

capacity to function at our maximum capacity. It is, I think, a tragic dilemma we can only engage again and again and attempt to understand.

In a work Bion (1977) wrote some years after *Experiences in Groups*, when in fact he had seemed to give up his interest in groups, he commented on the relationship between what he called the "mystic" or the "genius" or the "messiah" (which he considered interchangeable terms—but note that he did not use the term "leader") and the institution or "Establishment." The truly creative individual exists in an essential but antagonistic relationship with the established order. The established order exists to preserve the wisdom of the past and make possible the future vision of the truly creative individual, yet it is endangered by the emergence of that vision. It is a container threatened with explosion by what it does not know how to contain, the reality or truth, the "O," which only the creative individual can approximate.

This is, I think, a special case of the universal dilemma of group membership. Society is an association of diverse groups, and our need to belong to at least some of these groups is as profound as our need to sleep and dream. And yet, what we give up to belong! Some of us have more to give up than others, to be sure—certainly from the perspective of society that stands to lose precious contributions of wisdom. We cannot evade the dilemma involved in joining. But I think Bion's message can be expressed as the thought that we can make it conscious. It's possible to analyze experiences in groups.

I conceded at the outset of this paper that Bion's "method" of group analysis has been discredited in this country. But can we afford to neglect any means of acquiring binocular vision into so central an aspect of our experience? Perhaps the point is that his method needs to be exercised with those who attempt to work in groups, in organizations, who occupy assigned leadership roles and find themselves mysteriously enabled or thwarted in their attempts with others to achieve their tasks. Maybe group therapy as Bion conceived it—in a society of groups—is too important to be wasted on patients.

4.

SOME PSYCHODYNAMICS OF LARGE GROUPS¹

Tom Main

PROJECTIVE PROCESSES IN SOCIAL SETTINGS

Although projective processes are primitive attempts to relieve internal pains by externalising them, assigning or requiring another to contain aspects of the self, the price can be high: for the self is left not only less aware of its whole but, in the case of projective identification, is depleted by the projective loss of important aspects of itself. Massive projective identification of—for instance—feared aggressive parts of the self leaves the remaining self felt only to be weak and unaggressive. Thereafter, the weakened individual will remain in terror about being overwhelmed by frightening aggressive strength but this will now be felt only as belonging to the other. Depending on the range of this projective fantasy the results will vary from terrified flight, appeasement, wariness and specific anxieties about the other, even psychotic delusions about his intentions.

The above instance concerns only the projector's side of the projective relationship: but projective processes often have a further significance. What about the person on the receiving end of the projection? In simple projection (a mental mechanism) the receiver may notice that he is not being treated as himself but as an aggressive other. In projective identification (an unconscious fantasy) this other may find himself forced by the projector actually to feel and own projected aggressive qualities and impulses that are otherwise alien to him. He will feel strange and uncomfortable and may resent what is happening, but in the face of the projector's weakness and cowardice it may be doubly difficult to resist the feelings of superiority and aggressive power steadily forced into him. Such disturbances affect all pair relationships more or less. A wife, for instance, may force her husband to own feared and unwanted aggressive and dominating aspects of herself and will then fear and respect him. He in turn may come to feel aggressive and dominating towards her, not only because of his own resources but of hers that are forced into him. But more; for reasons of his own he may despise and disown certain timid aspects of his personality and by projective identification force these into his wife and despise her accordingly. She may thus be left not only with timid unag-

gressive parts of herself but having in addition to contain his. Certain pairs come to live in such locked systems, dominated by mutual projective fantasies with each not truly married to a person, but rather to unwanted, split off and projected parts of themselves (Bannister and Pincus, 1965; Main, 1966). Both the husband, dominant and cruel, and the wife, stupidly timid and respectful, may be miserably happy with themselves and with each other, yet such marriages although turbulent, are stable because each partner needs the other for pathological narcissistic purposes. *Forcible projective processes and especially projective identification are thus more than an individual matter: they are object-related and the other will always be affected more or less.* The results are a variety of joint personality depletions and invasions and interpersonal disturbances.

Projective processes are also observable in group behaviour. Half a century ago in *Group Psychology and the Analysis of the Ego* (1972) Freud pointed out that a leader can occupy the role of super-ego for members of a group, who are thus freed not only of responsibility for decisions but also of burdens of self-criticism and doubt. But it is a costly freedom; the group members actually lose individual moral sense and the capacity to think and to judge as individuals. In the light of this observation alone we can understand something of the plight of the Nazi leaders at the Nuremberg Trials who knew themselves only as decent family men and innocent of responsibility for the criminal acts they had loyally carried out. Having early projected away and into Hitler their capacity for moral judgment they (with few exceptions) had lost the capacity to know that they had behaved viciously and could not understand the present censure. They were psychically impoverished, morally blinded, by projective processes.

Freud's discovery of mental splitting and the projection of the super-ego in group life, coupled with Melanie Klein's later discoveries of projective-identification fantasies have allowed studies of other group-roles than that of leader. It has often been observed in studies of *small-group* life that certain individuals may be unconsciously forced by the group to feel certain things and to carry out particular roles. This one may be unconsciously appointed and required as a sinner, to feel and act accordingly, that one as the giver of wisdom, others as saboteur of the work, buffoon, invalid, etc., with various degrees of personal discomfort.

There is little discomfort for the receiver if he has some capacity that matches the projections fairly well, in a good 'role-fit.'

Example

In a working group one member was observed to be used as the repository of all projected financial meanness. He was kept in this role so that the others could safely feel free not to think about financial matters but he was steadily stimulated to be strict and watchful by their regular financially reckless ideas or behaviour. But he did not mind this *because he actually had character tendencies to be financially strict.*

The unconscious forcing of feelings and abilities into another in a small group will, however, create observable discomfort in the receiver if his

relevant character-tendencies are few. He may respond as he is required to yet his loss of freedom to behave otherwise will create strain for him, perhaps breakdown, resignation or illness. Instances of group projection with role comfort and discomfort in the members are easy to observe in play groups, discussion groups and work groups. But whether the role-fit be good or bad the penalty for all in personality restriction loss or invasion should be noted.

In large unstructured groups—with memberships of over 20 or so—projective processes may be wide-spread and can lead to baffling, even chaotic situations, which can bring the groups' work to a standstill. The members will sit in long uneasy silences with even the most resourceful apparently lacking the capacity for contributing usefully. It seems that many individuals at such moments actually do not have their full thinking-capacities at their own disposal. For various reasons—which I shall later discuss—they have denied, split off and projected much of their mental vigour outside themselves, occasionally into particular individuals but more often into a vague nonpersonal creation which they call 'the group.' In the presence of this mysterious powerful 'group' they will actually feel stupid, helpless and afraid of what it may do to them if they speak or move incautiously.

Projection and projective identification as interpersonal concepts have value for the understanding of the behaviour of large unstructured groups as well as small groups, pairs and individuals.

They can also aid the understanding of structured groups, and shed light on how far the procedures, beliefs, organisational structures and activities of an enterprise are reality-orientated and how far they are the result of anxieties, powerful fantasies and defences (Menzies, 1961). Projective processes in the service of relief from intrapersonal pains in industrial situations are powerful factors of major industrial inefficiency and conflicts (Jaques, 1961). Those of us who work in hospitals need, however, look no further than under our noses.

In the literature that has followed my proposition (Main, 1946) that a total hospital community could be therapeutic or anti-therapeutic, there has been good agreement that one benefit of therapeutic community technique derives from the staff's readiness to offer patients and staff reciprocal adult roles with participant powers and responsibilities for various aspects of institutional life, and further that it can be beneficial if there is open study, by all, of the problems of sustaining these roles. A therapeutic community is one of on-going inquiry about personal and group anxieties and defences and of endeavour to create adaptive thought-out roles, relations, structure and culture geared to reality tasks and relevant to the capacities and needs of the individuals within the community. This is in contrast to the classical medical organisation model in which only roles of health or illness are an offer; staff to be only healthy, knowledgeable, kind, powerful and active, and patients to be only ill, suffering, ignorant, passive, obedient and grateful; and with a corresponding staff structure and a culture of kindness and discipline.

Now to create adult roles for all in a hospital, adaptive to individual capacity and relevant to efficiency is—quite apart from the time required for on-going studies—easier said than done. Not only is present hospital tradition against this but all of us concerned always carry within ourselves personal attitudes more or less neurotic that hamper such a development. It is of course the insightful laying bare of these very attitudes that allows community therapy to proceed, but this is never easy. In most hospitals the staff are there because they seek to care for others less able than themselves, while the patients hope to find others *more* able than themselves. The helpful and the helpless meet and put pressures on each other to act not only in realistic but also in fantastic collusion and in collusive hierarchical systems. The actively projectively helpful will unconsciously *require* others to be helpless while the helpless will *require* others to be helpful. Staff and patients are thus inevitably to some extent creatures of each other. Therapeutic community technique, which seeks insight for all, is a useful check on institutional collusive projection, but if the mutual projective system is accepted blindly and is institutionalized without reality-testing then it carries dangers to the personality integration of all concerned.

Temporary patient/staff mutual collusive projection of socially split strength and weakness *may* be highly effective, for instance in an acute surgical unit where the illnesses are short and the regression that accompanies illness is temporary and self-limiting; but it is clearly not useful in any psychiatric unit where human behaviour rather than organ performance is under active study and in which regression is not so much the secondary accompaniment of a temporary illness as a primary and permanent part of one.

Requirements of only health for staff and only invalidism for patients are, however, neither socially inevitable nor truly practicable, for human states are never absolute. Stable healthy people contain elements of instability and ill health, and unhealthy unstable people contain elements of health and stability. Indeed there is something strainfully collusive about those psychiatric hospitals that are managed so that one party comes to regard the other as being in an absolute state, either of health or ill health, and they offer us paradigmatic questions for all similar large groups. Why are certain roles (bosses and workers, teachers and pupils, experts and ignoramuses, staff and patients, police and criminals, etc.) so often collusively required to be *absolute*? How does it come about that one party is content to notice its differences from the other but uneasy at recognising the similarities? What are the implications, benefits and dangers when human beings cling to absolute categories?

These questions may in part be answered by a revealing but unpublished study made at the Cassel Hospital by my colleague, Malcolm Pines, of patients who had been nurses. All had had traumatised childhoods with grossly inadequate nurturing and all had developed a similar way of dealing with needy but untended parts of themselves. From childhood onwards they had striven to overcome these by disowning, denying and projecting them into others; and had then sought to nurse these aspects of themselves 'out there' in attempts at vicarious satisfaction. In their adulthood they had done significant work nursing *others*, but in each the projective endeavours

to keep suffering 'out there' had eventually failed. All were now unusually humiliated; breakdown was all right for 'patients,' but not for 'nurses.' In hospital they presented special problems of which I select one: sometimes each sought to be treated *only* as a resourceless patient but at others *only* as a nursing colleague of the staff, helpful to 'the patients.' One role or the other. It was most painful for them to contain both parts of themselves at one time, i.e., to be *sick/nurses*, and any such attempt at integration was quickly followed by further splitting and projection of one or other part. *Absolute states seemed preferable because integrated ones contained unbearable conflict and pain.*

This last finding, well known in individual psychoanalysis, has implications for all social and international situations in which we/they beliefs arise. The common defences against personal mental pain, of denial, splitting and projection into others have immense social consequences when used by whole groups of individuals.

PROJECTIVE PROCESSES AND REALITY-TESTING

It must be emphasised that externalising defences and fantasies can involve positive as well as negative aspects of the self; and that projection of impulses and projective identification of parts of the self into others are elements in 'normal' mental activity. *When followed by reality-testing* trial externalisations of aspects of the self help an individual to understand himself and others. For instance if we are to *sense* (as distinct from notice the signs of) the distress in a crying child, we can do so only if there is within us a former experience of having been a distressed child ourselves. An experimental projection of this into the child before us, followed by reality testing, can help us decide whether our understanding of the child's distress is more or less appropriate. Similarly, if we are to sense another's joy we can only do so by the experiment of projecting former joyous states of our own, *followed by a reality test* to decide how far our projection fits the facts; i.e., we 'put *ourselves* in his place.'

It is when projective processes are massive and forceful that they are difficult to test or reverse. In malignant projective identification this difficulty arises not only because of the forcefulness of the projection but also because, with the ego impoverished by loss of a major part of the self, reality-testing becomes defective. Thus unchecked and uncheckable pathological judgements may now arise about oneself and the other, quasi-irreversible because of the pains of integration.

Malignant projective processes are to be found in both neurotic and psychotic patients, and may be temporarily observable also in 'normal' people suffering major frustration. Grossly in such delusions as, 'He has stolen the thought-radio and listens to my thoughts' or, 'They whisper filthy accusations that I'm a queer.' Less psychotic but still pathological are *absolute* judgements such as, 'You are an incorrigible thug, without a *single* redeeming feature,' or, 'I can *always* count on your help,' or 'As *usual*, the boss is thinking only of himself.' 'Dr X will *never* understand this.'

With less forceful projection systems followed by reality-testing the present is usefully tested against the past, and external events against internal ones; the individual maintains his individuation, re-finds out who he is and who he is not, what he feels and thinks, who others are, and who they are not, what they feel and think. Where a reality test confirms that a trial projection fits the other one learns positively about him; and where it shows the projection to be *only* a projection the individual can re-own the projected part, and grow a surer awareness of the distinct identity of himself and the other. Trial projection and *reality-testing* are thus essential preliminaries to real as distinct from narcissistic relationships. By contrast, in malignant projection systems the self is impoverished, reality-testing fails, the other is not recognised for what he is but rather as a container of disowned aspects of the self, to be hated, feared, idealised, etc., and relations are unreal and narcissistically intense up to the point of insanity.

DEPERSONALISATION AND PERSONALITY INVASION

When major parts of the personality are subject to compelling fantasies of projective identification the damaged powers of thought and diminished identity-sense in the remnant self lead to various degrees of *depersonalisation* accompanied by bizarre object-relations. When the superstitious person projects into an object (or a person) his own denied areas of, say, malice, he will experience that object not only as malicious but uncannily *alive*, with himself only as magically weakened and in danger. In such nightmarish situations appeasement, flight, warding off the magic by desperate counter-magic, the seeking of allies, or a leader, and so forth, may take place. This is the world of psychosis and of extreme industrial and civil strife.

Where positive aspects of the self are forcefully projected similar degrees of depersonalisation occur, with feelings of personal worthlessness and with dependent worship of the other's contrasting strengths, powers, uncanny sensitivity, marvellous gifts, thoughts, knowledge, undying goodness, etc. This is the world of the devotee, cults and hero-promotion.

But what of the recipient of projection? I have pointed out that in *benign* forms where the projection does not 'fit,' the receiver will feel some discomfort at something being inaccurately attributed to him. Sensitivity to this discomfort is an important attribute of all therapists because it is a clue to what is occurring, but this discomfort can be met in daily life. A person may treat us as if we are more clever than we truly are, we may even begin to feel unusually clever, and if we are thoughtless we may try to avoid contention by trying to justify the other's good opinion, by rising to the occasion and straining to be as clever as possible; and so collusively intensify and prolong the 'take-over' that we are clever while he is *not*. (He may now actually become stupid and adoring and thus intensify our plight.) Such thoughtless acceptance of a projection means that we are no longer quite ourselves, for we are filled up and dominated by a part of

somebody else. If we can recognise the discomfort and think about it we will not however feel unduly clever but simply misjudged or invaded; and so we can remain ourselves and indicate by behaviour or protest that the other's beliefs are not justified by fact. In individual *treatment* we would hope to deal with it in another way; show the patient what he is doing and why. My example concerns a positive aspect—cleverness; but similar events can occur with negative aspects—say, confusion, rage or stupidity.

Where projective processes are malignant the recipient always experiences severe discomfort. If rageful confusion is forcibly projected into him he may now feel a strange rage and confusion and may join in ignoring and devaluing his best qualities; and with his rage and confusion preyed upon and stimulated he may over-estimate these and come to feel that they are his essence. Lacking any confirmation of his true self from the other, his own reality-sense will be further threatened. Badly invaded by alien feelings he will have difficulty in thinking calmly, clearly or helpfully. Therapists of severely disturbed patients know well this strain of sorting out inside themselves what belongs to them and what does not. Searles (1961) has well described the effort needed to extricate oneself regularly from crazy relationships with schizophrenic people and to regain touch with one's own intra-psychic world and to recover the capacity to think and feel authentically.

PROJECTIVE PROCESSES IN GROUPS

The creation of realistic relations in *small groups* depends upon its members being able benignly and regularly to project experimentally their various attributes and to undertake reality-testing. Thus regularly confirming themselves and each other, they can carry out joint work realistically. If a member is ill-fitted for an attempted projection the group will withdraw it, because of reality-testing, helped by the member who will resist the projection. If the recipient has appropriate properties to make the projection a good enough 'fit' he may by words or behaviour confirm that they exist in reality, he may feel better recognised and can recognise more of himself. His relations with the group may thus be deepened.

With forcible malignant projection where the projectors are depleted and reality-testing is impaired, all recipients will be unhappy, with their *true* selves devalued and in a strain because of having to sort out various confusing projections thrust into themselves. All may become so invaded by projections that reality-testing and judgement become flawed and relations only fantastic.

In *large groups* the multiplicity of relations puts thorough reality-testing at a discount; projection systems and personality invasion may thus run rife in networks of unchecked and uncheckable fantasies. In my experience—mostly limited to hospitals—in any unstructured group of 20 or more members, projective systems alone are liable to produce major difficulties.

Unfantastic recognition of one's self and of others is a dynamic process, not a static once-and-for-all event. Experiments in sensory deprivation have shown vividly that fidelity to one's internal mental life and past

experiences are not enough to maintain sanity or the sense of self; the regular confirming of oneself in a continuing relation with the reality-tested external world is essential.

In a group everyone does what he can to understand the many people, to maintain his thinking capacity in the face of many viewpoints and to retain his sense of self. His confirmation of himself by the others is liable to be slow and slight but given fair identity-sense and freedom from mental splitting he can use benign projective processes and reality-testing to confirm who he is and who he is not, and to learn where and where not his projective fantasies fit others. But this takes time, and meanwhile relations with the others are much influenced by the inner world and little by reality-tested sureness.

If he can maintain his own sense of self he can offer his distinctive thinking to any discussion and so can help others to test their fantasies about him. Knowing him better they in turn may offer their more realistic thinking and benign cycles of awareness may thus arise.

In large group discussions it is easy to discern such processes of reality-testing with members responding variously to projections, accepting this one, then that one only after modifying it and now rejecting a third.

Most formal large groups are structured with chairman, agenda, orders of precedence, rituals, rules and procedures that discipline, more or less wisely, spontaneous personal interchange. Such groups keep formal order but at a cost, and they are well known to give ultimate dissatisfaction to their members and to fragment into splinter-groups and factions. They are well worth study but they do not offer the best opportunities for studies of the primitive mechanisms in large-group life. It is in experimental situations, such as total meetings in therapeutic communities, where structuring is at a minimum, that unfettered group behaviour can best be studied.

My own observations were made in such groups at the Cassel Hospital, and I have valued there the most 'difficult' group occasions when phenomena of disturbance were in their crudest form. For reasons of tact alone, I must stress that they were not necessarily typical meetings, that they occurred several years ago and that since then I have had the opportunity of studying less disturbed large group meetings. But the data in the rest of this contribution were observed there.

LARGE-GROUP MEETINGS

Politicians involved with complex human issues—even at a distance—often escape from the huge problem of trying to understand everybody by resorting to single generalising thought-models—'the housewife,' 'the young,' 'the property owner,' 'the working man,' each of which he invents and endows with more or less plausible stereotyped needs, powers and desires. These may bear little relation to the varieties of the actual people and his statements may reveal more about the politician than about those he attempts to encompass. Something of this escape from human complexity into generalisation and simplification is liable to occur when many people meet together to study each others' contributions; a single entity is liable

to be invented—'the group,' 'the meeting,' etc.—and to be endowed with various qualities. These group qualities may be plausible but are inevitably much derived from the internal life of the individual, and until reality-tested they contain much projection. They too may tell us more about the speaker than about the various others in the group.

Nonetheless, 'the group,' this single invented object, however fictive, no matter how much endowed with projected properties, has an important defensive value for the individual—it allows escape from the danger of being frustrated and overwhelmed by the variety of half-tested interacting others. The simplification allows him to relate to *one* simplified object—'the group'; to study 'it,' to formulate general laws and expectations about 'it' and to make remarks to 'it' and about 'it.' Now he need not think about the many others, nor risk becoming so invaded, occupied and confused by them, that contact with the self might be lost.

By relating to 'the group' the individual of course renounces major attempts to relate to many of the individuals present as well as any prospect that they can make personalised relations with him. This withdrawal from *personal* relations means that the individual is alone in the group and much in resort with his inner world. In this state of increased narcissism he is now liable to use projective processes to rid himself of unwanted aspects of his personality, and because he relates now not to individuals but to 'the group' it is mostly into 'the group' as a single entity that these unwanted and aggressive aspects are projected. 'The group' that is somewhere around but not located in any persons thus becomes endowed with unpleasant aspects of the self. It is felt as uncannily alive and dangerous, while the individual, weakened and depersonalised, is no longer in possession of his full mental resources. The perception of the group can eventually get so distorted by cycles of projective processes that all the *others* may become felt to be the authors of a developing group malignancy, in vague inexplicable fashion. The dreadful belief may arise that in some inexplicable way all have collectively created an intangible monster to be appeased or hidden from.

Many individuals because of projective loss now become 'not themselves.' Awed by 'the group' they are unusually quiet, modest, deferential, and may have noticeable difficulty in thinking or in making unprepared or unwritten statements. The self may now be felt as too ordinary, motives not noble enough, abilities too few. In timid isolation from the others, the behaviour of each is cautious, unspontaneous, conventional. Early contributions tend to be quiet, slow, equivocal or tentative, and are often about those *not* present; perhaps out of envy or in reluctance to engage with those actually present. Discomfort is controlled, disowned or expressed impersonally or indirectly, perhaps disguised as an innocent nonpersonalised question or generalisation (e.g., 'I wonder if people feel these meetings should finish earlier?'). Some large groups have initial formalities that, whatever their other functions, postpone personal commitment or revelation; recruiting an agenda, requesting news about a former decision or reports from sub-groups, seeking and making administrative arrangements, etc. Almost any communication *except* personalised thinking about indi-

viduals and relevant to the *immediate* situation tends to be seized and dwelt on for initial defensive safety. A member may make a personal statement. It is less likely to concern his thoughts about any present individual or the present setting than to be derived from the past or from outside, but in any event is likely to be made tentatively. Often the timid others will remain silent and nonresponding, and noticing his fate, other potential contributors may retreat further into narcissism. A second member may venture another remark, but it is noteworthy how often this too will be narcissistic, and heedless of and unrelated to the previous contribution. Individuals are not addressed nor named. 'People,' 'members,' 'the group' are addressed.

In an on-going group of fair sophistication, someone will eventually address a remark not to 'people' or 'the group' but directly to one or more persons, and may be responded to by that person or persons more or less sincerely. By the institution of other remarks that relate to individuals, dialogue may grow and others may join in. It usually takes about twenty minutes, however, before reality-testing is sufficient to show the majority that 'the group' is a fiction and that the others are not just collective 'people' but separate individuals comparable with oneself, singular but mortal. By now others will contribute and respond more authentically and less fantastically to named individuals and less to that single unit, the projectively aggressivised 'group.' An initial period of reality-testing of projective fantasies and defences seems to be necessary before collaborative discussion in large unstructured groups can occur. This seems to be true even for those groups in which members know each other fairly well, and it has been well, if imprecisely, described as the 'warming-up' period. Thereafter contributions can be responsive to individuals, agreement and disagreement can be less based on fantasy and more on fact, others can be related to for what they are and say and do, and now the fuller exploration of thoughts and reality-testing of the self and the other can proceed.

This is not to say that a group that proceeds fast to reality-tested individuation and to attempts to understand, respect and relate to the complexities of its members will always remain so; depending on events, individuals will tend regularly to withdraw into fantasy viewpoints and to receive these from others.

It is the projection into 'the group' of ego-ideals as well as other personality depletions that makes the individual feel that his everyday thinking is not good enough for the group. It may lead him to silent humility, but another individual may try to be only at his best and strive to contribute more profoundly and ably than is his wont. This may result in contributions that are truly useful but, insofar as they are aimed at impressing the ideal-endowed 'group' rather than at relating to individuals, they usually lack the sincerity that furthers relations. Many a group member addressed by another will be embarrassed that his answer is so mundane and will attempt mere rhetoric to match the fantasied high stands of the 'group.' This 'Nobel-Prize thinking' and its effects are in contrast to the warm pleasure felt by all when a member breaks such a cycle by confessing to a thought that is low-level and ordinary.

Some meetings never develop reality-tested relations but remain gripped by an immovable collusive system with contributions and responses so dominated by mutual projective fantasies that good reality-testing is impossible and a general retreat into narcissistic mental models blocks all progress. The anger arising from such frustrating situations is constantly split off and projected into 'the group' and individuals become further involved in cycles of narcissism, projection of rageful aspects of the self into the group, further personality depletions, loss of abilities, and fears. Feeling stupid, even badly depleted by such cycles, many individuals may now have serious difficulty in thinking and fear exposure and humiliation about this.

The task of understanding the complicated surrounding reality still remains for the weakened and depleted individual, as well as the task of finding and reaffirming himself amid the multiple projections forced into him. He may hear others confusedly trying to resist projections, e.g.,

'I did say something like that but not the way you took it. I was thinking of something quite different.' Or,
'When I said "X" activity was useful I meant it honestly not sarcastically.'

'It was only an idea, I thought it might be interesting. I meant it to be helpful, *not* for the reasons *you* seem to think.'
'Why do you treat me as if I was always trying to stop things.'

'I'm all for action.'

The withstanding and sorting of multiple and collusive projections in a fantasy-ridden large group, now very difficult for an integrated person, are impossible if the personality has been depleted in ways described above. The depleted individual may find it impossible to sort out what is truly him and what is being attributed to him and projecting this very confusion into the group will further fear it and hate it. Hopelessly unable to understand what is going on, some may now deliberately cut themselves off from perception and take to day-dreaming; one or two may become explosively hostile and abusive to 'the group'; occasionally one may declare that 'the group' is driving him crazy and will walk out slamming the door; but the majority usually remain in confused silence.

Sometimes everyone may sit silent, withdrawn and motionless for long periods. The longer the silence the more cycles arise of frustration, projected hostility, personality depletion, stupidity and fears of something awful. The loss of the members' capacity to think or relate calmly leads to a dread of everything lest matters get worse. Progress stops and nothing is allowed to occur.

The painful phenomena of long silences are familiar and worrying to all large-group convenors. The general tension, the withdrawals shown by staring out of the window, inspection of shoes or ceiling or fingernails, the occasional cautious looks at other members, one member remarking fearfully that he feels anxious in a voice so unassertive that he cannot easily be heard so that everyone ignores him, the platitudinous comments

that get no response, the staff members equally uneasy, stupid and platinous, the convenor himself having difficulty in thinking, uneasily waiting and letting sleeping dogs lie but feeling both responsible and confused, many sitting in corners or near the wall or the exit, one member ostentatiously opening a newspaper, another sighing histrionically, another impulsively walking out swearing, the surreptitious glances at the clock, everyone far now from recognising that all are fellow-human beings, all in dread of 'the group' and fearing that the next thing will only be worse; all these are familiar.

On such occasions the projective expectation of being attacked by the others now acquires some validity, because few are now free from the hostility that comes from frustration and many are in addition containing alien hostility projectively forced into them. With stupidity, suspicion and fear of hostility widespread, even matters such as lighting a cigarette or uncrossing legs now become matters of courage in the face of expected attack, and this is not wholly delusional, for anyone who does anything may be treated as hostile. Innocent contributions are now liable to be greeted with inquisitions. Anyone who seeks to understand by asking a question may be challenged and questioned in turn. Here are some actual replies to members of such silent groups who have cautiously voiced discomfort.

'What do you *mean* you're anxious? What are you trying to indicate?'

'I don't feel tense, what's wrong with you?'

'You seem to be only drawing attention to yourself.'

'*Everybody* is feeling uncomfortable, what's so special about you?'

Anyone who identifies himself as a singular person is liable to be attacked, and pushed back into silent mindlessness. The staff equally depleted, frustrated and projective are equally liable to criticise anyone who moves or speaks.

In endeavours to recover both abilities and intellect certain individuals, especially staff, may seek to assert themselves, but less by making thoughtful personal statements than by ill-aimed and vaguely hostile theoretical generalisations not about themselves but about the difficulties of 'people' or 'the group.' But just as any contribution, innocent or critical, personal or general, is now in great danger of being treated only as hostile, such interventions have little chance of being simply received. The staff is always liable to be used by patients as the chief container for projected hostility and when they actually offer lofty interpretations about 'the group' they only make the situation worse. In any event absolute judgements run rife and hostile we/they situations abound. If staff remain silent the patients in turn will attack them for that. Total responsibility for the group's difficulty is liable to be projected into the staff.

'You started it.'

'It's *your* meeting.'

'We are only patients.'

'We did not arrange this, etc.'

Sections of staff—perhaps all—may be felt by patients to be stern, contemptuous, waiting to pounce, and whatever they do or say may be regarded only as confirming their hostility or duplicity. In turn they may hate the patients or their fellow staff absolutely, as only hostile and destructive. In these we/they situations, judgements are absolute, each side claims innocence and feels the other as willfully destructive. The recipients of the projections of hostility resent their goodness being ignored. Those accused may become helplessly possessed by the very qualities (e.g., contempt, aggressiveness) attributed to them.

ANONYMISATION AND GENERALISATION

A regular feature of disturbed large-group situations that have not proceeded to terrified silence is the loss of personalisation of relations and the growth of anonymity. Nobody is recognised as a whole person or is addressed by name. Even people who may know each other quite well may address each other only as innominate members of a class, and speak in vague impersonal terms:

'Why doesn't *somebody* say something?'

'Some *people* seem to enjoy making things awkward.'

'The *group* is a waste of time.'

'The *administration* doesn't seem to be interested in people.'

'The *nursing staff* aren't aware that some *people* prefer to be by themselves.'

'I don't agree with the last *speaker*.'

Personal identities are thus not recognised, the very identity of the speaker is veiled, and views are general and unspecific. Vivid personal views, feelings and experiences about actual others are denied, no individuals exist, only 'people' and only moral platitudes or intellectual generalisations remain.

In this anonymous climate individuals often hide behind the class they belong to.

'The medical staff are fairly sure that people are'

'Many patients have found that the'

'The married people feel that bed-time should be'

'This is very confusing for the nursing staff.'

Personal viewpoints are concealed in statements from one class about another. This hiding of identity arises especially when an individual imports into the group a personal disagreement with another whom he is afraid to confront directly. In the group it can be made into an impersonal general issue. But it can also arise when personal disagreement arises in the group

itself. The result is the same—the group is presented with disembodied general issues of principle and class.

These general class statements allow the individual and his hostility to remain unidentified. The disownment of personal hostility and its projection into one's own class averts personal attack from others (because one is lost in a class) and avoids retaliation from any other because he too is lost in a class. Many remarks in a large group thus appear to come from nobody in particular, to be about nobody in particular and to be addressed to nobody in particular. This avoidance of asserting the self and others' selves in personal interchange, together with the accompanying projective processes, is liable to lead now to paranoid class wars and heated moralisings. These can only be ended if the initiating highly personal issues can be brought to light, and seen as important for certain individuals but irrelevant to the larger group. If they are not brought to light but remain as general matters, the issues may become used as containers for all sorts of other hidden and undeclared personal disagreements. Anonymous class wars over plausible general principles are now seized upon to pay off old personal scores that have not been voiced in the 'dangerous' group. Vehement discussions about abstract principles, and class behaviours thus often develop a baffling unreal quality where the passion, produced by projection and displacement, is out of all proportion to the manifest issues. Certain individuals may usefully identify both the underlying *personal* issues and the few involved; but such meetings often end in high feeling with each class feeling righteous, misunderstood, and angry, while endowing other classes with stupidity and malice.

But even if class wars do not occur, anonymisation creates a 'safe' but stultifying stasis in which nobody exists and nothing much gets done. The gain is that the fantastically 'hostile' group cannot attack anybody for nobody exists as a person or speaks as one. The cost is that personal thought, discussion and interchange are crippled.

ENVY AND DEMOCRATISATION

If the large group is endowed with projected positive aspects of the self, the projectors will be depleted and relatively ineffective, but will be in awe of and dependent on the abilities now lost and now attributed to the idealised group. But whereas most members actively resist negative aspects being forced into them, so that the invented 'group' is needed and used as the single container of these, the fate of positive aspects is somewhat different. Because of human narcissism some people do not resist positive qualities being attributed or forced into them and do not make appropriate reality tests; some even enjoy being idealised and try to collude with high qualities being attributed to them. A few may even view prominently for idealising projections and seek to be regarded by the depleted majority as 'the only people who make the group worthwhile.' Such members usually have some suitability as containers of positive projections but a good 'role fit' is not inevitable and the correspondence of their gifts with those now attributed to them may be indifferent. Those who embark on 'high-level'

competition may get admiration and envy of the depleted others; but this leads in turn to the others becoming doubly passive and ineffective so that group discussion is replaced by 'prima donna' displays. The 'prima donnas' in turn project ineffectiveness and invalidism into the group. The single entity of the 'group' may itself become the sole repository of projected positive qualities and itself become idealised and worshipped by its depleted members, and when so endowed with magical status its real activities and its members' functioning may actually be of a low order.

The projection of positive abilities not only leads to mental poverty, awe, tutelage and worship of selected others; more painfully it may result in envy of these others for their abilities, real or fantasied. Those who retain the capacity to think and relate with assurance may thus be privately belittled as too clever, conceited, ambitious and competitive, etc., and at times even attacked in public.

'There we go again. More clever ideas.'

'Why do you try so hard? The group is quite happy being quiet.'

'What gives you the right to think that you know better than the rest of us.'

Envy is a disease of poverty and also of impoverishment by projective identification, but envy is itself often denied and projected, so that others come to be feared as dangerously envious. The resultant *fear of being envied*, as well as the demonstrated attacks on those who retain their individuation and abilities, gives further cause for the hiding of abilities and thoughts from the 'malignant' group and for outbreaks of safe generalisations.

In this overdetermined state of anonymity² even talented individuals may be careful to remain undistinguished nonentities; nobody dare be original or unique in thought or capacity. Everybody collusively seeks similarity to others and all are regarded as having identical needs and rights. All patients have the same amount and kind of distress and out of 'fairness' none should be given less or more consideration than others. All staff have the same status and aims, all nurses are equally skilled (or unskilled), all doctors are equally useful (or useless). All treatments are equal in effectiveness, by equal staff to equal patients, and should last an equal time. The rights of minorities are sunk, and the word democracy now acquires magical values and is in common usage. The normal processes of externalisation with subsequent reality-testing that help the individual to find out, differentiate and maintain himself and others come to a stop. The recognition of the variety of talents becomes lost. Truly democratic processes, the creation of a social structure with election to distinct roles of authority and responsibility matched to the special skills of individuals, and with sincere consideration of the different capacities and needs of individuals, are brushed away as 'undemocratic.' Candidates for significant posts and elected positions declare themselves unfit for election or uninterested, so the group loses the benefits of their ambitions

and gifts. Indeed the general fear of enviable distinction may lead to the election of harmless nonentities to important posts.

In the face of projectively enhanced fears of group hostility and envy, staff have particular problems because of their inescapable distinct position. Some may now minimise these in placating statements to the group. Others may seek to be on first-name terms with each other and with patients or make other anxious attempts at 'democratic' bonhomie. Others will blur or renounce their roles, authority and responsibilities, and emphasise their powerlessness and goodwill in attempts to escape from envious attack.

Placatory actions of this kind hinder analysis of the fear of envy and prevent the growth of sincere reality-tested relations. Painful problems are evaded in anxious democratic goodwill; and the brake of appeasement is put on discussion, argument and decision-making.

THE RECOVERY OF THE SELF

After a large unstructured group meeting has ended, no matter whether it has gone 'well' or 'badly,' many members gossip with each other. In twos and threes they rapidly seek to recover lost parts of themselves and to re-experience others also as whole personalised individuals, and they no longer act or use these others only as containers of projections. Critical faculties and abilities become re-owned and no longer denied, and simultaneously comes to re-assertion of the self and the capacity to think freely and to relate again to others as asserting individuals. An open shared sense of relief at the break-up of the large group is common in this 'post-mortem.' Many who were silent, paranoid, anonymised, depleted, depersonalised, baffled and stupid in the large group will now, after a short period of feeling dazed and unsure, begin to chatter and to seek feelings and ideas within themselves and explore and express these with increasing confidence with their fellows; and now interchange with and the exploration of the feelings and views of fellows proceed apace. It seems that in the different, less complex setting the individual can take back into himself much of the aggressive energy he had projected and lost into the larger setting; and can rid himself of elements projected into him by others while he was in the large group. And he will now find others of his kind, also recovering and freer also to be again and to allow others to be.

In therapeutic communities it is also common now for staff 'after-groups' to meet and discuss with each other the large group events that a few minutes before had perhaps puzzled or confused them. Somewhat formally they do what the patients simultaneously do informally, reviewing the large-group events and recovering and rediscovering themselves and others. These 'after-groups' are not inevitably successful for they too carry the potential anxieties of any sizeable group; and there is an added danger that the 'outsiders' (the patients) may be used as suitable depersonalised receptacles for continued or new projections. Staff after-groups, being relatively small, can usually preserve individual reality-testing but they are not inevitably immune from relational chaos.

A CONTRAST WITH SMALL GROUPS

Certain differences between small and large groups make for different experiences in the two settings. Benign projective identification, with reality-testing, can certainly proceed faster and more surely in small groups; and the affirming of oneself and the findings of others, and acceptance, modification or rejection of others' projections are faster. The individual has fewer receptacles for his own projections and has fewer others seeking to intrude theirs into him; all are in less danger, both of being overwhelmed and of being seriously depleted by very many others. The individual's ability and need to find himself through relating to others is not so confounded, lost, overlaid or ignored in the simpler matrix of the small group. Retirement from frustrated attempts at relations is therefore less common in the small group, and retreat to personal models, narcissistic experiences, and denial of and projection of self-hatred are less used, and when used are less vigorous. Because the situation is less frustrating, hostility is less, and projective identification is neither so massive nor forced. Because personality depletion is less, the individual has more of his faculties for use in reality-testing.

SOME TECHNICAL OBSERVATIONS

How can one help reduce the complex of anxieties that hinder the large group's work task—which in the case of a psychiatric hospital is the examination of the disturbances in working alliances that result from insufficient awareness of the self and of others?

Whereas in personal or small-group psychotherapy interpretation is *sanctioned because sought* it has no such sanction in large groups. Interpretation in large groups is therefore liable to be viewed only as a model of unengaged observer-behaviour and the others may gladly follow this model because of its defensive nonrevelatory safety. As a result general talk about what 'the group' is doing may become epidemic. Then nobody is *in* the group, for all become observers of it 'out there,' interpreting 'it,' exchanging Nobel-Prize thoughts about 'it,' and addressing 'it,' but not interacting as and with personalised individuals. Moreover, unsanctioned 'group' interpretations are often the result of unease in an interpreter at feeling himself confused, insignificant and lost; they may simply be his attempt to assert a threatened thinking capacity about an 'it' rather than a personal engagement with individuals present. The nonpersonalised interpreter may thereafter become irrecoverably used as a container for projected positive or negative aspects of others. He may be felt as containing magical abilities to be submitted to in passivity and indeed may continue to be projectively stimulated to be prominent and clever while all others maintain innocence and stupidity; or he may come to be enviously attacked; or be regarded as full of malignities to be feared and hidden from. Many of the complications in large groups outlined earlier may thus be unchanged, and indeed 'group' interpretations may simply confound confusion. The 'therapeutic alliance' of psychoanalysis is not available in work with large groups.

The complexities of large-group life mean that any accurate interpretation about 'it' is at best a part-truth. Large groups rarely behave as wholes moving only in one direction, indeed the individuals in it may be moving in several different directions, and interpretations about group form or content, or themes are therefore almost always incomplete. This is not to say that the understanding of total processes in which many persons are involved can never be attempted, but the interpreter should be fairly sure of his observations, his understanding of these and his motives before he speaks, together with the result he expects. But it remains difficult for the group interpreter to avoid offering a model of me/you-all thinking, with the dangers of ensuing ambivalent dependence on him.

The convenor or convenors cannot of course escape their task, which is to listen, understand, intervene and observe the effects of their interventions. But not all interventions need be interpretive, and in large groups *noninterpretive therapeutic interventions* have major merit. Like interpretations in individual treatments, such interventions should be carefully timed and phrased, but, unlike interpretations about 'it' out there, should be highly *personalized* statements about *one's own* sincerely felt position in the face of specific contributions by individuals or groups of individuals; they are distinguished from mere personal revelations, however, in that they are offered only if the declared personal position has been thought out as being revealing also about the situation of others.

Noninterpretive therapeutic interventions are not easy to formulate but are often simple in themselves. They are difficult because they require tolerance of and fidelity to the self and to others in the face of all the group's projective processes, hostilities, confusions, anonymisations, Nobel-Prize thinking, narcissistic withdrawals, generalisations, etc. Of course the better the pathological group-processes are understood the easier it is to remain a whole person relating to well-perceived others and thus to offer models of personalised thinking. Non-interpretive therapeutic interventions rarely concern the whole 'group' however; for they are attempts to help *individuals* recover and rediscover themselves and each other in it and from it. They offer a model of an individual relating not to 'the group' but to individuals present. The following is an example of such an intervention on a not very troubled group. It seems ordinary and elementary because it was thoughtful and skilled.

Example

Discussion became taken over by a dozen teenage patients. They addressed only each other and used private slang and nicknames and discussed a complicated set of relations and feelings about an event they had obviously created the previous evening. It was friendly and yet it was private and excluded many present. The older members listened politely but at least some began to feel envious, curious and guilty over being so ignorant, as if they ought to have known about the event. (Staff were able to check this at an after-group.) Afraid of disclosing his remiss ignorance to the large group (and to the other older ones) many an older member sat in

uneasy solitude, hiding and trying to disown his uncomfortable feelings from all others. None of this was clear to the members at that time; they took part in it but were not aware of it, only of their various discomforts.

Group interpretations would have been possible perhaps about group splitting, age-rivalries, denial and projection of guilt over enjoyment, denied hatred of younger people, secret delinquency, fear of retaliation, etc. with all the dangers of being both chancy and me/you-all.

One of the staff said, 'I'm feeling left-out of this, and fed up. And I notice I'm ashamed I didn't know about last night and I'm ashamed to say I'm curious. It sounds good—what went on?'

Some older members made immediate noises of agreement. All stopped looking down and looked towards the younger people, who at once began to talk to the older people. Last night they had invented and played a new intelligent game and they explained this. Then one said and the others agreed that they had been disappointed no older people had seen them—'You'd have been impressed. Honestly, we didn't know we were so good.' Now there was general laughter and much goodwill. A general discussion now took place over details of the evening and then moved on to other incidents in which shyness between older and younger people had limited their relating to each other. Resentments by all at being misunderstood were discussed insightfully and a few plans for the future were made.

It is obviously not possible to make a list of noninterpretive therapeutic interventions for all occasions. It can be said, however, that any that help individuals to feel easier about owning and declaring more of themselves and their situations are therapeutic for all. Not only do they reduce mental splitting and increase personality integration for the individual, but they also allow others to know him (and therefore themselves) less fantastically and more surely. All can therefore better reaffirm themselves and each other, and can grow aware of how, in group settings, personal integration can be maintained.

It is possible, however, to indicate in aphoristic form a few samples of opportunities for noninterpretive therapeutic interventions; they are obvious, even trite, and anyone familiar with large groups will add many more; yet they are difficult to remember and use in the pressures of large-group disturbances. Behind statements of class views is an individual with a recent painful experience with someone in the other class: personal feuds tend to be expressed as a 'group' matter: early generalising statements often indicate a personal carry-over from a particular recent experience; every question conceals personal thoughts and wishes and is never 'innocent': absolute judgements are the result of recent personal pain; statements about 'people' usually hide thoughts about one person: steady presentation of various grumbles are a displacement from one concealed matter—sometimes a good one felt to need protection from others' envy.

The *manner* of intervening is not, however, thus indicated, and it hardly needs stating that aphoristic interventions would be merely non-personal, lofty and generalising. The intervener's manner should be of an ally to those in difficulty and what he says about himself should help them sort out and declare themselves.

Example

A woman patient cautiously asked the group to formulate a view about behaviour at night in the corridors. Perhaps all felt both attacked by this question and glad of the generalising defence it contained, for it was accepted at face value and steadily discussed as a general issue. What were the group's views? The group split into those who were and were not in favour of making rules. Ideas and arguments about designating 'quiet' areas arose. Respecting the rights of others and society's needs for defences against anarchy took the topic into abstract levels. Projection processes led to vicious arguments about law-giving and law-breaking with examples. The original speaker and her request became ignored. Many grew silent. Eventually an intervener addressed the first speaker, and said surely hers was not just an academic question. What had happened at night to lead to the question? Could it be spoken about?

Well, the speaker's child had been woken by 'people' talking on the corridor at 10 o'clock last night and it had taken an hour to get him to sleep. People? Could she mention names? Well she didn't want to cause trouble. Others murmured their support of her keeping the issue anonymous. Now several speakers declared their personal innocence and indignant sympathy for the mother. Eventually a pressurising silence arose as if in wait for a sinner to confess. The intervener said if she had been one of the night-time talkers she couldn't possibly say so now, because the group was somehow now making a Federal offence out of a bit of ordinary carelessness. She had herself sometimes forgotten to keep quiet outside a child's room and she couldn't promise to be perfect in the future, but she'd try. Was it a hanging matter? One or two others said that they too had sometimes forgotten to be quiet in corridors. Two patients said they thought it must have been them. They'd forgotten about the child and hadn't realised it until this meeting. The mother smiled grimly and said she knew it was them but hadn't liked to say so (although she'd met them that morning). She'd been furious last night. There was some laughter and more apologies. Individuals had emerged. The group's heat about general moral issues vanished and discussion moved on to another topic, with members again in possession of themselves, and relating to others.

CONCLUSION

Projective processes affect not only individuals but others related to them, and are therefore stuff of multibody psychology. Mutual projective processes not only impoverish and distort experience of the self and the perceived world; they also affect the behaviour of this world towards the self. Human organisations inevitably create projection systems; some are rife with them and where they enshrine and perpetuate them they create personal and interpersonal impoverishments and ineffectiveness.

Therapeutic two-somes and small groups offer the internally divided individual a chance of resolving in some depth the anxieties and fantasies

observable in those settings. The problems for the individual of maintaining himself and others in large-group settings are allied but distinct, and together with the behaviour of large groups in using collusive projective systems merit separate study.

At present our best-tested therapeutic technique and most fruitful observations rest on the classic two-body situation. Comparatively little is yet known about multibody psychology and very little about the multibody psychology of large groups. Therapeutic communities therefore offer important observational and technical opportunities.