

Making sense of aggression, destructiveness and violence

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Now and then an act of violence explodes into our lives and we are shockingly reminded of the human capacity for destructiveness. At that moment our reality feels violated and fragmented. 'Who is responsible?' 'When will justice be done?' 'How can it be prevented in future?' Making sense of the trauma may feel like acquiescing to the atrocity, even excusing it. Violence begets violence we know. Yet the violated mind is incapable of the thoughtful understanding that could contain our destructive reactions. Unable to think, we violently repudiate the violent act: terrorists fly aircraft into the Twin Towers and war is declared on the 'axis of evil'; a child is found dead and public outrage is violently unleashed on paedophiles; brutal murders activate demands to reinstate the death penalty. All too often the tragedy is seen as the product of an evil rather than disordered mind. Our fear of human violent and destructive capabilities paradoxically prompts us to react punitively, destructively.

This book contributes to the attempt to make sense of human aggression, destructiveness and violence perpetrated against the self, others and reality. After defining aggression, destructiveness and violence this introductory chapter outlines some of the psychoanalytic theories of aggression and explores the roots of aggression and its pathological development into destructiveness and violence; its use to disguise vulnerability and conversely, the disguises we adopt to hide, while expressing, our aggressive impulses. It ends with an exploration of some of the technical and clinical dilemmas that destructiveness may present in psychotherapy.

Defining aggression, destructiveness and violence

The *Collins Concise Dictionary* defines aggression as an attack, a harmful action, an offensive activity, a hostile or destructive mental attitude. In everyday parlance also, 'aggression' usually refers to its destructive aspect, overlooking its necessary and positive functions. In contemporary idiom 'aggressive' is sometimes used more positively to mean forceful and compelling.

Laplanche and Pontalis define aggression psychoanalytically as follows:

Tendency or cluster of tendencies finding expression in real or phantasy behaviour intended to harm other people, or to destroy, humiliate or constrain them, etc. Violent, destructive motor action is not the only form that aggressiveness can take: indeed there is no kind of behaviour that may not have an aggressive function, be it negative – the refusal to lend assistance, for example – or positive; be it symbolic (e.g. irony) or actually carried out.

(1983: 17)

Aggression is most recognisable in violence, its rawest manifestation being 'destructive motor action'. Glasser conforms to this distinction in his definition: 'violence involves bodies of both perpetrator and victim and may thus be defined as a bodily response with the intended infliction of bodily harm on another person' (Waller 1970, in Glasser 1998: 887). Perelberg (2004) extends this definition to include enactments of violent mental representations and phantasies. In particular, she suggests that the violent person is enacting a phantasy that they were conceived in a violent parental coupling (1999). Campbell (1995) regards suicidal acts as enactments of phantatised attacks on mother's body.

Psychoanalysis detects aggression where it is not immediately apparent. Aggression, like sexuality, is subject to social disapproval and constraints, and is therefore repressed and expressed in many disguises. Unconscious aggressive processes find expression in extraordinarily versatile forms. Aggression can serve many psychic functions and needs. Hence, Winnicott (1950–55) and Edgumbe and Sandler (1974) argue that aggression is identified by intention or the underlying phantasy:

In total psychology, being stolen from is the same as stealing and is equally aggressive. Being weak is as aggressive as the attack of the strong on the weak. Murder and suicide are fundamentally the same thing . . . possession is as aggressive as is greedy acquisition.

(Winnicott 1950–55: 204)

Psychoanalysis also recognises healthy aggression. Parsons, in Chapter 3, shows how aggression promotes ego development and an active engagement with reality. In relationships, aggression is an essential ingredient of self-assertion and autonomy (Holmes 2001).

Theories of aggression

The singular contribution of psychoanalysis is that it was the first science to conceptualise aggression as an intrinsic part of our psychic structure and hence something to be accepted and not run away from.

While other theorists tended to look on aggression as an aberration and sought ways of combating it . . . Sigmund Freud firmly included aggressive behaviour within the psychosexual framework of the human being.

(Akbar 1993: 119)

Freud originally privileged sexuality but he came to recognise that aggression played a vital role in assisting the male to overcome the female's resistance to his sexual advances (1905). Fifteen years later Freud proposed that human nature included purely aggressive impulses derived from a destructive death instinct (1920). Between these two points, Freud came to identify a range of facets of human aggression. He understood that healthy aggression, facilitating the progress of the sexual instinct, could be perverted into sadism (1905). He identified hatred in the ego's repudiation of, and destructive impulses towards, unpleasurable and painful experiences. This hatred of an offensive 'other', threatening a sense of well-being, was attributed to a self-preservation instinct (1915a). Later, Freud reinforced his view of aggression as a reaction to external, as well as internal, experiences by proposing that aggression is a primary response to loss (1917). By loss he meant actual losses of loved and hated figures and emotional losses, especially narcissistic injuries to the self. In this progression (Nagera 1981), we can see aggression gradually emerging from sexuality until it is recognised as a primary facet of human nature that must be combined with, and bound by, love in order to realise its creative potentials and keep its destructive potentials in check.

Freud's successors have drawn on his insights and provided a range of theories that emphasise different aspects and functions of aggression. In particular, aggression in the service of individuation and development, self-preservation and as an inevitable part of the ambivalence we feel towards our objects. Finally, Freud came to the concept of an independent destructive drive in the 'death instinct'.

Healthy aggression

Freud recognised that we need aggression to grasp life, pursue it, master it, create it, live it. Even when he adamantly denied an independent aggressive drive he regarded aggression as an essential resource for the sexual and self-preservation instincts (1909: 140f). This early position sowed the seeds for understanding the constructive aspects of aggression. Aggression is the impetus for psychic development and integration, for independence and autonomy, for agency and mastery of the environment, for physical movement and defensive action (Freud, A. 1949; Hartmann, Kris, & Loewenstein 1949; Loewenstein 1972). Parens (1973) postulated a non-destructive aggressive current, apparent from the earliest months of life, in the baby's

'inner drivenness' to explore, tenaciously engage with and master its internal and external worlds. Aggression facilitates separation from mother and the child's individuation, contributing to the child's attachments, explorations, recoveries and learning (Solnit 1972).

Winnicott (1950–55) regarded aggression originally as synonymous with activity, essentially life generating. With time and development, love and aggression are differentiated. Children establish a sense of self as distinct from an other, and a sense of inner and outer reality, through attacking their loved ones and discovering that their attacks are survivable. If their attacks are not survived, or if their guilt is overwhelming, they are liable to inhibit their vigorous and aggressive initiatives towards others and their world, at the expense of social activity and self-development. In Chapter 3, Parsons gives a detailed account of the development of healthy aggression.

Self-preservation

In 1915 Freud assigned aggression to the self-preservative instincts, expressed particularly in a hatred of 'not-me'. Anything alien that violates the protective stimulus barrier is repudiated as a threat to psychic equilibrium. The idea of aggression in the service of self-preservation is the basis for understanding aggression provoked by a perception that the self and identity is under threat from internal or external dangers.

In Chapter 6, Ruzsyczyński elaborates, with vivid case illustrations, Glasser's concepts of self-preservative aggression and the core complex. Self-preservative aggression aims 'to remove or negate any element which stands between the individual and the meeting of his needs or his survival' (Glasser 1996: 281). Anything that disturbs psychic equilibrium or threatens identity may provoke self-preservative aggression. Increasing mental disturbance is accompanied by mounting aggression. Glasser contrasts self-preservative aggression and sadism. People with a precarious sense of self are convinced that their longings for intimacy will compromise their psychic existence. A longing for closeness induces murderous rage toward the person they yearn for. But being alone also threatens their fragile sense of self: eliminating the threatening person means eliminating the person they need. They resolve this dilemma by sexualising their self-preservative aggression, turning it into sadism, thereby converting the wish to destroy into the wish to control and hurt. The consequent sado-masochistic relationship protects them from the threat of intimacy while sustaining an intense relationship at a safe distance, neither too close nor too far away. The anxieties associated with either intimacy or abandonment are eroticised and turned from murderous rage into excitement.

Threats to an unstable identity often lead to violent behaviour (Glasser 1998: 889). Perelberg (1999) suggests that violence may serve an organising function when people feel that their identity is liable to fragment or when

they fear they may become helpless. This may particularly apply to men for whom being masculine means 'not-feminine', when femininity is equated with vulnerability and dependency (Denman 2003: 151f). Violent behaviour may seem to promise a 'quick fix' for a failing sense of masculinity, for example, by using a gun as 'an accessory'. Women also may resort to violent behaviour to counteract despised and dangerous feelings of vulnerability and dependency and the attendant risk of engulfment (Perelberg 1999). Alternatively, men and woman may eroticise their aggressive antidote to vulnerability, turning it into powerful sexual seductiveness.

Self-preservative destructiveness also takes the form of attacks against the self when the self is felt to be at risk of exposure to re-traumatising experiences. Mollon (2002), for example, explores the impact of gross violations to the self when the 'psychological environment' has been experienced as 'intent on psychic murder – wanting to do away with the child's actual self and replace it with an alternative preferred version' (2002: 53). When children's needs and initiatives are repeatedly rejected by a person on whom they rely, they come to regard their own feelings, especially vulnerability and the need for others, as dangerous. One solution is to identify with the aggressor and kill off their own feelings and needs, destroying their emotional life before they are destroyed emotionally. Intimacy can similarly be eliminated as a potential threat. From a Jungian perspective, Kalsched (1996) describes how any sign of vulnerability may induce a self-destructive attack, in an attempt to protect the self from violation. Rather than trust people in intimate relationships, and risk being re-traumatised by them, the traumatised self elects to destroy its own neediness and vulnerability. 'Aggressive, destructive energies – ordinarily available for reality-adaptation and for healthy defence against toxic not-self objects – are directed back into the inner world' (Kalsched 1996: 19). Examples of aggression are given by Renn in Chapter 4, Harding in Chapter 8, Christie in Chapter 10, Kleimberg in Chapter 11, and Thomas in Chapter 14.

Reaction to loss and fear of loss

Freud (1917) suggests that people cannot mourn their loved objects until they have come to terms with their unresolved hatred towards them. Meanwhile, the ego identifies with loved aspects of the lost one and the superego absorbs the hostility towards the lost object and directs it onto the ego. This was the point of departure for theories of destructive aggression understood as reactions to a lost, disappointing or falling object, originally experienced in an actual, external relationship and subsequently internalised and represented in the mind. Kleinberg, in Chapter 11, and Lucas, in Chapter 12, illustrate the pervasive and corrosive impact of installing the hostile aspect of the relationship in the mind.

The view that aggression is a reaction to separation and loss is illustrated by Fairbairn (1952). He considers the mind to be structured as a network of internalised relationships with the primary caregiver. Separation from mother activates the dependent infant's frustrated aggression and promotes an internalisation of the frustrating relationships with her (1952: 17f, 54f, 109). The infant fears that its neediness, erotic longings and frustrated rage will jeopardise its necessary relationship with mother. Aggression is mobilised to subdue these dangerous feelings, thus averting the catastrophic consequences of mother's rejection (1952: 173). The infant attempts to control both the bad, frustrating mother and his hatred of her, by internalising these aspects of their relationship; in this way the infant can appear to preserve the external mother as loved, available and satisfying. This manoeuvre relocates the problem from the external relationship into the mind, where both the object and the ego are split into subsidiary internal relationships. The mother is split into an exciting figure desired by a libidinal needy ego and a frustrating, rejecting figure engaged with an anti-libidinal ego. The central ego mobilises aggression to repress both these painful relationships. By internalising and repressing her exciting and rejecting aspects, the relationship with the external mother is preserved as idealised, beyond reproach and longing (1952: 136).

In sum, Fairbairn regards the child's aggression as a primary instinct that is mobilised when mother frustrates libidinal needs. Infants direct their aggression inwards in a misguided attempt to keep the relationship with the mother aggression-free and therefore protected from rejection. The price of keeping the relationship with mother safe from both instinctual loving and aggressive feelings is the establishment of internal relationships that deploy aggressive energies to attack and subdue vulnerability, longing and neediness.

In Chapter 4, Remn elaborates Bowlby's theories, also based on understanding aggression as a reaction to separation from, and loss of, an attachment figure. In attachment theory, our need for others has a biological basis. We require reliable proximity to our attachment figures for physical survival and by extension we develop an adaptive physiological, emotional and cognitive system to explore the world and make new attachments throughout life (DeZuluetra 1993; Fonagy 2001; Holmes 1993). The infant keeps its attachment figures close by with a repertoire of attachment behaviours. Angry protest when the attachment figure leaves or returns discourages separations. Bowlby, and the theorists developing his work, have understood destructive aggression as an extension of natural angry protests at the loss or absence of attachment figures, particularly when these losses have not been mediated by mitigating circumstances (Holmes 1993).

Attachment theorists see the child's internalised attachments as 'internal working models' of relationships. Remn describes how children with internal

working models based on secure relationships expect responsiveness from their caregivers and are confident of being loved and wanted. Conversely, when the internal working models are based on attachments with an unreliable, unresponsive, frightened and/or frightening caregiver the child is likely to see itself as unwanted, unlovable and unworthy. Insecurely attached children become locked into their attachment with their caregiver internally and externally, neither able to separate from, nor change the basis of, their attachment (Carvalho 2002: 167).

Remn also argues that secure attachments are the necessary context for the development of affect regulation, impulse control, empathy, mentalisation and, therefore, interpersonal competence (Fonagy 2001). Without the empathic attunement of a secure attachment, children cannot develop the mental capacities necessary to regulate and make sense of losses and the aggression they evoke. Instead, the internal working models reproduce in the mind the way 'of regulating (or not) one's affects as one's primary caregiver does: one behaves towards one's emotions as they do and did and indeed as one fantasises them to do and to have done' (Carvalho 2002: 167).

Remn shows clearly how people without the capacity to regulate their feelings are prone to express their strong emotions in primitive ways such as self-harm and violence towards others. He demonstrates how destructive and violent reactions to vulnerability and loss frequently indicate lost or damaged attachments earlier in life (see also DeZuluetra 1993; Fonagy 2001; Holmes 1993). People who are unable to empathise with losses because they are reminded of their own overwhelming pain, are likely to attack rather than respect vulnerability, and their working models of relationships are likely to be organised on the basis of victim and perpetrator (Carvalho 2002; DeZuluetra 1993). Woods, in Chapter 9, explores this dynamic in the example of bullies and their victims.

The death instinct

Freud's arrival at his concept of the death instinct (1920) revealed aggression as an end in itself rather than a means to an end (Schmidt-Hellerau 2002: 1271). The idea of the death instinct emerged from Freud's struggle to understand the ubiquitous human compulsion to repeat painful experiences (Black 2001; Laplanche & Pontalis 1983). Freud proposed that a struggle between the life instincts to connect and integrate and the death instincts to dissolve and destroy, operates at every level of our biological and psychological being. Resulting fusions and delusions of the life and death instincts determine the relative strength and weakness of impulses to grow and develop or stagnate and degenerate. The death instinct is directed at the self and operates invisibly and unhindered when it is not bound by life forces. Observable destructiveness derives from the death instinct and is directed outwards for self-preservation. In the internal world, aggression is expressed

as sadism towards the self and experienced as guilt. Freud understood a person's guilt as proportionate to the aggression they redirected from other people back onto themselves, absorbed into the superego and converted into sadistic attacks on the ego (1930). Similarly in melancholia, as Lucas movingly shows in Chapter 12, an excessively harsh superego turns against the lost object in the ego with the force of 'the pure culture of the death instinct' (1923).

Melanie Klein and her followers saw the death instinct as a primary determinant of psychic development (see King & Steiner 1991). Klein concluded that the inhibitions of the children she analysed stemmed from their anxieties about their aggressive impulses. Klein equated the death instinct with sadism expressed through an archaic superego (Hinshelwood 1991: 48). In her view, the death instinct underlies the infant's aggressive impulses and phantasies towards the good breast from birth and is liable to undermine the benign and satisfying experiences offered by the good mother. In the 'paranoid-schizoid position', infants manage their aggression by attributing it to the bad breast, kept separate from their nurturing experiences with the good breast (Klein 1946). The 'depressive position' is achieved when good and bad breast are seen as aspects of the same person, capable of surviving the infant's sadism and envy and thus enabling a good object to be introjected and loving feelings to modify destructive impulses (Klein 1935).

The death instinct, according to Kleinian theory, is part of the human constitution and operative from birth. In Chapters 12 and 13, Lucas and Amos show the pervasively destructive influence of the death instinct on internal and external relationships. In particular, hostility is directed towards the needy libidinal self and objects offering to meet those needs. Conversely, omnipotent positions in internal and external relationships are idealised as beyond pain, guilt and vulnerability. These internal relationships are the basis for psychotic and pathological organisations of the mind aimed at maintaining idealised destructiveness and keeping need and vulnerability under constant attack (Rosenfeld 1971; Steiner 1993).

By proposing the death instinct as central to psychic development, Kleinian theory challenged the 'privilege' that psychoanalysis had accorded to libido (King & Steiner 1991: 513). A theoretical distinction emerged between those following Klein, who believed that a tendency to self- and object-destructiveness emanated from an overbearing destructive instinct fuelled by the death instinct (illustrated by Lucas in Chapter 12 and Amos in Chapter 13) and those following Anna Freud, who believed that it was failures in libidinal development that led to overactive destructiveness (illustrated by Parsons in Chapter 3).

The concept of the death instinct has remained contentious in psychoanalysis. Black (2001) outlines some formidable theoretical difficulties inherent in the theory of the death drive. He argues that in retrospect it can

be regarded as 'a detour' on the way to Freud's identification of an independent destructive drive. Lucas, conversely, represents the view (Chapter 12) that psychotic states of mind confirm the reality of the death instinct. In contrast, Royston (Chapter 2) argues that states of acute vulnerability lie behind an apparent drive towards inertia.

An integrated theory of aggression

As Schmidt-Helleran elegantly points out, each theory highlights an important aspect of human aggression:

Hardly anyone would dispute that aggression is something 'driven', inherent in human nature (that is, biogenetically based); it is equally correct to say that it arises in response to frustration and danger and within object relationships; and it is virtually self-evident that, besides hostile (malignant) aggression, there is also useful (benign) aggression. (2002: 1270)

Mitchell (1993) comes close to offering a theory of aggression that integrates the features identified by Freud. The exception, in his view is constructive assertiveness (1993: 362), which he sees as deriving from a different source in our psychology:

From the drive theory side comes the notion that aggression is biologically based, physiologically powerful, and universal, playing an inevitable and central dynamic role in the generation of experience and the shaping of the self. From the nondrive theory side comes the notion that aggression is a response to endangerment within the personally designed subjective world, not a pre-psychological push looking for a reason. (1993: 373)

Mitchell sees aggression as a central organiser of our sense of self. As a 'pre-wired potential' of our biology, aggression arises as part of our nature. Aggression, like sexual desire, has a power derived from its physiological force. When strong aggressive reactions have not been 'mentalised' they seem to take us over:

Intense anger is arresting and pre-emptive. When unintegrated, it can shatter and diffuse other concerns and intentions; its physiological power can disorganise mental states. When integrated, it can generate and energise other motives and actions. Aggression, like sexuality, often provides the juice that potentiates and embellishes experience. (Mitchell 1993: 371)



Aggression acquires personal meanings for each individual as their aggressive impulses emerge and take shape in the context of their relationships. In other words, our destructive feelings acquire meanings from the ways others evoke, receive and understand our aggressive initiatives and responses. Destructiveness is evoked when the sense of self feels endangered. In particular, the prolonged dependency of human beings on others during infancy inclines us to experience responsive failures as threats to our psychological, and sometimes physiological, survival throughout life (Mitchell 1993).

Coming to terms with aggression

Developmental roots

Infants engage with the world using a repertoire of emotional resources including aggression. In favourable circumstances, the world provides them with the conditions they need to utilise their aggression for survival, self-assertion and creativity rather than destructiveness. In the first instance, as Parsons describes in Chapter 3, infants need an empathic and emotionally available mother capable of receiving and containing her baby's loving and aggressive impulses. Fortunate infants discover in the mother a consistent and reliable empathic responsiveness at times when they are overwhelmed by their needs and feelings. As children gradually internalise experiences of empathically responsive figures as good objects to turn to in states of helplessness and distress, they learn that it is safe to be vulnerable in the presence of a protective object (Parsons & Dermen 1999). Good internal objects contain and integrate with loving feelings, the powerful feelings of aggression aroused by threatening experiences. When feelings can be contained and thought about by a protective object the child can begin to symbolise and process their feelings mentally (Garland 2002; Segal 1957).

In psychoanalysis, the containing qualities of empathic responsiveness to the infant, combined with protectiveness from external impingements, is represented as the maternal function. A mother's maternal function is compromised when her child's emotional states are experienced as a threat to her own psychic equilibrium. In Chapter 10, Christie gives examples of mothers who were not psychically available to attend to their children's emotional needs: unable to contain their own feelings these mothers turned to their children to meet their needs. In such circumstances, a child is liable to grow up with a precarious sense of self and a reservoir of rage and hatred, lacking the mental capacities to manage these powerful emotions. Without an understanding and protective internal object to turn to, or the mental processes to symbolise their aggression, the endangered self resorts to destructive defensive measures. This consequence is illustrated by Harding (Chapter 8), Christie (Chapter 10) and Kleinberg (Chapter 11),

who give case examples of women who had not internalised protective, empathic figures to contain their aggressive states of mind. Instead, these women managed their aggression destructively by turning it against their own needs and wishes.

The maternal function in the child's development is complemented by the paternal function of separation and individuation, represented in psychoanalysis as the role of the father. Children need a 'third' in their lives to help them to separate from mother and to mediate the demands of external reality. When the father intervenes in the relationship between mother and child to 'reclaim' his wife and establish a relationship of his own with his child (Campbell 1995), he offers the child 'a way out' of an exclusive dependence on mother. In order to develop an independent identity, the child needs help to separate from mother and encouragement to express their independent strivings, often in the form of angry protests. Failure to achieve this separation jeopardises the child's developing sense of self and makes it difficult later in life to establish either intimate relationships with, or autonomy from, others (Glasser 1992; Holmes 2001). Without a consistent and reliable father to turn to as an alternative and different source of support and protection, estrangement from mother is liable to be experienced as abandonment without a container (Carvalho 2002), propelling the child back to the symbiotic relationship with mother (Leowald 1951). As alternative figures to turn to, fathers offer children different ways of seeing mother, themselves, and their relationship with mother. The child is released from their symbiotic relationship with mother by seeing that there is more than one way to interact with her (Fonagy & Target 1995). In this observing position (Britton 1989), children can reflect on and think about their experiences with mother rather than be immersed in, and overwhelmed by, them. Therefore as Kleinberg shows (Chapter 11) the paternal function provides the mental space for thought and symbolisation enabling aggressive feelings to be managed and expressed creatively rather than internalised destructively.

In Chapter 5, Harrison describes how boys with violent fathers face a dilemma about how to manage their aggressive feelings. In favourable circumstances, young boys identify with fathers who have protected and supported their strivings to become independent of mother (Leowald 1951) and helped them to manage their longings for an exclusive union with mother (Campbell 1995). This identification helps the child to experience father's presentation of the 'facts of life' (see Ruszczynski, Chapter 6) as more supportive than punishing (Leowald 1951). Identifying with a supportive and protective father provides the boy with the basis to develop a secure masculine identity (Glasser 1992). However, when the father is violent, emotionally and especially physically, identification with father exposes the child to frightening levels of unmanageable aggression. The young boy's attempts to become independent of mother are hampered

because father is unavailable as a protective supportive object and because his aggression feels too alarming to use in the service of self-assertion. The boy's aggression, particularly self-preserved aggression, is liable to violently erupt when he perceives a threat to his identity because he lacks the capacity to distance himself in more sophisticated and imaginative ways. Harrison describes the regressive defences her patient developed to sustain a semblance of identity without the aid of the aggression he equated with his father's violence.

Aggression in disguise and as disguise

We find ways to manage our destructive impulses with the psychic and physical resources at our disposal. These solutions may be heavily disguised to make them acceptable to our disapproving loved objects and, in turn, to our superegos. The contributors to this book illustrate examples of aggression in disguise and as disguise. For example, Kleinberg (Chapter 11) shows how aggression can be disguised by the hopelessness and despair of depression. Harrison (Chapter 5), and Rusczyński (Chapter 6) show how sexual excitement may perversely disguise underlying hatred and violence. Harding (Chapter 8) and Christie (Chapter 10) illustrate how the role of innocent victim can disguise unprocessed rage and destructiveness from traumatic experiences. Lucas (Chapter 12) shows how denial and rationalisation in psychosis conceal massive attacks on reality and the self. Conversely, the endangered self, weakened by the deficient containment of its primary objects may disguise itself in destructive ways. This is illustrated by Mann (Chapter 7) in his exploration of the hatred of the misanthropist; by Remn (Chapter 4) who gives examples of physical violence defending against vulnerability; by Woods (Chapter 9) who explores the victim underlying the bully and by Royston (Chapter 2), Amos (Chapter 13), and Thomas (Chapter 14) in their examples of destructive attacks on therapy. As Rusczyński explains in Chapter 6, without the psychic means to contain overwhelming states of mind, the self becomes overwhelmed by pain, loss or terror, the capacity to mentalise feelings collapses and the person becomes liable to resort to action as a concrete form of containment. Destructiveness that cannot be processed mentally has to be evacuated and/or enacted. There are broadly three solutions to the problem of containment when the capacity for symbolisation collapses (Garland 2002):

- 1 People may identify with their designated aggressor and turn their passive experience of helplessness into active perpetration of what was done to them. This defence may lead to depressed or vengeful states of mind as shown by Kleinberg in Chapter 11, Harding in Chapter 8, Christie in Chapter 10, Woods in Chapter 9, and Thomas in Chapter 14.

1 People may eroticise their overwhelming experiences and turn pain, anxiety and rage into excitement and adopt perverse defences and solutions as shown by Rusczyński in Chapter 6 and Harrison in Chapter 5.

1 Those with highly unstable identities react violently when they feel psychically threatened. In extremity, the endangered self resorts to psychotic functioning by attacking the perceptual capacities (Segal 1957, 1986). Psychic pain may be experienced and expressed bodily when it cannot be processed psychically (Fonagy & Target 1995). Uncontainable psychic pain may be projected into a victim who may be violently attacked and/or murdered or the psychic pain may be introjected into the body as in self-harm or suicide (Anderson 1997; Bell 2000; Sohn 1997; Williams 1995). These violent solutions are illustrated by Remn in Chapter 4, Rusczyński in Chapter 6 and Lucas in Chapter 13.

Working with destructiveness in the clinical situation

Aggression is an essential ingredient in psychotherapy. Integrated aggression energises engagement with the therapist in self-assertion and contributes pervasance and determination to the therapeutic alliance. Unintegrated aggression may disrupt the progress of therapy, preventing or disturbing engagement with the therapist. The psychotherapeutic relationship offers patients an opportunity to integrate their aggression more satisfactorily so it may become a useful resource, rather than a disruptive factor, in their mental and relational economy. However, the ego strength required to mentally process powerful aggressive and sexual impulses is only achieved through containing destabilising feelings. Therapists fulfil the dual functions of maternal containing and paternal separating and differentiating for their patients until the patient has internalised these capacities for themselves, through symbolic thought rather than re-action (Garland 2002; Segal 1957). Freud recognised the undermining influence of unintegrated aggression in resistances to therapy (Laplanche & Pontalis 1983). Having identified the destructive instinct, he detected its role in impeding the progress of recovery in psychotherapy:

No stronger impression arises from the resistances during the work of analysis than of there being a force which is defending itself by every possible means against recovery and which is absolutely resolved to hold onto illness and suffering. (1937: 243)

Part of the therapist's task is to understand the patient's shifting motives for tenaciously holding onto their suffering. Suffering may, for example,

appease a cruel and unforgiving superego (Glasser 1986, 1992); gain pleasure from triumphing over the therapist and the needy part of the self (Feldman 2000); be chosen as a lesser evil to facing the dreaded pain of losing the good object (Bell 2000) or secure base (Holmes 2001) or guilt for damage done (Anderson 1997; Steiner 1993).

Freud recognised that ego weaknesses make it difficult to manage aggressive impulses constructively. He attributed ego weakness to two main factors: the strength of the destructive instinct, and a traumatised ego inadequately protected by the stimulus barrier and overwhelmed by experiences from internal or/and external sources (Freud 1937). Psychoanalytic opinions acknowledge the interactive influence of both factors undermining the ego's capacity to integrate and regulate aggression. However, opinions tend to divide between those emphasising the strength of the destructive instinct (e.g. Feldman 2000; Hinshelwood 1991; King & Steiner 1991; Klein 1946, 1957; Segal 1957, 1986) and those emphasising reactions to environmental experiences, in particular the impact of trauma, deprivation and failures of maternal containment (e.g. DeZuluetta 1993; Fairbairn 1952; Fonagy 2001; Fonagy & Target 1995; Kalsched 1996; Mollon 1998, 2002). In Chapter 2, Royston thoroughly and elegantly explores the implications of this theoretical debate for understanding the progress of clinical work.

Therapists know that what they say or become for the patient may be experienced as threatening (Parsons & Dermen 1999). The structure of the therapeutic relationship may expose patients to their own limitations and activate their frustrated rage and hatred. The therapeutic relationship, particularly the therapist's empathy and compassion, makes patients more aware of their needs and vulnerabilities provoking a defensive reaction when these are felt to endanger the self (Fonagy & Target 1995). Glasser offers a catalogue of such external and internal threats liable to provoke self-protective destructive or violent reactions. Experiences perceived as endangering the patient's gender identity, provoking frustration, disempowerment or humiliation, insulting an ideal self, undermining self-esteem. The patient may feel at risk of unbearable confusion, disintegration or remorseless castigation by a tyrannical, sadistic superego (Glasser 1998: 889).

Psychic change inevitably destabilises the patient's psychic equilibrium. But when the capacity to symbolise and reflect on feelings is unstable or non-existent, the patient risks reliving threatening feelings and relationships, and becoming re-traumatised (Kalsched 1996). The patient's trust in the therapist, to be a reliable good object/secure base with whom it feels safe to be vulnerable and needy, has to be established and re-established over and over again. 'It is only once that [therapeutic] bond is formed that the controlled turbulence and challenge needed for new meanings to emerge can hope to succeed' (Holmes 2001: 46). In Chapter 13, Amos gives examples of such psychic destabilisation from the perspective of the equilibrium between the life and death instincts.

Therapy may constellate a number of double binds for the patient, evoking feelings of helplessness and rage. For example, the patient's need to rely on the therapist may re-expose them to disappointments, betrayals, neglects experienced in past dependent relationships. Their longings for closeness may threaten psychic extinction, but their longings for separateness and independence threaten abandonment (Glasser 1996). The therapist's empathic understanding may be experienced as the presence of an engulfing mother threatening the patient's sense of self and evoking self-protective rage to create a distance from the threatening therapist (Glasser 1992; Perelberg 1999, 2004). The therapist's separating and differentiating functions, in the form of interpretation and maintaining the analytic frame, may evoke rage and alarm that this rage could escalate into violence provoking regression to a fusional state (Perelberg 1999, 2004). The patient's desperation to engage with life, as represented by the therapy, may evoke pain beyond endurance and, as Amos understands it in Chapter 13, may provoke a deadly backlash. The prospect of possession means having to face the risk of loss, that is to say, death (Freud 1915b): 'It is better to have loved and lost than never to have loved at all' only rings true for those with considerable ego strength. This dilemma is faced at every session where the end is presaged in its beginning, at breaks between sessions, at holiday breaks and with the fact of life that all good things come to an end, including the therapeutic relationship. Connecting with the pain of loss exposes the patient to guilt and grief for the damage they have inflicted on their good objects (Anderson 1997; Steiner 1994) and the life they have hitherto not lived (Kalsched 1996).

Destructive impulses rarely appear in the consulting room in the form of overt physical violence because when a threat to psychic equilibrium is too overwhelming to be thought, the patient can literally take flight or project the intolerable state of mind into the therapist (see, for example, Thomas Chapter 14). Threats may be reacted to actively or passively, in spontaneous outbursts or in organised ways. As in everyday life (p. 14f) there are broadly three types of solution to the problem of disposing of and expressing helpless rage when experiences beyond the ego's capacities arise in the therapeutic relationship (Garland 2002). First, patients may turn their perceived helplessness into active identification with the aggressor. The aggressor may be the lost, disappointing or traumatising object represented in an internal relationship and reincarnated with the therapist. Patients may perceive their therapist as mistreating them and exploiting their trust. This shifts the passive vulnerable patient into the powerful position of a victim with a valid grievance justly attacking the therapist. Second, patients may eroticise the rage induced by their helplessness and dependency on the therapist. They may attempt to turn the therapeutic relationship into a sexual seduction (Kernberg 1995: 115). Or patients may convert the therapeutic relationship into a sadomasochistic one, where the patient feels safely in control of the

therapist kept at a safe distance, not too close and not too far. Third, the self in extreme danger resorts to psychotic solutions. A psychotic part of the mind appropriates the mental apparatus and attacks the perception of reality and the perceiving self (Rosenfeld 1987; Segal 1986). Royston, in Chapter 2, Amos, in Chapter 13, and Thomas, in Chapter 14, give examples of patients who feel caught between the pain of life, development, and action and the pain of annihilation through fragmentation and inertia and illustrate the deadly processes that are activated in the therapeutic process. Lucas, in Chapter 12, shows how these processes may be expressed through identifying the threatening object with the body resulting in physical symptoms or suicidal thoughts or projected into an external object and murderously attacked. These solutions represent defences against less endurable suffering and may be attempts to protect good internal and external objects from harm (Bell 2000; Zetzel 1953). Garland (2002) emphasises that rage evoked by helplessness is a sign of life with a vital protective function providing a 'semblance of coherence' and psychic organisation at a point of fragmentation (2002: 210). However, when destructiveness is not psychically contained this reaction may compound the damage.

The therapist detects the expression of destructive impulses and fantasies through transference and counter-transference communications. Frequently, therapists become aware of an urgent pressure to do or say something, to act rather than think in response to the patient's projected states of mind. The pressure may be an id pressure, to let 'anything go' or a superego pressure to resort to harsh, judgmental 'easy certainties' but, in either case, the therapist is required to process the projections and then represent the unbearable experiences in thoughtful understanding (Anderson 1997; Holmes 2001; Lloyd-Owen 2002). The therapist needs an open mind to see things from the patient's point of view (Steiner 1994) and to hold the projections until they can be understood. This containing process introduces the patient to the process of thinking about mental states (Fonagy & Target 1995; Parsons & Dermen 1999). The therapist gradually articulates the patient's underlying anxieties and dilemmas (Glasser 1992; Perelberg 1999, 2004) and shows the patient the illusory clarity of their violent or destructive solutions (Fonagy & Target 1995). Any direct interpretation of patients' aggression towards the therapist is likely to be futile and counterproductive (Fonagy & Target 1995) and may compound patient's dread that they are irredeemable and their destructiveness is uncontrollable (Rosenfeld 1987; Steiner 1994). However, trust in the therapist will be jeopardised if patients perceive their therapist as defeated by, or colluding with, their destructiveness (Steiner 1994). Rosenfeld (1987) suggests that the patient's vulnerability must be carefully assessed and that it may be more helpful to interpret the patient's inertia and paralysis as fear of explosive rage, rather than focus on the destructive rage itself. Glasser defines the therapist's task as showing the patient how their ways of managing work against them. But he cautions:

Ultimately the patient may know better than we do what is his optimal solution and it has to be left to him to 'choose' how he prefers to reconcile the complex interaction of factors which make up his psychological world – indeed the analyst cannot do otherwise. (1992: 500)

The capacity to contain destructiveness in damage-limited ways generates hope of psychic reparation (Klein 1937, 1957; Rey 1996). Harding, in Chapter 8 shows how this may be achieved in the therapeutic relationship when a protective and containing object has been internalised and the painful process of mourning has been endured. As the patient's superego becomes less cruel and demanding of perfection and more forgiving, the ego can accept forgiveness, compromise and imperfect repair. Hope and gratitude then become possible. These are hard won and inestimable achievements.

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