data shows in this theme is how particularly strong a pull there is with envy for everything to remain unconscious. This chapter describes the experience in the countertransference when you don't know what you don't know yet.

I have included a drawing (see Figure 6) from my reflection diary where I have sought to think through the way in which the therapist's countertransferential experience and the interpersonal and intrapsychic operations of the client, interact. The orange indicates what the therapists are aware of as described in the data in this chapter, the black and white indicates what was indicated to be outside of consciousness. I have for example coloured part of the disguised attack arrow
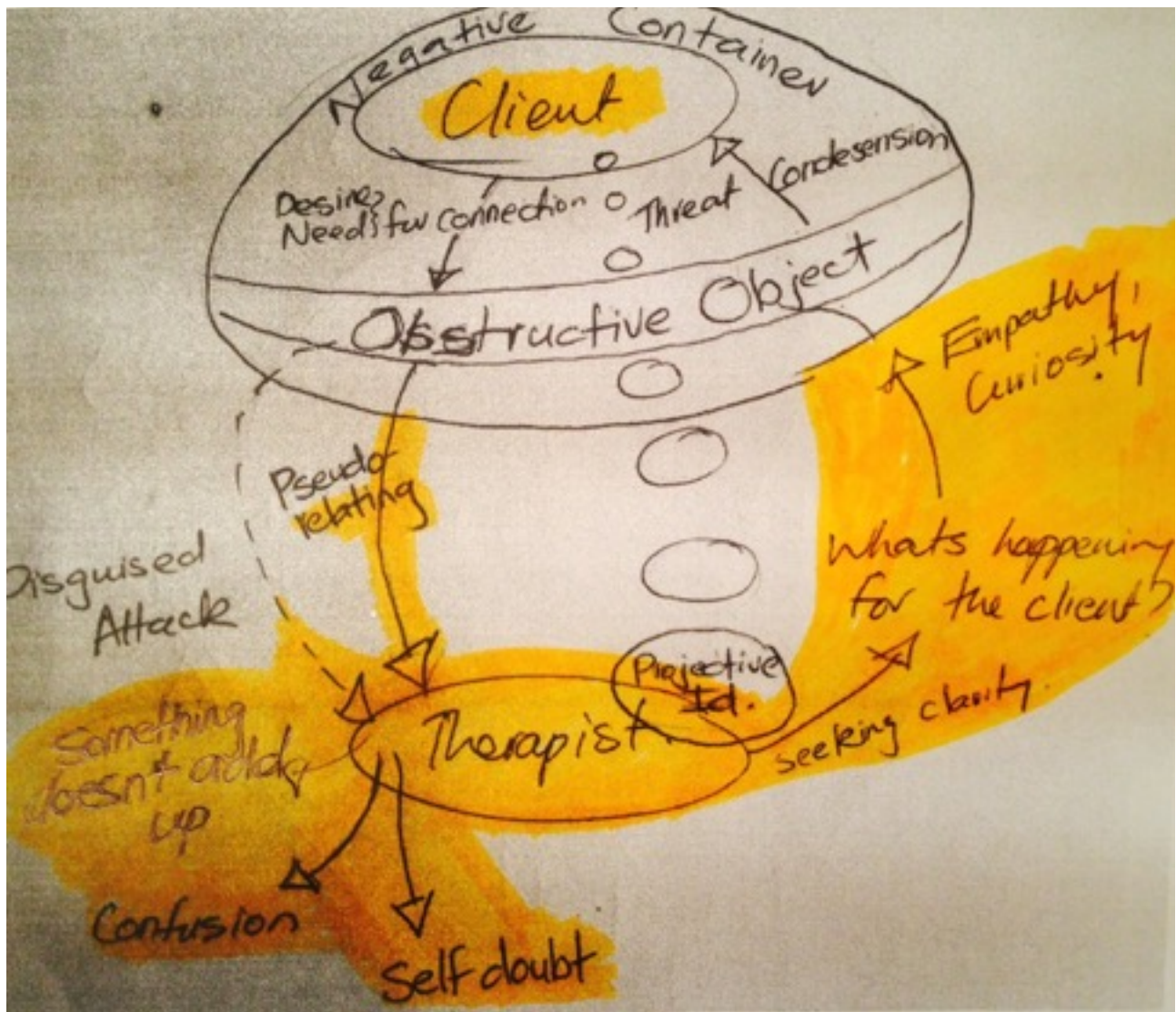
Figure 6. Journal drawing of 'Lack of Awareness'

indicated that this is felt but not fully recognised. In a similar vein I have coloured in the arrow from

pseudo relating but not the word pseudo, indicating that the therapists are not aware of the quality of

the relating, although they do so sense that something does not add up.

Chapter 5: Blocks to connection

The major theme of blocks to connection captures two key experiences, blocks made by the client or blocks made by the therapist. The first experience is evidenced by a cluster of sub-themes which are comprised of segments in the text where the psychotherapist is curious and attempting to connect with the client but is rebuffed, the sub-themes in this cluster are 'Noticing something missing in the connection', 'Excluded from connection', 'Trying to make a connection that is not harmful' and 'The impossible situation - Not being able to get it right'. The second experience comprises the sub-theme named 'Too much to bear' where the therapist blocks the connection and has lost their curiosity.

Noticing Something Missing in the Connection

The psychotherapists described an experience of feeling there was something about the connection with the client where it felt that the client was, not on the surface, but in some way blocking a genuine connection. The following text segments provide evidence of the experience of recognising something missing from the connection. (This could be thought about as the experience of recognising the non-relating as described in the sub-theme of the previous chapter 'Searching for meaning in non-relating confusion').

Mitrani (1993) describes a connection which is felt but just seems to keep disappearing "I also came to feel, over time, that just as we had begun to develop some tender and meaningful contact in a given hour he would arrive the next day seemingly untouched by the previous day's work" (p. 691). Khwaja (1997) describes recognising a pattern where her client moves in and out of relating, and lets us know that maintaining her own genuine relating in the face of this is so challenging that at times she also slips out of relating herself:

> The next three-to-four months of the therapy were full of possibilities, but nothing much developed. There was a constant giving and taking away, a slipperiness. Moves towards real contact were followed by hasty retreats to the old script. Similarly, I tried sometimes to stand up to this; and at other times I slipped into complicity and falseness. (pp. 109-110)

Zimmer (2010) recognises that the seemingly close and loving relationship he shares with his patient may in fact be less close and more blocked than it seems because he senses his client has built an invisible wall of protection so as not to be hurt by him.

> In the countertransference I felt quite known - and loved, in a way - by Daniel, who was a keen observer of details of my emotional tone, working habits, and patterns of thought. Yet my sense that he was anesthetized to any pain I might cause him left things feeling a bit thin (p. 641)

Zimmer (2010) then portrays the form this wall takes - his client, in a very sophisticated manner engages while also defending himself by trying to control how much Zimmer impacts on him and in doing so attempts to maintain a sense of omniscience and omnipotence:

> "Like right now," I said, "you interrupted me in order to let me know that you understood what I was going to say before I even said it, and to make a little joke of it. It's engaging but distancing at the same time, and you wind up feeling I didn't give you anything you didn't already have, and in fact, you haven't given me the chance to say anything you hadn't already anticipated." (Zimmer 2010, p. 643).

I put forward the argument that Zimmer's client is stopping him from being very empathic because for his client, even when Zimmer is 'good' he is 'bad'. From his client's perspective, experiencing Zimmer as good is actually just as threatening and perhaps even more threatening because from an envious mindset only one person can be good (Ulanov & Ulanov, (1983/2012). This is keeping with Klein (1957/1987) who pointed out that envy undoes splitting, crossing the divide between good and bad. The client envies the rich stores of empathy that Zimmer has and wishes to possess the empathy and the nourishment this brings, while also wishing to destroy Zimmer and his empathy which the client believes Zimmer is enjoying while he suffers.

Sub-theme Summary and Reflections. What I think is most evident in the texts here is that there is both a relationship and there isn't one. This is evocative of the double bind for the envious person (Laing, 1961) and is difficult to navigate for the therapist. In contrast to the emptiness felt by the client, abundant connection is longed for and yet connection is perceived to be impossible without disastrous consequences - loss of self. The solution? A kind of pseudo-relating. A

transitional space or psychic retreat (depending on how you look at it) where the client is relating

and in contact with the therapist while also not being. This is essentially the same phenomena as I

have discussed in the previous chapter within the sub-theme 'Searching for meaning in non-relating

confusion' where the ego is seeking contact but the obstructive object is ensuring that no real

connection takes place as this risks new development i.e. coming into contact with the goodness of

the therapist, which risks the client becoming aware of their highly disturbing feelings of envy, lack

of own self worth and ultimately loss of self. However the experience of the therapists in these texts

is different as here they are more consciously aware of what is happening. Nevertheless there is

such strong pull for the unconscious material to remain unconscious that even with a greater degree

of consciousness, the pull to slip down the slopes into complicity and falseness easily prevails

(Khwaja, 1997; Zimmer, 2010). The felt experience is of a strong seduction to go along with the

status quo. It is due to situations like this that in my opinion, Steiner (1993) warns of the danger of

transitional spaces, here the descriptions are of the therapist being seduced into joining the client, or

becoming complicit to a state of psychic retreat

Excluded from Connection

In this sub-theme the experience of lack of connection is described by the psychotherapists

as more stark, the psychotherapists describe feeling excluded by their clients and are left wondering

what their clients are experiencing as if on the other side of a high and opaque impenetrable wall (as

contrasted to the invisible one described in the previous sub-theme).

Some examples are: "It is difficult to grasp what is the subjective experience the patient

has" (Malcolm 1990, p. 391); "In this situation I became the one who was outside the house,

outside her thoughts, wondering what was going on in her mind" (Moser-Ha 2001 p. 717); "I feel

both excluded and demoted by Daniel's actions and declared a useless albatross by his

words" (Zimmer, 2010, p. 645). Malcolm (1990) wrote:

This new symptom became an absorbing subject in the analysis, and it was extremely difficult to move beyond extended descriptions of his impaired sight and medical explorations, and his terror of blindness. As a result, the insight obtained up to the time of the onset of the symptom was blocked, and a new all-absorbing static situation established itself with great intensity. Due to this all my attempts to reach my patient were barred (p. 389).

Waska (2011) wrote:

I interpreted, "You seem to see everyone, myself, your wife, and your friends, as all just moveable pieces in a puzzle designed to get what you want, when you want it. You don't seem to care about the impact you have on others in the process." Here, I was making what I call a confrontative and therapeutic interpretive observation. It is the use of one's countertransference to guide a firm observation that brings a connection between reality, self, and object (p. 249)

In the text Waska (2011) does not tell us directly what his countertransference experience is, the reader is left to infer. My interpretation goes something like this 'I feel like you don't care about the impact you have on me, you don't see me as a person but just a piece of your puzzle (much in the same way you see your wife and friends)'. I am reminded of Ulanov and Ulanov (2012) who describe one of the experiences of being envied as being violated by being made into an object.

Sub-theme Summary. Moser-Ha (2001) and Zimmer (2010) both feel excluded by their clients and are curious as to what is going on. Malcolm (1990) describes a psychosomatic symptom her client manifests which blocks all attempts to reach him. Waska (2011) portrays the way in which his client does not relate as subject to subject but rather subject to part object where Waska as well as the people in his life only perform functions for him. Left on the outside of the opaque impenetrable wall the therapists are aware that they are being excluded (unlike in the previous chapter where this was not yet in conscious awareness) and some describe identifying with the projected feeling of inferiority and uselessness.

Trying to Make a Connection that is not Harmful

In this sub-theme psychotherapists describe the experience of trying to make connection with their clients, or predicting that if they try, attempts at connection will result in an experience of

a perpetrator-victim dyad, the configuration is described as therapist as perpetrator and client as victim or vice versa.

"It was a challenge to discover a friendly access to that ego which was so full of bad objects, which was so mistrustful and hostile as a defence to allow it to survive" (Andrade 2005; p. 687). "When I invited a discussion of her feelings and motives, she responded dismissively that she wanted to bring me down from my 'lofty position'" (Zeitner, 2008, p. 1155).

Moser-Ha (2001) wrote about wanting to further understand but worrying this would be experienced as violence:

> [S]he gives me a disjointed account of something happening outside, or reports a dream without producing any associations, even though she clearly knows I am interested in hearing what her thoughts were. I felt a tormenting curiosity to know what happened and to dispel my incomprehension, yet I also had a feeling that if I asked her, this would be regarded as a tremendously violent intrusion…" (p. 716).

Barth (1998) illustrates both the rigidity and the fragility of her client's defences:

> Assuming that her "digs" were related to an empathic rupture of some sort, I searched for ways in which I might have hurt or disappointed Marilyn. Marilyn consistently denied either a hostile component to her comments or feelings of hurt or disappointment, but when I pressed her, as I sometimes did, she *then* felt hurt and reacted with the kind of fragmentation and loss of self-cohesion (pp. 205-6)

Sub-theme Summary and Reflections. Moser-Ha (2001) fears violently invading her client, Andrade (2005) struggles to find any common ground on which to stand with his, there is but room only for one to exist in his client's internal world - the other must be killed off. Zeitner (2008) invites his client to relate more closely by way of a conversation but is rebuffed with a defensive attack and Barth (1998) searches for a way to meet her client and talk about what is happening between them but this results in her hurting the client whose fragile ego can not withstand such contact. Here we see a match between the experience of the psychotherapist and what Ulanov & Ulanov (1983/2012) described 'you exist and I don't' or 'I exist and you don't'. Much in the same way as the client experiences a double bind about craving contact but contact being impossible, the

therapist faces a double bind about how to be a good object for a client who experiences a good

object as a threat to their own goodness, or even existence.

This experience seems to be fitting with theory of the 'obstructive object' (Bion, 1958, p. 146)

where as a result of envy the 'relationship' appears to be being stripped down of all good and is on

its way to be nothing but a therapist-client dyad of an empty shell of 'superiority-inferiority' (Bion,

1962, p. 97).

The Impossible Situation - Not Being Able to Get it Right.

In this sub-theme the material originates from the texts where I coded that psychotherapists'

experience was of being pulled in two seemingly mutually exclusive positions. Moser-Ha (2001)

wrote:

> I found myself in a very familiar dilemma: if I had interpreted to her that she was waiting
> for me to bring up the issue of changing our times, she would interpret this as meaning that a
> time change was more important to me than to her, giving her a triumphant sense of
> superiority. If I did not, she would have experienced it as neglect on my part" (p. 720).

Davies (2004) wrestled with an internal conversation with different self-state parts of herself:

> "From the recesses of my mind came a small and unwanted voice: "You know you could
> come in an hour earlier if you don't do school drop-off. You could see her. You would do
> that, you know, for some of your other patients; you have done it on occasion. You don't like
> to disappoint the children, but you've done it before. It's Karen; you don't want to do it for
> Karen." Now I was starting to feel really cranky. It had begun to feel as if even my
> own other self-states were conspiring against me. "But," I answered my annoying
> little voice, "I'll do it for Karen and she won't even appreciate it. I'll disappoint the kids, and
> for what? In two days it will disappear down the black hole of borderline entitlement, and
> the next time she's frustrated with me she won't even remember how hard I've tried to
> accommodate her." "Hmm … a diagnosis," retorted my voice, "borderline, no less? You
> really are angry. Who is this angry, petulant, withholding, unempathic Jody?" "Oh, shut up,"
> I countered…(p. 713)

Zeitner (2008) wrote:

> I experienced annoyance while I sensed her desire to mock me as the embodiment of a
> controlling male who was forcing her into submission. I observed my countertransference
> feelings, yet I frequently struggled with the most appropriate intervention. Should I set a
> limit on her eating or instead wait to help her understand her mockery of me and the
> analysis? (pp. 1153-1154).

Malcolm (1990) wrote:

> This common phenomenon I am describing often gives the analyst a curious feeling of hovering between thinking that the patient's action is voluntary or conscious or an unconscious bizarre behaviour and between the feeling that the patient is re-enacting something or that he is plainly lying (p. 388)

This sub-set describes instances in the texts where psychotherapists being caught in what feels like an impossible situation. Moser-Ha (2001) describes being caught in a double bind where whatever she does is wrong and yet feels she must chose one of these options. Davies (2004) and Zeitner (2008) illustrate a dilemma about how to respond to a 'request' from their clients to change the frame, they both wonder how much to maintain their ground and how much to submit, how much they will become the bitch or the controlling male that their clients perceive them to be, and how much can they tolerate becoming these images. Davies (2004) describes her internal process where different self states have taken opposing sides. Malcolm (1990) is torn about whether to consider his client's actions as conscious and intentional or not.

Too Much to Bear

In the texts, therapists describe a number of ways in which they shut themselves off from the client, this may take the form of directly shutting out the client or shutting out their feelings while with the client. Because this sub-theme is comprised of a large number of text excerpts I have included my thoughts and interpretations throughout the text examples as opposed to leaving them to the end of the section.

"There were times with Ms A. that I felt I had to cordon off a part of myself to preserve my sanity and emotional resources for *my own* [original italics] daughter and for myself or risk being eaten alive! (Gerhardt, 2009, p. 287). Gerhardt also wrote:

> Only by attending to the subtleties of my countertransference—especially my slight emotional withdrawal, physical tightness, and self-protective edge with Ms. A—was I able to shift from enacting the role of the narcissistic mother who secretly quarantined her self off from her child's non-symbolic mental functioning, i.e., the abject, terrified, and envious child to become a more emotionally receptive, sensitive-to-the-child's-rhythms mother who

was able to take in and register her child's vulnerability-pain and transform it into something usable" (p. 286);

My interpretation of what Gerhardt (2009) says here goes something like this 'I enacted the role of the narcissistic mother and secretly quarantined myself off from my client's non-symbolic functioning, I was not emotionally receptive or sensitive to the client's rhythms, I was not able to take in or register the client's vulnerability-pain and transform it, because it terrified me, it was overwhelming and so I instead protected myself from this terror and fear of annihilation'. This then resulted in not being available to connect and contain the client. What is interesting also is that it was only by paying careful attention to her countertransference that Gerhardt was able to become aware of her defensive manoeuvre.

Zeitner (2008) described numerous times how he was in contact with his client while also shutting out emotional connection with himself and also with her; "Attempting to regain my equanimity, I responded with a trumped-up composure (which was likely experienced by the patient as 'too cool')" (Zeitner 2008, p. 1154); "Here I made an interpretation that was technically accurate, but was perhaps experienced by the patient as exceptionally reserved and avoidant of the essence of her attack" (Zeitner 2008, p. 1154); "I responded to this piece of startling family history with a sense of sadness …[however]… I made an intellectually bound interpretation that, while technically accurate, avoided addressing the essence of her depression and other affects" (Zeitner 2008, p. 1160-61). What I take from this final quote is that Zeitner felt sad but I didn't express his sadness or acknowledge hers, which in effect meant that he did not share or connect in the experience of sadness with his client but rather distances himself from it and from her.

Mitrani (1993) wrote about the way in which she used theory to block off the highly unpleasant, terrifying experience which the client required her to share in and contain:

> It seems, in retrospect, that at first I had been unable to tolerate the full extent of the state of uncertainty and suspension to which Mr B had been subjected as a very small and helpless child….Relying on theory was perhaps my way of compensating for and dealing with those unbearable feelings of helplessness which Mr B evoked in me. Although I may have

been correct in my sense of the nature of the caretaker-within-him, which he had created in order to survive his childhood disillusionment, I had failed to provide him with adequate containment for that little-him, who had been so abandoned, once the atmosphere of that abandonment was unwittingly recreated in the analytic setting. Not until I began to rethink my own experience was I able to provide sufficient 'holding' for the baby-him, so that he could relax his attachment to that self-made caretaker which had isolated him from human bondedness (p. 692-3).

Interestingly to me, Mitrani (1993) names that it is through remaining connected to and having her own experience of uncertainty and suspense that she is able to remain open to her client. This idea has influenced my reading of a number of the following text examples, particularly those of Davies (2004) and Khwaja (1997).

Khwaja (1997) wrote:

My own feelings were at times projected into my supervision group and into the members of a workshop in which I also presented Mr T. With my supervision group, I often apologised for subjecting them, yet again, to this man. It would be quite some time before I could connect this to my not wanting to be with him. At times, I could appreciate that they disliked this man, and that I wanted to feel free like them to be able to do so, knowing that somehow I could not get to those feelings. But for some time I think I felt, preconsciously, that the hatred was too raw, too dismissive and untempered by concern, and therefore had to be kept at a distance" (Khwaja, 1997, p. 110).

Khwaja (1997) is not able to bring herself to come into relationship with her hatred for her client because it feels 'too raw, too dismissive' and too dangerous. She seems to attempt to protect both herself and her client from this perceived danger, however in doing so blocks herself from connecting with her experience and therefore with her client. The following quote from Khwaja (1997) seems to further illustrate my point:

It was very difficult to know about my own feelings, to be myself, to be honest and genuine. For instance, towards the end of an early session, which in retrospect was empty and devoid of contact, I started to cough. Mr T became anxious, and asked 'Is it a cold, or have you got a frog in your throat?' It was perhaps the first time in the session that he had actually registered my presence. The coughing was probably something to do with my irritation with him, something I could not continue to swallow; but I was not able to think about this at the time, and instead quickly responded to his question with a reassurance. But my coughing did seem momentarily to connect him with reality (pp. 106-107)

Khwaja writes that the cough was the first time that her client registered her presence, I wonder if by suppressing her feelings, she names irritation, that she is indicating that she could not tolerate being there with him, even when her cough 'outs' her and forces her to be, she quickly retreats with a reassurance. She also says that she wasn't able to think about her irritation however it seems to be that she is also saying she wasn't able to really feel her irritation, both of which led to not being able to metabolise it, and therefore not being able to come into relationship with her client or help him to do the same with her.

Davies (2004) described her inner dialogue where a part of her expresses a desire to get rid of the client in order that she does not have to feel or think about certain aspects of herself

> 'This is old stuff, an old place, not an issue for me anymore. It's her; it's Karen. She has an uncanny ability to bring all of this stuff out of me.' 'Sure," came the inevitable reply. 'And if she gets angry enough and goes away, then that part of you can skulk back into the cave marked Old News—Need No Longer Think About, and you can be safely self-satisfied again.' 'That's right,' I said" (Davies 2004, p. 713)

Davies (2004) also wrote:

> I try to hold on to her hateful image of me, to work with it clinically, to understand its meaning and history. But parallel to my therapeutic self, I seethe at her description of me and I struggle against it. I am ashamed of the things I feel. There is something about the notion of "working through the negative transference" or "being a bad object" that seems somehow unequal to this moment—*too* in the past, *too* in the other, *too* defined by distortion to capture what is happening. For in this moment it is not simply that Karen hates me, or that I have reached a place where I hate her. What is most significant, I believe, is that we have reached a place together in which I hate the self that I have become with her. I AM the bitch she describes, and I am horrified and chilled by the ice that lies below the surface, hardening over the well of good intent and affection that at other times defines the more loving relationship we "also" have" (Davies 2004, p. 715)

Here she describes the challenging experience of battling with herself to remain open to a painful experience of herself which feels 'too much', much like Mitrani (1993) and Khwaja (1997). She struggles to reconcile her therapeutic understanding of the experience and process, with her 'personal' feelings about what she feels she is being forced to 'become' (Bion, 1959) which in turn

ignites a desire to fight off this experience. From my perspective, fighting off the experience would close off her containing of the client's material and therefore connection to the client.

Andrade (2005) wrote about his client: "He had had four analytic experiences in the past, which had probably been interrupted by countertransference feelings on the part of the analyst" (Andrade 2005, p. 686). What I find most interesting in this quote is what Andrade is and is not saying about his own experience with this client, I wonder if this indicates an internal process of distancing from his emotional experience with the client. For example he doesn't say that his own countertransference was being tested and could have the potential to impact the therapy, while at the same time by writing about his hypothesis that this happened with other therapists it seems to me that he is pointing to this being the case. What I think we can really take from this piece of text is that it is a commentary on how hard it is to look into the experience of being envied. Andrade pointing this out could be a defensive manoeuvre which talks about how hard his own experience is, but also he is pointing out something realistic which is that his client has gone through a lot of therapists. And as evidenced in the text examples, it is not just his client, but clients who suffer from malicious envy in general who are particularly difficult to work with.

Sub-theme Summary and Reflections. In these text examples the therapists, by describing the ways in which they block out both the client, the clients experience and their own countertransferential feelings, illustrate the intensity of the unbearable feelings and states of mind which the one's defence mechanisms work so hard to keep in the unconscious when working with maliciously envious clients. I will explore the theoretical underpinnings related to these circumstances in the following section.

Theme Summary and Reflections

The first cluster of sub-themes gives evidence of the therapist's double bind in working with envious clients: efforts to understand are labeled as patronising because empathy and 'goodness'

from the therapist is experienced as a threat to the clients existence. The distorted lens of envy renders any reparative gestures useless and leaves the therapist feeling excluded, confused, self blaming and helpless.

The last sub-theme provides evidence of the ways in which therapists block relating with their envious clients. Blocking connection appears to emerge out of a sense of needing to protect oneself (Gerhardt, 2009; Zeitner, 2008; Mitrani, 1993; Davies, 2004; Khwaja, 1997) and in some cases also the client (Davies, 2004; Khwaja, 1997) from the prevailing feelings of threat that one will be eaten alive, overwhelm, hatred, anger, helplessness, or confusion. In other words, intense emotional experiences of infantile anxieties of annihilation, chaos, and overwhelm which have never before (or never sufficiently) been contained, digested and returned to these clients but have instead been projected out and then projected back together with a negative containing function rather than a healthy digesting containing function.

Furthermore what makes facing into these deeply disturbing countertransferential experiences all the more challenging is that due to the particular nature of envy, the therapists begin to experience a disintegration of trust in their own goodness, so not only are they faced with psychic attack from the client but also from within. I wonder if this comes about because the therapist begins to internalise a negative containing function from the client?

Faced with attack from the client and from within, the difficulty the therapists face in terms of maintaining their own minds, continuing to be able to think and 'be' as well as facing the challenge of 'feeling into' or 'becoming' (Bion, 1959) that which the client needs them to be. It is not surprising to find in the text that the pull to join the client in a type of pseudo-therapy or pseudo relating is described as very alluring.

Psychotherapists describe disguising or denying their feelings, secretly quarantining themselves off or used theory to distance themselves from the the experience of being with and relating to their clients. Davies (2004) description of her desire to get rid of the client and away

from the feelings which she experienced with her seems reflective of many other experiences in the texts.

One way of thinking about the blocks to connection as described by psychotherapists in the dataset and discussed in this chapter is illustrated in the diagram from my reflection diary below.
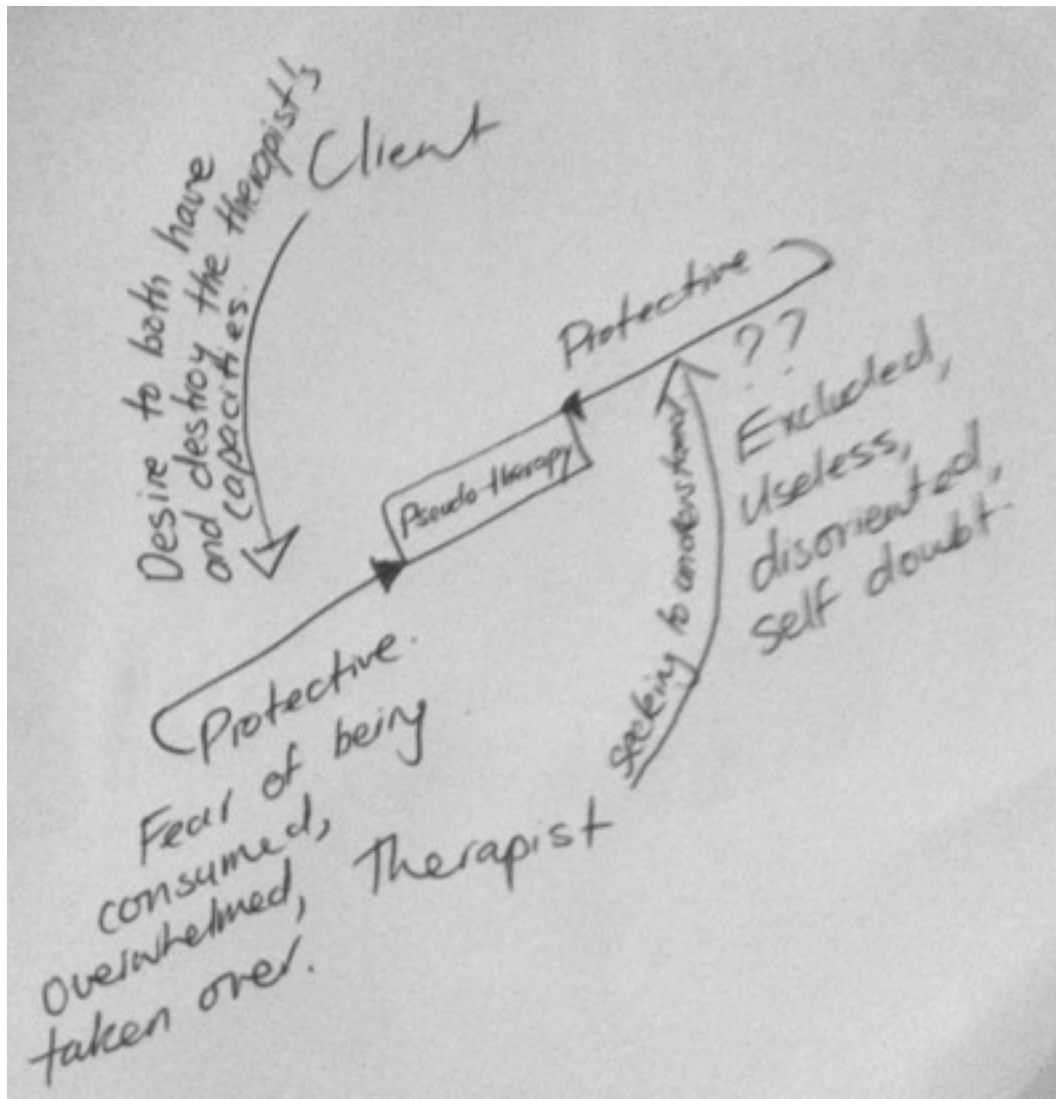
Figure 7. Journal diagram of Blocks to Connection

Here I have drawn the way in which the therapist attempts to understand the client but is rebuffed resulting in feelings of being excluded, useless, disoriented and self doubting. Additionally, in response to the client's desire to both have and destroy the capacities of the therapist (such as the capacity for creative thought and empathy) the therapist responds with fear of being consumed, overwhelmed and taken over (interestingly these are the same fears the envious clients have in

response to the contact they both crave and fear). I have attempted to indicate in my diagram that

both client and therapist may avoid connection by resorting to a type of pseudo relating, or pseudo

therapy as I have labelled it above.

Chapter 6: Anger, Hurt, Fear and Blame

This theme is about the emotional responses, feelings or affect states which psychotherapists experienced as part of their countertransferential responses with maliciously envious clients. I have included blaming in this major theme as I consider feeling states and the resulting blame; forming judgement and holding responsible, to be highly interwoven. The sub-themes which group together to form feeling responses are 'Feeling angry or irritated at the client', 'feeling worn down, hurt, helpless and hopeless' and 'feeling shocked, surprised or fearful'. The two sub-themes which fall under the blaming experience are 'blaming or judging the client' and 'blaming oneself'.

Feeling Irritation, Anger and Rage

The psychotherapists described feeling anger and irritation at their clients, at times this was described as a direct response to feeling hurt, disrespected, undermined or ridiculed by their clients. Examples of these descriptions are as follows; "[Theorising] did little to help with my countertransferential irritation with Marilyn or frustration with the progress of the analysis" (Barth 1998, p. 206); "I felt pronounced annoyance at this flagrant manifestation of derision" (Zeitner 2008, p. 1157); "That's right I said, by now consumed by oppositional but entirely self-righteous entrenchment… My heels dug holes in the carpet. Karen and I glared at each other in silent rage" (Davies 2004, p. 713-714); "In the countertransference, I felt outraged. I couldn't believe how cold and manipulative G was" (Waska, 2011, p. 9); "though it was of course difficult to handle a situation in which I could not manifest myself as a distinct person, which was what generated negative countertransference" (Andrade, 2005, p. 687); "I felt irritated and patronised; and I let him know - though not in a direct way - that I could see that under the guise of reassurance, what he was really doing was attempting to undermine me" (Khwaja, 1997, p. 109). Khwaja (1997) also wrote:

> I felt aware of my rage and frustration. I was become more consciously aware of my countertransference and I now knew that it was I, and not just my supervision group, who found being with him an unpleasant experience; and that it was I who felt furious with him" (p. 113);

Mitrani (1993) wrote:

> [H]e began by deriding me in a particularly cruel way, and I felt at the same time irritated and hurt as he twisted my words around, claiming that the insight which he had gained on the previous day was owing to his own self-examination, which had occurred after the session had ended (p. 691)

Sub-theme summary. Barth (1998) felt irritated with her client and frustrated with the lack of progress of the analysis, Zeitner (2008) felt annoyed at his client for ridiculing him, Davies (2004) and her client felt rage at each other, Waska (2011) felt outraged at how cold and manipulative his client was, Andrade (2005) experienced negative countertransference (not further clarified) in response to feeling controlled, I have guessed that he means something like annoyed although this is conjecture. Khwaja (1997) describes first feeling irritated at her client's attempts to undermine her and then later gets more in touch with her feelings and describes feeling furious with her client. Mitrani (1993) feels irritated and hurt in response to her client ridiculing her and then 'stealing' her good ideas. The range of affect experienced ranges from irritation and annoyance to fury (wild or violent anger), rage (violent uncontrollable anger) and outrage (an extremely strong reaction of anger, shock, or indignation). The most commonly described feeling in the anger spectrum across the dataset is irritation. Although I am not sure if this accurately represents the actual experience or if it also represents the difficulty in viewing oneself as being more intensely angry or enraged, perhaps fearing (feeling as if one is) becoming the bad object

The experience of anger, (together with pain and fear which have also proven to be a common countertransferential response in the dataset and are discussed later in this chapter), were named in the literature by Ulanov and Ulanov (1983/2012) as the resulting emotions from envious attacks. The finding of this research are in accordance with this.

The emotional experience of anger is a very strong one, Davies (2004), for example, describes becoming consumed and entrenched in it, while Barth (1988) notes that theorising did nothing to ease her emotional experience of anger. Having spent some considerable time

unconscious to this feeling, or protecting themselves from this experience some therapists describe

here how they are essentially taken over by the feeling of anger.

Feeling Worn Down, Hurt, and Hopeless

At times the psychotherapists described feeling worn down, or crushed by their clients, "the

insistent manner of reporting these dreams stirred up countertransference leaving me feeling

barraged" (Gerhardt, 2009, p. 286); "my countertransference was still tested with G because he

treated me without any emotional value…I felt … a part of a *lifeless* mechanical

procedure" (Waska, 2011, p. 7?); "I was absolutely crushed, feeling that he had stolen my 'good'

understanding and was now threatening me with abandonment" (Mitrani, 1993, p. 691); "it seemed,

at times, that there would be no end to grievances and that we - patient and analyst - were both

locked in the perpetual painful situation of being hurt and hurting" (Moser-Ha, 2001, p. 719)

Davies (2004) wrote:

> our relationship itself had remained tense and unpredictable, fraught with unexpected twists
> and turns, seemingly impossible demands, sudden disappointments, frustrations, and angry
> outbursts. There was little that was fluid and comfortable. As I came into the waiting room,
> Karen was hunched over inside an enormous down jacket. Her face was particularly stormy
> and brooding, even for her. My heart sank, and my spirits took a nosedive (p. 712).

Zeitner (2008) wrote about the way in which his client toyed with him, leaving him feeling useless

and anxious:

> She said that instead of sex with him, she would rather possess *me* and be on top of me in
> intercourse, while adding, "I also want to hurt you." When I would make any intervention
> that was intended to expand some insight about her needs, desires, repudiated tenderness, or
> the analysis as experienced by her as a submission, she would teasingly make puns on my
> words while reducing them to a sexual parody. (Here I felt impotent with my words and
> what I offered her.) She commented that she enjoyed making me squirm. (And indeed I did
> squirm) (p. 1155).

Malcolm (1990) describes a stuck situation which I understand as feeling hopeless "there was some

understanding between us that the main meaning of the dream was the realization of the static

position created in the analysis; we go up and down, i.e nowhere" (p. 387), Malcolm also writes

"the analyst has vague feelings of guilt, sometimes mingled with irritation or despondency" (Malcolm, 1990, p. 386).

Zimmer (2010) describes feeling rejected and inadequate as the result of an unacknowledged attack:

> As Daniel continued talking, I found myself taking a deep breath. I felt as if I had been punched in the gut. It was clear that he was unaware of the hostile statement he had just made—disguised as "reciting" a song lyric…I felt contemptuously rejected, inadequate as both solace and help to him. (p. 643)

Sub-theme Summary and Reflections. In the text excerpts gathered together under the sub-theme titled 'Feeling worn down, hurt, and hopeless' the psychotherapists describe feeling overwhelmed, crushed, lifeless, hopeless, helpless and inadequate in response to their clients' fraught unpredictable demands, anger, bombarding manner of relying information, expressing a desire to possess and hurt them, unacknowledged attack, treating them as non-human and feeling caught in a perpetrator-victim dyad. Here, my view is that we can see the effects of the envious attack on all that is alive within the therapist - loss of self-regard, self-respect and self-esteem, loss of curiosity and loss of hope.

Feeling Fearful, Surprised or Shocked

The psychotherapists described feeling anxiety with their clients, this took a number of forms including feeling fearful, shocked, surprised, startled or taken aback by their clients. Some examples are as follows; "I often felt preoccupied with the fantasy of her as a hyena silently watching its prey—me—and waiting for the right moment to attack" (Moser-Ha, 2001, p. 720). In a similar vein Gerhardt (2009) noticed his countertransference as "slight emotional withdrawal, physical tightness, and self-protective edge" (p. 286), while Zeitner states (2008) "I became consistently cautious, measured, and vigilant about my word choice, inflections, and even my appearance and body posture as I greeted her" (p. 1150) and "I often felt immobilized (sic) by her, with really nothing to say or to add. (Here it was clear that I was moved by the patient into a state of

avoiding-being-castrated)" (p. 1155). Connolly (1993) wrote "Just before the holiday, she had warned me (in a manner of speaking) that I must not distress her by putting up the fees at the end of her first year of therapy…I was tempted to do so!" (p. 91)

Davies (2004) wrote:

> From deep within her stare I detected a gleam … a noticeable quantum leap in energy and excitement. In response, my stomach churned and my muscles stiffened. Even before words could explain, it seemed as if my body knew that *something* was coming, and my body told me it wasn't good. It must mean that we had occupied this place before … that my muscles were remembering, before my mind could catch up, that something dangerous loomed ahead of us" (p. 712)

Waska (2011) wrote:

> I said, "You seem to be talking about giving up the house and not living with the family in a way that makes it sound like you would be without your favorite toy, you favorite piece of property." Even though I had been exposed to his concrete narcissistic void of feelings many times by now, I was once again taken back when he said, "Yes. That is what it is like." (p. 255)

Zeitner (2008) describes an attack and then his emotional response:

> She paused momentarily, then replied with a slightly derisive tone that she had had a dream the night before in which she wanted to shock me by telling me, "I want to suck your dick." (Here I was stunned by her aggression.)" (p. 1154).

Andrade (2005) wrote that he was careful not to appear different to the client.

> "He could not bear to be told things he had not expected to hear, and reacted with rage, attempting to exercise tyrannical, suffocating power. In truth, he was seeking to suppress my very existence, as though I should be his echo … That was why I would have to be careful not to appear different—though it was of course difficult to handle a situation in which I could not manifest myself as a distinct person, which was what generated negative countertransference" (p. 687).

I am left feeling unsure whether Andrade's response to comply with his client is a form of vigilance or something about Andrade's theoretical formulation and treatment, or both. It is also not clear what his negative countertransference feelings are, are they for example fearful or irritated, both or neither? However other therapists in the dataset have described becoming vigilant and named this as being related to fear so this contributed to my view of his actions relating to fear also.

Sub-theme Summary and Reflections. In the above text excerpts the therapists describe their anxiety in terms of body responses 'stomach churned and muscles stiffened' and 'physical tightness', they describe their behaviour as becoming vigilant and either complying or being tempted to comply with their client's wishes and the words they use to describe their emotional responses are 'stunned' and 'taken aback'. One psychotherapist is preoccupied with a fantasy of being attacked by her client (Moser-Ha, 2001). These experiences of body sensation, feelings, thoughts and behaviour are noted as being in response to intimidation, attack, perceived danger, anticipation of attack and shock at the sterility of one client's internal world (Waska, 2011).

I am interested to note the constricting element of fear, and find the fight, flight, freeze responses coming to mind. It is popular knowledge that when one enters into this state of mind it is the instinctive responses which rule rather than higher levels of thinking and reflection

Blaming or Judging the Client in a Negative Light

The psychotherapists described judging or blaming their clients. To judge someone as something is to form an opinion about them or decide something about them while to blame is to assign responsibility.

"I felt quite confounded in the counter-transference and wanted to scold him and judge him" (Waska, 2011, p. 9) "I wanted to make some sort of judgment cloaked in therapeutic advice to start living in a more healthy and caring manner" (Waska, 2011, p. 11). "I think the patient would pick up in me an attitude that revealed my inclination to ascribe responsibility for the countertransferential discomfort to him" (Andrade, 2005, p. 688); "Almost for the first time in the therapy, he seemed to be a real human-being and I felt sympathetic towards him" (Khwaja 1997, p. 112). In my opinion Khwaja is saying that at this point in the therapy she felt sorry for the client and up until this point that her client has not seemed to be human to her and she had not felt sympathetic towards him. The opposite of sympathetic is something like disdain - to consider unworthy of

consideration or respect, so Khwaja is letting us know that previously she had judged her client to be unworthy of consideration or respect.

Davies (2004) wrote:

> To make it worse, Karen was coming next. At that moment I needed someone "easy"; someone who would be willing to cut me a little slack in my present condition. But that was not to be. One could simply never hide from Karen's keen and unrelenting eye. She was never easy!" (p. 712)

Malcolm (1990) wrote:

> The impression in the session was of a great activity, giving the illusion of something continually happening, when actually from an analytic point of view the one and main thing that was happening was the neutralization and destruction of my work….This common phenomenon I am describing often gives the analyst a curious feeling of hovering between thinking that the patient's action is voluntary or conscious or an unconscious bizarre behaviour and between the feeling that the patient is re-enacting something or that he is plainly lying" (Malcolm, 1990, p. 388)

Andrade (2005) wrote:

> He received any observation related to his state with hostility. At the beginning, I was given the impression that he was trying to transform the setting into the chaotic atmosphere familiar to him, *provoking me to mistreat him* [italics added] as his parents had done. (p. 686).

Andrade (2005) also wrote:

> In order to make the analysis possible it was necessary for me to realise that he did not want to drive me crazy, nor did he want to transform the analytic setting into the chaotic atmosphere of his parents' house as a form of sadomasochistic repetition" (Andrade 2005, p. 687).

> **Sub-theme Summary and Reflections.** In these text excerpts which were grouped together

as examples of the therapist blaming or negatively judging the client, psychotherapists have

described feeling critical, dread, mistrustful or sceptical and apathetic towards their clients. These

responses arose out of perceiving their clients as lacking in empathy, being 'difficult', manipulating

and controlling, not treating others as human, lying, intentionally creating chaos, intentionally

creating discomfort for the therapist, not living in a way the therapist viewed as healthy and

destroying the therapist's work.

What came to my mind in identifying these particular descriptions in the dataset was the Kernberg-Kohut dispute about the aetiology of envy in their narcissistic patients. I found myself thinking, yes of course the therapists are blaming the clients the clients are behaving horribly. On the other hand I thought, what do you expect? This is the reason the client is in therapy. I noticed how easy it was to be drawn into the blame game about whose responsibility it was as opposed to say seeking to understand what was going on.

What I think we see here is a representation of Bion's negative container which he conceptualised as having two parts. In this case the therapist (like the mother) can't tolerate the client's emotional outpourings (projections), and comes to hate the client and themselves and therefore projects back in reverse the client's hatred of them for their rejection of the client. The second part is the clients whose capacity for communication is severely damaged thanks to the splits created and maintained by the obstructive object (as discussed in previous chapters) and therefore predominately communicates through projective identification. As already noted projective identification serves two functions, it is both a defence and a form of communication. So it could be thought about as the client both trying to destroy the therapist and desperately trying to get a message to the therapist, there are many pitfalls to this, the one described here is that the therapist gets caught up in the conflict rather than seeking to understand it.

Blaming oneself

Psychotherapists described in the texts feeling responsible or blaming or turning against themselves. Moser Ha (2001) wrote " I felt as if I had become a cruel analyst who could not empathise with the patient's plight of defensive struggles" (p. 719). Connolly (1993) stated "I began to understand something of the meaning of these countertransference feelings - sometimes of despair of ever being a good-enough object for her … the almost unavoidable feeling of incompetence" (p. 89). I understood this to mean that she despaired that she would never be a good enough object for the client and this led to feeling incompetent. Further examples are as follows; "I

often felt vaguely dissatisfied with myself after sessions with Marilyn. Sometimes I was critical of

my clothing, other times my analytic style or even my general personality" (Barth, 1998, p. 205); "I

felt suddenly slow and stupid, my cold a matter of immunological ineptitude" (Davies, 2004, p.

712); "I was left with confusion, uncertainty and insecurity about my judgement as an

analyst" (Moser-Ha, 2001, p. 718). "I would listen in earnest, trying to find links in the material he

brought, and would feel that if only I was more clever or more imaginative I would be able to find

connections and meaning" (Khwaja, 1997, p. 106). "I felt … inadequate as both solace and help to

him" (Zimmer, 2010, p. 643). "I feel both excluded and demoted by Daniel's actions and declared a

useless albatross by his words" (Zimmer 2010, p. 645). Zimmer's (2010) reference to an albatross is

in my opinion likely a reference to the saying 'albatross around your neck'. In the poem *The Rime*

of the Ancient Mariner, by Samuel Taylor Coleridge, a man on a ship kills an albatross which is

then hung round his neck to show that he has brought bad luck. This reference has come to mean

something that someone has done or is connected with that keeps causing problems and stops you

from being successful. In other words Zimmer's client views Zimmer in this way and he then

appears to identify with this image.

Moser-Ha (2001) wrote:

> I gradually began to feel that I had been reduced to being a listener who just felt stupid and
> diminished, which added to any creeping doubts about my analytic abilities. She described
> the situation in such a way that I had to believe that actually there might be no hope of
> change, and that therefore I was an incompetent and useless analyst (p. 718).

The following quote from Davies (2004) encapsulates both a negative self image (I'm not a helpful

therapist/person) as well as some blame towards the client for feeling this way:

> `   But what of me? What of my complex reactions to this evocative, provocative moment, so
> reminiscent of many moments with Karen? "Who needs this?" I thought. "If I'm so awful,
> why doesn't she just quit? So many interesting referrals I'm not free to take, and I'm not
> helping her one iota … uh-uh … not one little bit." In this moment, I struggled to evoke
> images of patients I thought that I was helping: patients who saw me as warmer, more
> caring, more therapeutically helpful than Karen did; patients who affirmed my own
> preferred vision of myself, patients who I thought saw me more "accurately." (p. 713)

In focusing on the negative self image aspects of what Davies (2004) writes here I understand her to

saying that she feels unhelpful as a therapist, cold, and uncaring.

On several occasions psychotherapists described being the recipient of an emotional attack from the

client which left them feeling as if they had invited this or were in some way responsible, or felt a

pull to blame themselves:

Barth (1998) wrote:

> Because her comments were always accurate observations of things about myself of which
> I was, to say the least, not fond, I often felt as though I had been hit and then told that it
> was my own fault—I had asked for it (Barth,1998, p. 205).

Khwaja (1997) wrote:

> He said this in a sort of seductive tone, as thought he was giving me what I asked for; and
> left me feeling stripped and violated, back in the script as just a body, left again with a guilty
> feeling as though I had invited this contempt (Khwaja, 1997, p. 109).

Sub-theme summary and reflections. In the text excerpts which I have selected to

demonstrate the sub-theme of 'blaming oneself', the psychotherapists have described feeling stupid,

unempathic, cruel, doubtful of their analytic judgement, style and ability, incompetent, inadequate,

critical of their own clothing and personality, unhappy with themselves, inept, slow and feeling

responsible for the lack of success of the therapy. Barth (1998) and Khwaja (1997) both describe

experiences where they feel responsible for the attacks their clients inflict on them, Khwaja (1997)

also explicitly names feelings guilty. Bion described a manifestation of attacks on linking as 'minus

K' or reversal of learning (Malcolm, 1990). In minus-K the subject renders anything coming from

the object as useless or without value which resolves the difficulty of acknowledging that something

of value is coming from outside, but also ensures that nothing of any value can reach the subject.

Here we see the therapists internalising this attack on their own sense of goodness resulting in a

pervasive sense of helplessness, passivity, loss of control, pessimism, negative thinking, strong

feelings of guilt, shame, remorse, self-blame hopelessness and despair

Theme Summary and Reflections While the previous chapter showed evidence of, described and explored the experience of avoiding the emotional experience, this chapter is about being in, being overwhelmed and being consumed by the emotional experience. The perpetrator-victim dyad can become an endless destructive cycle. The deadly, destructive obstructive object ceaselessly and aggressively attacks the self and the other. Through projective identification, the other is experienced as a vicious perpetrator. Lacking the means to defend the self from the internal and external threats, the self attempts to hide. In a desperate attempt to manage the overwhelming persecutory anxiety, the unwanted aspects of the self are disowned through splitting, denial, and projection. In this hostile internal and external environment persecutory experience can be endlessly projected and re-introjected by both client and therapist.

Chapter 7: Difficulties in Thinking

Introduction

This theme is about difficulties in thinking which the psychotherapists described experiencing while engaging with their clients. I grouped a number of sub-themes together to form this overarching theme of difficulties in thinking or processing. These sub-themes are 'Difficulty in processing thoughts', 'Experience of being or feeling controlled', 'Enactment - Acting rather than thinking', and 'Persisting in the face of pressure to give in'.

Difficulty in Processing Thoughts

Some psychotherapists wrote overtly about an experience of difficulty in thinking in the sense of a difficulty in processing their thoughts. "In the session, I struggled to keep my thinking alive" (Khwaja 1997, p. 108). "My thoughts felt minced, and my interpretations were immediately thrown back at me" (Khwaja 1997, p. 113). Waska (2011) wrote about a difficulty in remaining curious and thinking about his client in the face of a huge pull to judge and scold - "I realised I was mostly just stupefied and overwhelmed at how lacking in feelings he seemed to be" (p. 255). Connolly (1993) hypothesizes that it was feeling guilt which stopped her thinking; "the aura of guilt … may in part have prevented me from dealing with the question in a sufficiently forthright way" (p. 88). Later she also describes "by aggressively attacking my thinking and creating confusion in my mind, the links had been attacked" (Connolly 1993, p. 93).

Sub-theme summary. The therapists in the dataset describe the experience of their thoughts being cut up into little pieces, loosing their form and being killed off. In looking at psychoanalytic theory one way of understanding what is happening here is to consider that the therapists' capacity to think, be curious or creative is threatening to the envious client's psychic structure because as already discussed throughout a number of chapters any capacity for 'new life' reaching the client runs the risk of bringing the client in contact with the reality that all goodness does not exist inside of them alone, that they are not omnipotent or omniscient. The obstructive object as described by

Bion (1959) works to protect the client from becoming conscious of this reality by working to incapacitate the therapists and in doing so avoid feelings of inferiority, dependence and separateness.

Experience of Being or Feeling Controlled

In the texts psychotherapists described being controlled or feeling a pressure to be controlled, in what one thought, said or did. Examples from the dataset are as follows; "I was not allowed to expect anything good from her" (Moser-Ha 2001, p. 717), "I too found it difficult to say no to him" (Khwaja 1997, p. 108); "I was made to feel the pressure of the intensity of her need to feel in charge and not to have too much asked of her" (Connolly 1993, p. 87); "I became consistently cautious, measured, and vigilant about my word choice, inflections, and even my appearance and body posture as I greeted her" (Zeitner 2008, p. 1150); "I would have to be careful not to appear different" (Andrade, 2005, p. 687). Malcolm (1990) wrote:

> "Finally I managed to say that I thought that something was going on which we did not seem to manage to meet; and that most of my attempts to say something were interrupted and discarded by him; and that his preventing me from talking must make him feel me unsupportive and unhelpful" (p. 386).

Here Malcolm (1990) is describing breaking out of being controlled by making his intervention. He does however demonstrate the difficulty involved in doing so: "Finally I managed to say…".

Zimmer (2010) wrote:

> I found myself momentarily inclined to point to an "optimistic" aspect of the dream—the quality of expansiveness of internal space—and then immediately felt irritated at myself for the stereotyped and sentimental quality of this intervention. I realized that Daniel—by alluding to the "dreams like this so many times before," and by beginning his session with "optimistic" news in his work—was cuing me to interpret this one in a similar vein (p. 642)

Davies (2014) wrote:

> In my work with Karen and others like her, it is precisely this self-reflective space of multiple possibility and potential that feels most threatened. I often find myself feeling that I am engaged in some kind of life and death battle for my sanity and mental integrity. I often feel pressed into a position in which the only way to affirm a patient's sanity and experience of reality is to accept a vision of myself that is so toxic and malignant that it feels

threatening to my own sense of stability and identity, and I begin to feel crazy myself (p. 719)

Sub-theme summary. In these text excerpts psychotherapists have described feeling or being controlled to not feel good, not say no, not be in charge and not expect much of the client, and to be careful about what one says and how one one says it, to hold one's posture in a particular way, to not speak or offer ideas, and to not to appear to be a different or distinct person. In reading these descriptions about being and feeling controlled I think of psychoanalytic theories which describe clients who can not tolerate the idea of a separate other with a separate mind (in other words narcissism). This is in keeping with the literature which views envy has an oral character (Klein, 1957; Rosenthall, 1963), and that the the longing is for complete union (Laing, 1961), by controlling the therapists the client is in effect attempting to maintain the illusion that there is no 'other', and that nothing of any value is coming from outside of themselves.

An additional result of this is that the therapist can start to question their own sanity when all that is reflected back from the client is a nullification of their existence.

Enactment - Acting Rather than Thinking

In the dataset psychotherapists described acting unwittingly, before they thought or instead of thinking, some noted on reflection the difficulty they had had in thinking at these moments. In psychoanalytic theory the expression of repressed emotions or impulses in behaviour (that has the result of discharging tension) during therapy is named enactment. This was prior knowledge of mine and although I attempted to leave theoretical jargon behind in my coding and theme organising process this concept slipped through. That said, here are some descriptions psychotherapists gave of enactments once they recognised them as such: "Unknowingly, I dug my heels in as firmly as Karen" (Davies 2004, p. 713); "I was enacting the role of the know-it-all, blaming mother" (Gerhardt 2009, p. 285); "I behaved with an uncharacteristic formality and reserve that was fundamentally different from my usual style with other patients" (Zeitner 2008, p. 1149).

Khwaja (1997) wrote "I was not able to think about this at the time, and instead quickly responded to his question with a reassurance" (p. 106-7). Khwaja (1997) also wrote:

> There was a powerful pull towards carrying on a pseudo-therapy. Mr T would tell me a constant stream of disconnected stories. At the start of the sessions these would often be presented as though they were notes on his thoughts during the week; he wanted to tell me this or that. Sometimes these seemed like obsessional ruminations; at other times he would have taken one word or sentence from what I may have said the previous week, and appear to expand on it or disagree with it — seeming elaborations which never quite clarified anything, a pseudo-free-association or pseudo-thinking. At times I responded with the illusion that we were trying to work something out together. For instance, I would listen in earnest, trying to find links in the material he brought, and would feel that if only I was more clever or more imaginative I would be able to find connections and meaning. It seemed harder to face the resistance to, and attacks on, meaningful and creative human contact" (p. 106)

Here the enactment is going along with the 'pseudo-therapy', which Khwaja (1997) describes as easier than thinking about the resistance and what was happening between her and her client.

Zimmer (2010) described talking to his client about how they both get into an enactment together when they play 'the game'. "You use that talent to place yourself at a distance from people," I added, "and I do that, too. In fact, we get into it together when we play 'the game.'" (Zimmer 2010, p. 646). 'The game' is described by Zimmer as when his client quotes the line of a song and cues Zimmer to continue with the next line.

Some psychotherapists described an enactment involving changing the fee, for example: "I subsequently offered a reduced fee - in part to facilitate an analysis, but also, as I know in retrospect, as a countertransference-motivated desire to avoid being accused of exploiting her" (Zeitner 2008, p. 1152-3). In a similar vein Connolly (1993) wrote:

> I recognised that I had probably agreed too readily to a minimal charge for three sessions…
> under Trudy's intense pressure for less or nothing, I had agreed a compromise. Hence,
> Trudy's feeling of guilt had not been addressed, and it was now clear that to some extent I
> had colluded, right from the beginning, with…her mother's picture of Trudy as 'pathetic'"
> (pp. 88-89).

Other therapists described enactments involving a change in the frame in regards to session time: " I became aware of her control over me when I realized that I was repeatedly extending her time" (Zeitner, 2008, p. 1152). Similarly Mitrani (1993) wrote:

> Each day, at the end of the analytic hour, Mr B would linger at the door of my consulting room (where he invariably stored his numerous belongings), offering additional comments and associations and I often gave in to his provocations, giving him off-the-couch interpretations" (p. 691);

Sub-theme summary and discussion. Therapists in the dataset describe the unbidden quality of their countertransference reactions which propelled them into enactment, and the many and numerous ways in which these actions played out, including becoming entrenched in a rage-full standoff, taking up the position of superiority, joining the client in a pseudo-therapy, or making changes to the frame. As I have discussed in the literature review many therapists today view re-enactment as inevitable (Mitchell & Black, 1995) and actually necessary part of psychotherapy for it is the reparation following an enactment that is viewed as the healing quality in psychotherapy. The problem with envious clients is that efforts to understand, or meet the client are experienced as hostile which indicates the main crux of the dilemma for therapists working with this client group: How does one repair a rupture when a reparation is experienced by the client as even more of a threat than the rupture itself? I believe it is this dilemma which may contribute to the therapists remaining complicit in the client's control over them for the alternative is perceived (consciously or unconsciously) as an impossible situation.

Persisting in the face of pressure to 'give in'

In the dataset psychotherapists described experiencing pressure to give in, relinquish or change their position whether they succumbed to the pressure or not, these experiences were described vividly, noting the intense force of the pressure as well as the strength which it took to withstand. Some examples are as follows; "I felt there was a certain pressure on me to act" (Moser-Ha 2001, p. 716); "I frequently felt an almost tyrannical pressure to give way in the matter of the

rise of fees - a pressure to which I was very nearly tempted to succumb by accepting her

alternative" (Connolly 1993, p. 90). "My ability to tolerate the patient's relentless pressure to enact

her conflicts, and my ability to simultaneously continue holding the frame, was essential for the

success of the analysis" (Zeitner, 2008, p. 1172). Davies (2004) described her refusal to reschedule

an appointment "I can't unless I have a cancellation." I finished my sentence and clung to the arms

of my chair for strength and balance" (pp. 712-713). It's possible to see the strength of the pressure

and the strength it took to refuse the client by her description of clinging to the chair.

Davies (2004) also wrote about the pressure to act out in the therapy by pushing her self states (or

intolerable experience) into the client:

> "It is I believe in the countertransferential push to extrude these self states of our own, to locate them in the other (in this case, the patient), that the boundary confusion and collapse of self-reflective functioning endemic to moments, of what Stuart Pizer (1998) has termed nonnegotiable therapeutic impasse, may take hold" (p. 718).

This is a topic also illustrated in the theme *Blocks to connection* under the sub-theme *Therapist*

blocks connection with the client.

Zimmer (2010) described persisting with his intervention in the face of his client's hostility:

> Though I was a bit taken aback by Daniel's open hostility toward this intervention—which was unusual for him—I persisted. "I didn't say you weren't—I said maybe *also* yourself." "Yes, yes," Daniel replied impatiently, "I see it. My sense of despair, the self-fulfilling prophecy of it …. It's the same thing." He fell silent … After a few moments, I asked him what he was thinking. He laughed and answered: Actually, I was thinking—I can't believe it! You overruled me! How dare you! But what were you saying? You were saying, "Listen to me—I'm not going along with you here," (p. 647).

Andrade (2005) wrote:

> I understood that my role in such situations was that of a sort of silent exorcist, capable of showing myself to be stronger than the demon to be expelled ('strength', here, being the capacity for comprehension). After this stormy discharge, it became possible to have a clarifying dialogue at the end of which the patient felt calmed." (p. 689).

Sub-theme summary. In these text excerpts the psychotherapists describe their experience

of the tyrannical pressure to be controlled by their clients and refusal to be controlled, in effect

facing the impossible situation described in the previous sub-theme; a rupture with little view of hope for repair in sight.

Theme Summary and Reflections

As psychotherapists, our capacity to symbolically represent cognitive, affective and somatic experiences is the central aspect of our work. As evidenced throughout this chapter this capacity is severely under attack in working with envious clients. But it is not just this capacity that is under attack because what this attack represents is the attack of the very existence of the therapist. All the clients efforts are put into rendering the therapist incapacitated and the strength it takes to fend off such attacks is great.

With all the descriptions of enactment and not being able to think it would be an oversight not to mention the role of projective identification in these experiences. Projective identification as discussed in the literature review is an intrapsychic and interpersonal phenomenon that draws the analyst into various forms of acting out. The therapist struggles to use understanding and interpretation as the method of working through the mutual desire to act out the patient's core fantasies and feelings. I have spent a bit of time considering how projective identification and countertransference sit alongside each other or are understood in the context of each other. This seems particularly complicated in light of the ever changing and multiple views of these concepts. However I have come to one point for the time being, which is that it is the therapist's countertransference that indicates something about the defence mechanisms and psychic structures of the client. Meaning it is their countertransference which plays a role in identifying the presence of projective identification and what this might mean in terms of the interpersonal and intrapsychic dynamics at play in the therapy.

Chapter 8: Repositioning

Repositioning describes a number of psychological shifts in position which the therapists in the dataset describe making. I have formed these shifts into two groups which are captured by the first two sub-themes falling under this major theme. These sub-themes are, 'Being in' and 'Creating an air pocket in which to breathe'. The final sub-theme which falls into this major theme is 'A different experience with the client after something changed', here the therapists describe their countertransferential experience of noticing and feeling something different with their clients.

Being In

In the dataset psychotherapists described allowing, surrendering themselves, or being taken over by an experiences which their client's needed them to contain or become. I have included three examples below.

Davies (2004) wrote:

> I try to hold on to her hateful image of me, to work with it clinically, to understand its meaning and history. But parallel to my therapeutic self, I seethe at her description of me and I struggle against it.… For in this moment it is not simply that Karen hates me, or that I have reached a place where I hate her. What is most significant, I believe, is that we have reached a place together in which I hate the self that I have become with her. I AM the bitch she describes, and I am horrified and chilled by the ice that lies below the surface, hardening over the well of good intent and affection that at other times defines the more loving relationship we "also" have. As I stare into the opaque deadness of Karen's relentless gaze, I know that she is hating herself as well: hating the entitled, demanding, raging self she has become in these moments with me—hating that self, and all the time deeply ashamed and frightened by its internal tyranny. Our session draws to an end, and it has become quiet. Then, "You hate me," says Karen—the "crunch" as Paul Russell (1973) termed it. "Mhmm," I tell her. "Sometimes we hate each other, I think. Not always, not even usually, but sometimes we can get to this place together. I guess we're gonna have to see where we can get to from here. Neither of us likes it much; it just is." "Yeah," said Karen, "It sucks" (p. 715-716)

Here Davies (2004) is describing identifying with a projection from the client; she allows herself to become 'the bitch' she has previously tried to fight off being. But more than that, Davies survives this experience and shows the client that she can too. They are both more than this particular "needy, greedy, envious, hateful, manipulative" (Davies, 2004, p. 717) self-state. Davies

communicates this when she says ""*Sometimes* [emphasis added] we hate each other, I think. *Not always* [emphasis added], not even usually, but *sometimes* [emphasis added] we can get to this place together" (p. 716). This is a nudge towards the depressive position and away from the paranoid schizoid where envy flourishes. In other words being full of hate and envy, does not mean that one can't also be other things, in being able to tolerate and own it Davies shows that it is not too shameful to own. And this is the first step towards being able to make innovative use of envy. Envy takes place when the envier feels that the other has something that she can't also have, perhaps Davies' client hates and envies her that she is 'good' and so forces the 'bad' into her so that she can be the 'good' one. In her mind she can not be both, however by becoming the bitch and then joining with the client in their 'badness' perhaps something new is possible.

Gerhardt (2009) describes her experience and process of initially ignoring her reverie, then paying attention to it and finding clues to her client's experience before taking in and having her own experience of her client's experience by which I mean having introjected her client's projection she now experiences this in her own life

> During my sessions with Ms. A, I began to have unbidden reveries of recent events with my daughter (3½ at the time) which I *initially ignored* [emphasis added] but whose content was arguably linked to Ms. A … It took time to manage my impatience and let in just how much the baby-her still wanted/needed contact with my skin—my breasts—as an embodied link to grab onto and feel held by, even (especially) in the face of the exciting outside world! Although I sensed that this reverie distilled an important unconscious communication from my patient, as I was planning to paint my office that weekend, I broke off contact a bit too abruptly, leaving Ms. A a bit stunned. Then, later that evening, alone in my dark and empty office waiting for the painter, as my husband and daughter were leaving, I had a jarring, but *revelatory*, experience: … I began to feel cut off from those most precious to me, I was seized by a terrifying sense of acute depersonalisation and emptiness! The very experience Ms A. had been trying to convey about the weekend which I had not fully taken in or "become" in Bion's (1970/1977a) sense until then!" (pp. 286-287);

Gerhardt refers to Bion (1970) and I would add that Ogden (1994a) also describes how the therapist takes in, has their own experience from their own life, and then uses this to differentiate between projection and projective identification, the above text excerpt being an example of the latter. This research is about countertransference so then why am I talking about projective identification? As

already discussed counter-transference and projective identification have many areas of cross over, I

have put forward the idea that the countertransference aspect of being involved in a projective

identification is noticing the experience of being pulled into something, or taken over by something

as well as perhaps trying to resist something.

Zimmer (2010) wrote:

> In a seeming non sequitur, he told me of an apartment he saw recently that was a very good
> value. I sensed he was suggesting I might be interested in it for myself; Daniel himself had
> recently moved into an apartment costing more than twice as much … Daniel stirred in me
> feelings of envy of him and of being condescended to by him. (pp. 643-644)

As Zimmer (2010) formulated this interaction as projective identification which was "aimed at

making [him] feel something [his client] did not wish to feel" (p. 644), much in the same way as

both Davies (2004) and Gerhardt (2009) felt something their clients did not wish to feel. I would

add that given the initial resistance demonstrated in the text excerpts that these projected emotional

experiences are not things which the therapists wished to feel either and that the process to being

able to tolerate such material can be a lengthy one, much as Khwaja (1997) describes:

> [U]nlike in the early sessions, I could see what was going on and could feel it too. I could
> see how he mocked, dismissed and denigrated me, and I felt aware of my rage and
> frustration. I was become more consciously aware of my countertransference and I now
> knew that it was I, and not just my supervision group, who found being with him an
> unpleasant experience; and that it was I who felt furious with him.

Sub-theme summary. The experience of being taken over or forced into an experience via

projective identification gives some evidence for projective identification being used as a desperate

form of communication to the therapist from a client who is held hostage and is unable to get a

message to the outside world, they must deceive the obstructive object. It also points to a

relationship between difficulties with envy and an early life developmental trauma or injury, given

that the defence of projective identification is widely accepted a a primitive defence (as well as

form of communication) (McWilliams, 1994); one of the first that we learn as infants.

Davies (2004) tried to hold on to her client's hateful image of herself and also struggled against it, Gerhardt (2009) describes initially ignoring her reverie, then paying attention to it, and then later having "a jarring, but revelatory" (p.286) experience of becoming (Bion, 1970). Khwaja (1997) had initially projected her anger at her client into her supervision group and then later felt it as her own.

All of these experiences (hatred at the other, self-hatred, shame, fear, fury, envy, a terrifying sense of acute depersonalisation and emptiness) which the therapists avoid can be seen as experiences which their client's needed them to have. In other words their patients required their therapists to perform a containing function in order for the clients to process or learn to symbolise their experiences and internalise their own healthy containing functions.

Creating an Air Pocket in which to Breathe

The psychotherapists described various ways in which they created space in their minds in order to think about what was happening in the therapy. Some descriptions were short such as this one from Moser-Ha (2001); "My understanding of the countertransference enabled me to wait a while rather than to act" (p. 716). Others were more lengthy and involved . Waska (2011) described how he utilised creative thinking in the form of mental gymnastics in order to create space in his mind so that he was able to think rather than be compelled to act.

> In order to feel some degree of empathy for G, I have to imagine him as a robot from another planet, the planet of "ME." In other words, I had to struggle to understand and explore his way of seeing everyone and everything as simply an extension of himself and how he is shocked to find out otherwise" (p. 251);

and

> I felt quite confounded in the counter-transference and wanted to scold him and judge him. What helped me was to picture him as operating within a dream or that he was now relating his dream to me. In doing so, I was more able to be curious and want to find out more about it rather than judge it" (Waska, 2011, p. 255);

Waska (2011) utilises the idea of his client as a robot or operating in a dream in order to help him to step out of his position of being unempathic, and scolding and judging.. These two ideas remove

any tendency to blame or judge. We wouldn't judge or blame a robot for acting as a robot just as we wouldn't jude or blame someone for something they did in a dream. By removing these 'traps' or obstacles to fall into Waska is then able to "explore his [client's] way of seeing everyone and everything" (p. 251) and be more able to be curious and want to find out more rather than judge it. Andrade (2005) describes how he created his 'air-pocket', by thinking of his patient's impact on him as unintentional:

> In order to make the analysis possible it was necessary for me to realise that he did not want to drive me crazy, nor did he want to transform the analytic setting into the chaotic atmosphere of his parents' house as a form of sadomasochistic repetition" (Andrade 2005, p. 687).

Previously, Andrade (2005) had been stuck in a perspective of feeling like his client was intentionally trying to make him go crazy.

Connolly (1993) wrote:

> As I began to understand something of the meaning of these countertransference feelings — sometimes of despair of ever being a good-enough object for her — I was able to stop trying to be such, and rather show her something of why she experienced me in this way" (Connolly 1993, p. 89).

Connolly despaired that she would never be a good enough object for the client, and trying to be good enough (an impossible situation when a client who cannot bear to have a good enough therapist) got in the way of being curious about what was happening. Connolly describes how having an air-pocket (searching for understanding) was essential to her stepping out of the enactment and begin to think about it.

Mitrani (1993) describes how she continued to think and that through this thinking came to reposition herself in relation to her understanding about what was happening with her client "*Not until I began to rethink* my own experience was I able to provide sufficient 'holding' for the baby-him, so that he could relax his attachment to that self-made caretaker which had isolated him from human bondedness" (pp. 692-693).

Sub-theme discussion. Waska (2011) evocatively described how he created a sort of transitional space for himself to 'play' in. The other therapists pointed to the necessity of continuing to think and re-think the situations they found themselves in. Pointing to the idea that taking a step back, questioning oneself and 'playing' in the winnicottian sense is a vital aspect to psychotherapeutic work. This is of course a difficult task when faced with all that I have presented in the previous chapters.

A New Experience

Psychotherapists described having a very different experience with their clients after something had changed:

Gerhardt (2009) wrote:

> Indeed, on Monday, as Ms. A began pouring out her grievances about the weekend, a different emotional counterpoint began to emerge in me such that I did not have to seal myself off from her, nor feel compelled to translate her suffering into active terms (what she was doing to bring about her difficulties), nor subtly invite her to mull over her unconscious projections-distorted beliefs. I also found myself taking an ounce of responsibility for her plight. (p. 287).

Davies (2004) wrote:

> I notice, almost immediately, that something feels palpably different. The air feels warmer, her eyes look softer and more searching, and my own body seems to relax even before I can formulate the experience. (pp. 724-725)

Zeitner (2008) wrote:

> I felt touched by her thoughtfulness, and I told her so. Here I did not interpret and did not invite an explanation of the meaning of this gift; instead, I thanked her and remarked that she might be telling me that she was proud she had something worthwhile to offer me, something nurturing. (Here I seemed to break out of my interpretive role. I was moved by her softness and her uncharacteristic gesture of nurturance and concern for me.) (p. 1162)

Khwaja (1997) wrote:

> These changes arose … when there was a shift in me in relation to my patient … there were more and more moments of seeing Mr T as human, an ordinary man, a husband and father; and I felt more curious about his work. It is difficult to capture or convey through his words except that now there were moments in which I was sure of something real, moments in which I was not immediately besieged with doubts about whether I was being conned or seduced. " (Khwaja, 1997, p. 117).

Sub-theme Discussion. What I think is most evident in these text examples is the presence of a more relaxed feeling. Gerhardt (2009) describes a "different emotional counterpoint" (p.287), Davies (2004) describes "something feel[ing] palpably different" (p.724), Zeitner (2008) describes he and his client relating in a "more interactive and spontaneous" (p.1162) way and Khwaja (1997) has "more moments of seeing [her client] as human" (p. 117). I noticed that as I read I was able to breathe again. Not only that but it seems that it was not just the clients who have 'become human', but the therapists who have also. After having been paralysed, nullified and caught up in hateful envious impasse the therapist's re-emerge like a phoenix from the ashes, bringing with them their clients. It seems to me that in working with envy one has to allow oneself to be 'killed off enough' while remembering the way back to life.

Chapter 9: Further Discussion

In this dissertation, using the method of thematic analysis, I have identified the salient themes from a clearly defined selection of psychoanalytic literature pertaining to the experience of countertransference with clients experiencing malicious envy. Through this hermeneutic phenomenological inquiry of the dataset I identified 22 sub-themes and five major themes. As detailed in the results chapters these five major themes are: 'Lack of Awareness', 'Blocks to Connection', 'Anger, Hurt, Fear and Blame', 'Difficulties in Thinking' and 'Repositioning'. In this chapter I give a summary of the findings and discussion from each theme as well as begin a discussion on these findings in relation to the wider theoretical context. I also critically examine the method as applied in this dissertation, particularly as it relates to research in the field of psychotherapy, the limitations of this study and make suggestions for further research.

Theme Summary

Throughout the results chapters I have integrated theoretical hypotheses and some discussion as to how the different themes relate to one another. Here I will present a brief outline of the findings for each theme and then discuss some further ways in which they relate to each other.

Lack of Awareness. This theme included the therapists' experience of confusion and self doubt and indicated the difficulty faced in working out what is going on in working with clients who are experiencing envy. The strong pull for material to remain unconscious is introduced.

Blocks to Connection. This theme demonstrated the part that both the client and the therapist play in blocking genuine connection. The therapists described feeling excluded, useless, disoriented and self doubting in response to being blocked by the client (or the client's obstructive object). On the other hand they also experienced a fear of being consumed, overwhelmed and taken over in response to the clients' projected material and responded by unconsciously defending themselves in a number of different ways, all of which aimed to quarantine them off from the threat

of the projected material. Therapists then reported that they situated themselves in a 'knowing'
position where a loss of their curiosity was demonstrated.

Anger, Hurt, Fear and Blame. This theme demonstrated the therapists felt experience of
anger, hurt and blame. These findings were in a accordance with Ulanov and Ulanov's (1983/2012)
writing on the experience of being envied. This experience was discussed in the context of the
therapists experience of disintegration in trust of their own sense of goodness, and becoming stuck
in the web of the persecutor-victim dyad.

Difficulties in thinking. This theme put forward evidence of the difficulty the therapists
faced in continuing to 'be' when working with envious clients. The therapists experienced trouble
processing thoughts and a huge pull to come under the control of the clients who were acting to
ensure that they were not threatened by the therapists capacity to symbolise experience and create
meaning, something which the clients wished to both possess and destroy.

Repositioning. This theme demonstrated the ways in which therapists both surrendered to
the projections of the client as well as created a way to think about these experiences with reference
to a transitional space. Additionally therapists described a felt sense of a change in both themselves
and their clients, this change was articulated as feeling more empathic, viewing the client as human,
feeling more relaxed and being able to breathe

Interrelationship of the Themes

In many ways the differentiation of these themes is arbitrary, the experiences discussed in
each theme have an impact on each other. One way of looking at their relationship is depicted in the
following journal illustration Figure 8. Lack of Awareness is both pervasive throughout the work
with an envious client and also a description of the beginning period of work before the therapist
becomes more aware of the psychic structure of the client or exactly what is happening
interpersonally, envy invites a strong pull towards maintaining unconsciousness. Difficulties in

Thinking and Enactment are always present and unavoidable. Out of the Lack of Awareness, and

upon becoming more aware of what is taking place the therapist becomes acquainted with

experiences of Blocks to Connection and Anger, Hurt, Fear and Pain. The only refuge is to

Reposition which comes about by both being in the experience and out of it.
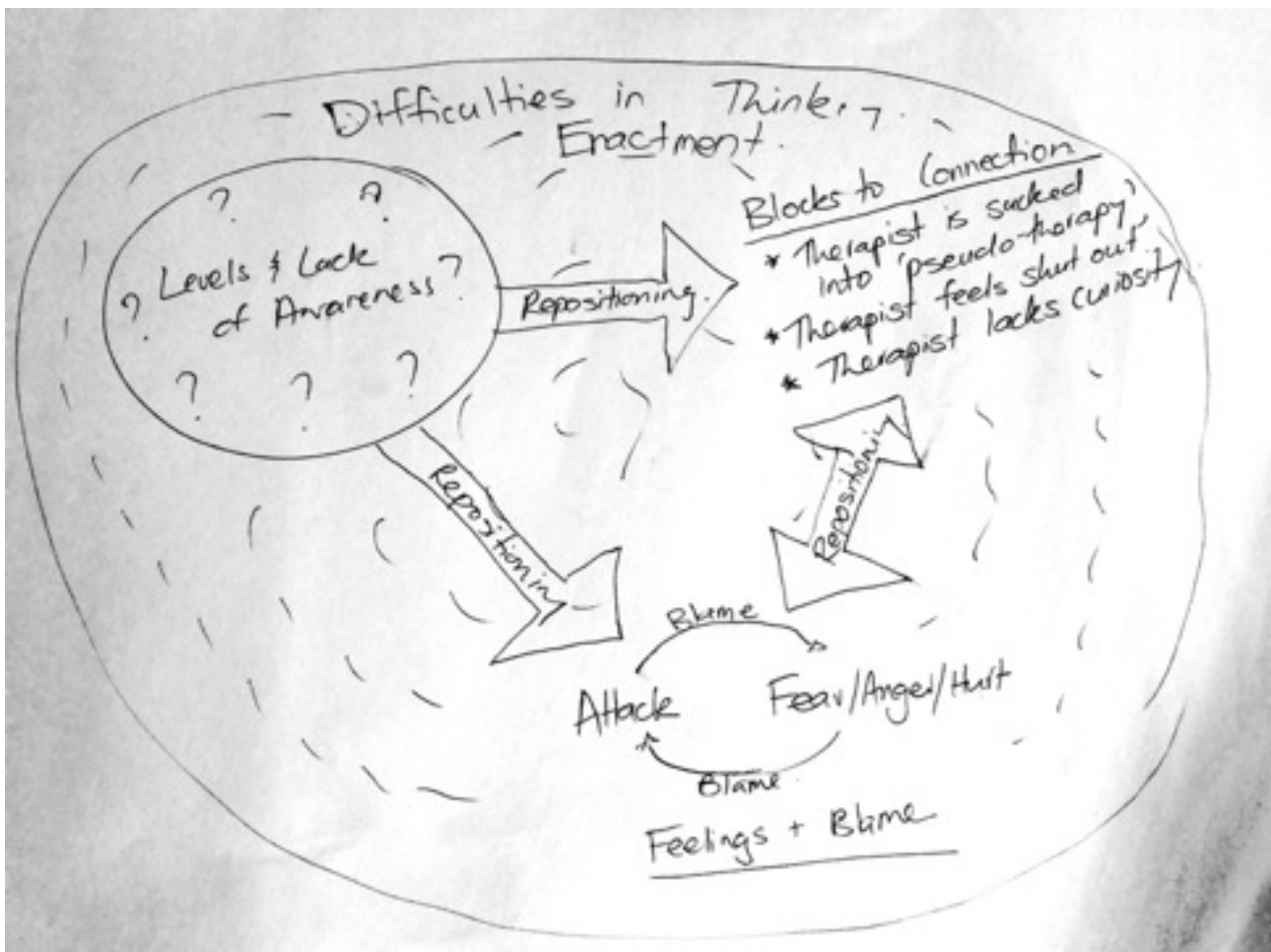

Figure 8. Journal drawing of the Interrelationship between the Themes 1

Another way of looking at the interrelationship between themes is to consider the content of each

theme in relation to Figure 9. Many of the emotions, theoretical concepts and interpersonal

interactions drawn in this illustration are mentioned in a number of themes. Here I have attempted

to demonstrate the way in which the type of relating with the client impacts on the therapist's

internal process and vice versa. Something that I find noticeable is the way in which both the

interpersonal response from the client as well as the introjected material from projective

identification, including overwhelming emotion as well as self-attack all have a significant effect on

the therapist's curiosity and empathy and this contributes to a deadness both within the therapist and
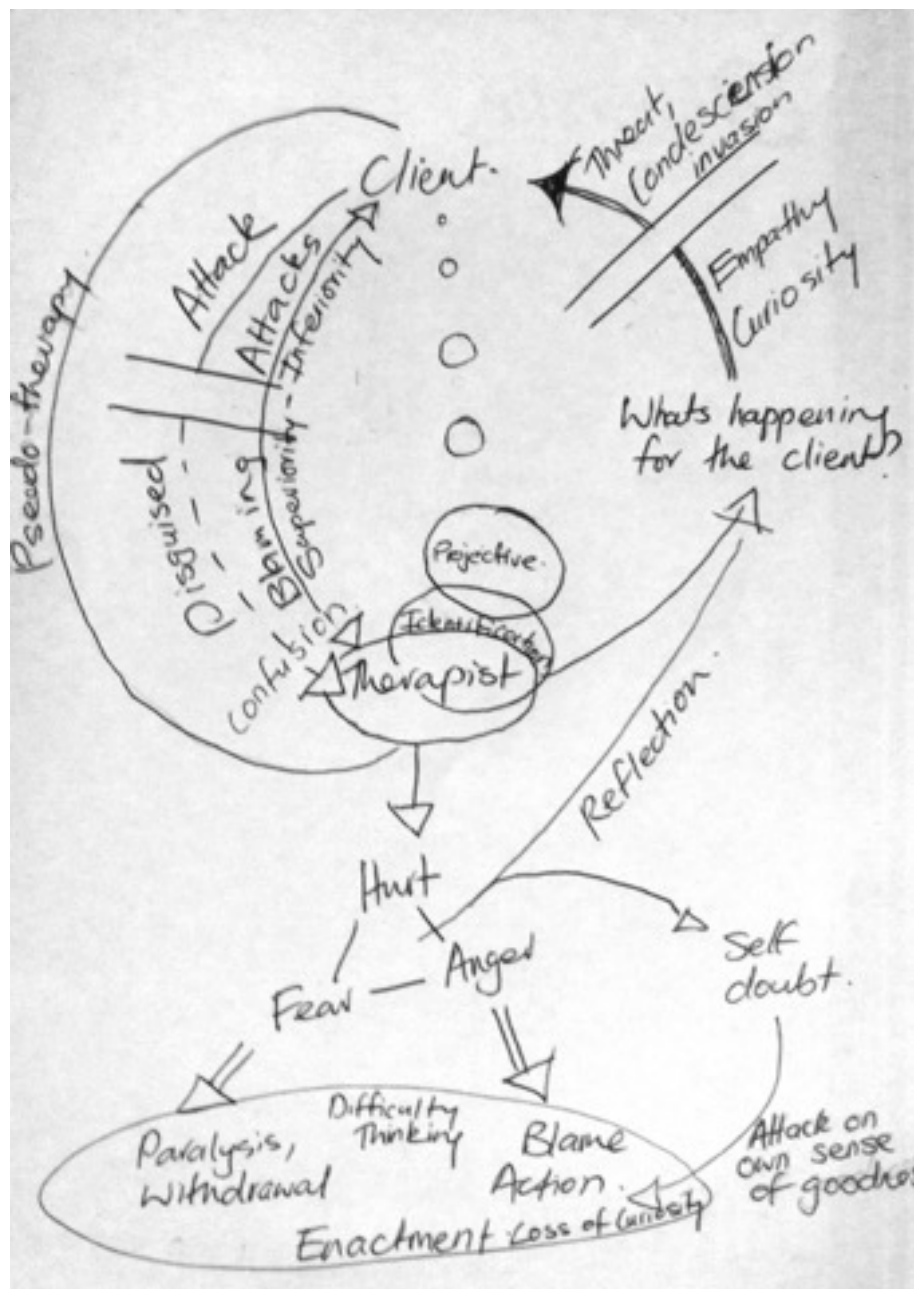
within the therapy.

Figure 9. Journal Drawing of the interrelationship between the Themes 2

Findings in a Broader Context

The major themes reveal that the psychotherapist's experience of (and reflections on) countertransference has significance for ongoing debates in psychotherapy. For example, debates about the the technical use of countertransference, the nature of direct unconscious-to-unconscious communication and the effect of envy on the process of unconscious to conscious experience.

Because the nature of Envy is deceiving and destructive, right from the beginning of this research project I noticed a dilemma about how to phrase my research question but at the time I had not yet fully digested and integrated what this dilemma indicated. My dilemma was that I wanted to write about the themes in the countertransference when the client feels envious, however my problem was that because of the nature of envy, the unbearable quality of it, a client may be in the grips of envy without consciously feeling it thanks to powerful defence mechanisms such as projective identification where the client evacuates the feeling of envy into the other/therapist or where they may unconsciously attack the separation between themselves and the therapist in order to create undifferentiated chaos where no self or other exist and there is therefore no self to feel envious or other to envy. Thus I changed my research focus to say that I was investigating the themes in the countertransference where the client experiences envy. In using the word experience I was able to capture the idea that the client is undergoing an experience of envy without necessarily being conscious of this process. Indeed in of the articles I selected to become part of the dataset, the client wasn't conscious of their own envy until towards the end of the therapy (or the end of the therapy as illustrated in the text), while some clients were never described as becoming conscious of their envy. In using the word experience I believe I necessarily opened up my dataset to include work with clients who did not 'feel' envious, i.e. they were not consciously aware of being envious, however I also opened up the dataset to describing the therapists countertransference to defences against envy as well as countertransference to envious feelings.

As I have already noted projective identification is a mechanism used to defend against the experience of envy, it has also been conceptualised in psychoanalytic theory as form of communication, meaning that I unconsciously and I believe unavoidably stumbled into investigating the experience of projective identification from the perspective of the the psychotherapist. This caused me some anguish as I attempted to work out how I could honour this result while maintaining my investigation into countertransference. I have attempted to differentiate the two in this dissertation albeit in a brief and limited way. I was not able to find further clarification on this topic at the time but have since learnt that there is a plethora of literature on projective identification and countertransference. That said, I believed it would be an interesting topic for further study, especially when taking the findings of this research project into account.

Reflections on the Method as Applied

In order to conduct this research, I critically reviewed the available literature on the method of thematic analysis and devised a version of this method that was suited to the material that formed the dataset as well as my way of working. I have already described my decision process around applying the thematic analysis to published psychoanalytic literature in previous chapters, here I would like to share some of my reflections on the method as I applied it.

One of the salient features of thematic analysis is its flexibility. Some other qualitative research methods are firmly rooted in a particular theoretical framework, while thematic analysis is not (Braun & Clarke, 2006). For the purposes of this dissertation, I have taken advantage of this flexibility and have conducted a thematic analysis within a hermeneutic phenomenological lens to articles published in psychoanalytic journals. This is a departure from the more usual application of this method, traditionally used with data gathered through interviews. In adapting the method to previously published material which was not written with my research focus in mind, I found that a thematic analysis is best suited to experience-near material such as case studies, and reflections on clinical experiences. Given that articles written for journal publication generally aim to elaborate

and develop theoretical ideas, it is reasonable to assume that the accounts which made up my dataset were more theoretically constructed, and used less experience-near language than interviews may have yielded.

I chose to retain the original wording from the texts for as long as possible by adopting an inductive approach to coding, that is coding from the data itself, rather than searching the data for pre-determined codes. Coding even just 12 articles in this way was an extremely time-consuming and mentally draining process. Because the articles were from different authors from a variety of different theoretical leanings who use different terms to describe the same or similar phenomenon I was able to capture these similarities where a pre-determined coding frame may have missed such differently framed similarities. That said developing a coding frame from a cross section of articles from a variety of theoretical orientations may have addressed this issue and could have sped up the coding process to a degree where I may have been able to include a greater number of articles in the dataset. Although it may also have meant that I lost some of the subtle layers of meaning from the original text that I was able to retain using an inductive approach.

Thematic analysis using a hermeneutic phenomenological frame, a method that enables a deep engagement with the data in order to analyse and interpret patterns of meaning, appears to have great parallels with the process of psychotherapy, and appears to be have great potential as research method for psychotherapy. Thematic analysis has usually been applied to interview transcripts and I can see how this method and type of dataset would be complimentary. I suggest however that it may also be beneficial to combine a thematic analysis of literature with a thematic analysis of interview transcripts. First developing a coding frame from the published material and then conducting interviews and applying the coding frame to the resulting interview transcripts. This seems to me to have the potential to capture the best of both worlds - bringing together existing knowledge with experiential data gained by focused interviews.

Thematic analysis supports a deep engagement with the data, capturing intricacies and complexities of a relatively small data set. The researcher is able to identify patterns and connections that are not immediately evident upon reading the text. The way in which this method enables the researcher to go below the surface of meaning to discover more abstract ideas within the data is a great strength of a thematic analysis.

Limitation of the Research and Implications for Further Study

The most significant limitation of this research is its focus on published literature. As Mitchell and Black (1995) said of psychotherapists: "Our communication with each other suffers greatly from the profound privacy of our work, so those who have found ways to make their clinical process available deserve our deepest gratitude" (p. 145). That said, limitation to published texts means that only 'success stories' or cases which therapists have been able to bear to put forward into the public domain for scrutiny from their peers could be considered. Case material of clinical mistakes or difficult and challenging engagements are less frequently published, especially when they contain personal processes and experiences as was required for this topic. This meant that I was not able to include material where, for example acting out in the countertransference resulted in the derailment of the therapy, or where the therapist and client reached an impasse which was never overcome. Such material would have been invaluable in further capturing the countertransference to malicious envy and the clinical implications of this experience. Such material may be more available through sensitively carried out interviews. Likewise, in depth-interviews with psychotherapists would enrich the information on experience and reflection of countertransference. The texts which I found containing clinical material on the countertransference to envy were written to support specific theoretical or conceptual arguments. Interviews could potentially yield less constrained accounts.

This study excluded literature on psychotherapy with children, adolescents and psychotic clients. A further study on either of these two areas could contextualise the current findings in a comparative context.

Neuroscientific study on cognitive functioning on the processing of emotion, and the experience of thinking and reflecting could shed light on the cognitive phenomenon of for example not being able to think. Such additional research not on the phenomenology of countertransference to envy but understanding the cognitive and neurological processes involved may bring new understanding to what is taking place in the countertransference experience to envy, I am thinking particularly here of the experiences of not being able to think, anxiety and avoidance.

Chapter 10: Conclusion

I have identified five major themes in the countertransference when working with clients who experience envy using a thematic analysis. These themes together represent the experience of wading into an interaction with a client where almost everything is submerged in the unconscious and it feels dangerous, like one may be submerged also. There is no steady place to stand (or to be), the client's appearance is deceptive but once it is possible to see, the view is highly disturbing, repulsive and repellent. It can take all one's strength to move closer to the client, but be prepared to be attacked from outside and from within for your 'goodness'; ability to think and create are the enemies here. You may find yourself slipping into something more comfortable, things seem okay but wait, nothing is really happening, you've joined the client in mutual avoidance, a pseudo-therapy. Contact with the client is overwhelming, sickening and disorienting, one must fight to maintain one's own mind and in doing so get caught in the awful web of 'its either you or me'. However if through this one is able to 'go on being', moving in and out of the experience, transformation is possible, and is described by therapists as like 'coming back to life'.

  I would like to conclude with this quote from Davies' (2004) client's dream as I believe that it contains many elements present in the countertransference when working with envious clients:

> I am walking out on a long pier that reaches out into an enormous body of water. I'm surrounded by water on three sides and must balance on this somewhat old and rickety dock. At the end of the dock, in the water, I see something, some kind of creature … extraterrestrial or something. It is made of steel and metal, with a sticklike body and a cube for a head. It has a face and two enormous eyes. It seems to be drowning in the water, gasping for breath and going under, then coming up and gasping again. It reaches an arm out toward me, and in this unbelievably awful, inhuman, synthesized voice it sort of whistles, "Help me." It wants me to reach out and grab its hand, but I can't. I am repulsed and revolted by the very idea. The thought of touching the thing makes me feel ill. I notice that the creature has something in one of its eyes. It looks like a foreign body, like oil on water. The eye is irritated and painful, and the creature keeps blinking, to try and clear it out. But it doesn't work. It keeps repeating, "Help me, help me." And so finally I take a deep breath and reach out for its hand. As our hands touch, I feel cold metal, and I am overwhelmed by nausea and dizziness. I close my eyes, because the feel of the creature sickens me and I think I will throw up. But when that feeling passes and I open my eyes, I see that the creature is crying, from both eyes, not because it has something foreign in its eyes but because it is

grieving. They are sad tears. And I notice, also, that the creature is beginning to grow skin. It is becoming human. (pp. 730-731)

Appendix A: Coded Articles

Andrade, V.M. (2005). Affect and the therapeutic action of psychoanalysis. *International Journal of Psychoanalysis, 86,* 677-697. Retrieved from http://www.p-e-p.org/

Barth, F. D. (1988). The role of self-esteem in the experience of envy. *American Journal of Psychoanalysis, 48*, 198-210. Retrieved from http://www.p-e-p.org/

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