

*Research Article***Object Relations in Dynamic Interactive Group Psychotherapy: Principles and Practice**

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Abstract

Object relations theory is an offshoot of psychoanalytic theory that emphasizes interpersonal relations, primarily in the family and especially between mother and child. "Object" actually means person , and especially the significant person that is the object or target of another's feelings or intentions. "Relations" refers to interpersonal relations and suggests the residues of past relationships that affect a person in the present. Object relations theorists are interested in inner images of the self and other and how they manifest themselves in interpersonal situations. Working through object relations is a difficult task in most therapy groups. This paper provides a simple method of working through various object relations themes via integrating them in a newly developed model of group psychotherapy (the four-step model).

Key words: psychoanalytic theory, mother, child

Introduction

Object relations theorists observe that people live simultaneously in an external and internal world and that the relationship between the two ranges from the most fluid intermingling to the most rigid separation. Thus, these theories explore the relationship between the real, external people, the internal images and residues of relations with them, as well as the possible significance of these residues for psychic functioning (Ganzarain, ١٩٨٩).

Klein (١٩٣٥) enlarged on Freud's drive theory and incorporated the object within the drive. She stressed the importance of very early internalized object relations, and their influence on intrapsychic conflicts and personality structure (Kibel, ١٩٩٢). As infants interact with the environment, they attempt to match their outer object relations with their existing inner object relations through the processes of projection, identification, and introjection. While the infant projects aggression to the mother, the mother's nurturing responses can then be identified with and then internalized or introjected. In normal development this process of integration is called projective identification. However, this interaction does not reflect the ways the mother may behave nor focused on the

mother as a person who also brings her own character structure (Rice, ١٩٩٢).

Four-step integrative dynamic model of group psychotherapy

This model was developed by Professor Refaat Mahfouz has developed this model in Minia Egypt; integrating theoretical and clinical elements to suit the Upper Egyptian sub-culture, and developed what is called "The Four-step Integrative Dynamic Model of Group Psychotherapy". Through targeting the levels of person's needs, wants, rights and decisions, he and his team could define a certain hierarchy for working through patients' psychological difficulties.

Clinically, the four-step model of group psychotherapy targets the mentioned four levels of psychological functioning (needs, wants, rights and decisions) via what is called "the four-step/level therapeutic game" (Mahfouz and Taha, ٢٠١١). This is a simple technique derived from an integrative combination of several gestalt games (well known group psychotherapy techniques devised to foster immediacy of awareness (Bateman et al, ٢٠٠٠). This technique is designed to run in four steps, each step corresponds to one level of psychological

functioning. The fourth step is to help the client decide to develop a new (healthy) pattern of behavior that corresponds to his true self rather than the false self (that was only developed to adapt to childhood parental and environmental failures (Winnicott, ١٩٦٥).

Subjects and Methods

Objectives

The overall aim of this study was to investigate the research question "How can the basic principles of object relations theories be elaborated, applied and worked through in dynamic integrative group therapy?"

This was planned to be performed via selecting and qualitatively analyzing a number of therapeutic interactions from Audio and video recordings of the group sessions of Minia Group Psychotherapy Training Program.

Tools of the study

The following were the tools used in this research:

A-Videotape recordings of the group sessions

All group sessions including those involved in this work were audio and video-taped and then transformed into a CD audio-video format, after the consent of all group members.

B- Written transcription of the selected sessions

All the sessions that were included in this work were transcribed from their specific videotapes or CDs into written notebooks in patients' own words and expressions; forming a complete documented session-by-session detailed history of the group experience.

C- Choice of the method for analysis:

Three main methods of qualitative analysis were under investigation, practice and trial for selection as the method-to-be for this research: Grounded Theory, Discourse Analysis, and Interpretative Phenomenological Analysis (IPA). IPA was thought to be more suitable for this study as it provided wider range of applicability, flexibility and reliability than the other two methods, in regard to the nature of the collected data.

D- Data analysis

Analysis of the selected interactions was done using a modified version of Interpretative

Phenomenological Analysis (IPA) (Taha et al., ٢٠٠٨).

Results and Discussion

Research in group psychotherapy is generally agreed to run along two main pathways, evaluative (outcome) research and process research. The current study can be classified as a process research.

Ryle and Liphshitz (١٩٧٦) classified process research into two broad areas: investigation that focus on the naturally occurring events in the actual therapy interviews or sessions (in vivo); and those in which variables are systematically manipulated under controlled conditions outside the therapy setting (analogue studies). The current research is an (in vivo) one that focuses on naturally occurring events in the actual group therapy sessions.

Analysis of the studied group transcripts showed a rich amount of emerging themes from sides of the therapist, trainees, and group members in regard to the core basic principles of object relations theory. When using IPA, two broad strategies are possible in presenting the results. In the first, the 'results' section contains the emergent thematic analysis, and the separate 'discussion' links that analysis to the extant literature. An alternative strategy is to discuss the links to the literature as one presents each super-ordinate theme in a single 'results and discussion' section (Smith, ٢٠٠٣).

The second strategy of presentation (single results and discussion section) was selected for the rationale of making the reader/critic a participant observer of the analytic interaction. So, the analyzed textual data derived from the studied groups are presented, with the links to literature being put in the areas that directly correlate to studied themes.

Qualitative analysis of the transcribed data could shed some light on what might be considered as factors in the process of up-bringing that seem to play a significant role in psychopathology formation.

Table (١) is the master table of patients' themes regarding object relations basic principles in the

analyzed transcripts. Emerging themes, examples from the analyzed transcripts, examples concerned with above description and an identifier for each example is shown (an

identifier is a two digit number, the first is the number of the analyzed interaction and the second is the textual unit within the original transcript interaction).

Table (١): Master table of patients' themes regarding object relations basic principles in the analyzed transcripts.

| Theme | Example From Transcript | Identifier |
|---|--|------------|
| <u>Burying true femininity:</u> | | |
| Patient's mother was cutting her hair when she was young, till recently patient cuts it herself. | رحاب: انا كنت بازعل زمان لما كانت بتفصلي شعري بس لما كبرت انا بقيت انا اللي باقصه بنفسي .. وبارسم لنفسى شنب ساعات .. مش عارفة .. بس مش عارفة انا حاسة ان انا نسيت دا كان في تانية ثانوى .. زعلت اوى بعدها يعني حسيت ان انا مخنوقة ومتضايقة ومش قادرة اكمل .. حاسة عارف ان انت لما تبقى عايش على حاجة ان خلاص هي دي اللي هاتحصل هو دا اللي انت... انت ماشى في طريق اتجاه واحد هو دا اللي هياحصل .. بس بعد كذا تكتشف ان انت كنت بتلحم .. انا بصراحة زعلت بعدها بس حاسة دلوقتي ان انا مش فاكهة ان انا نفسي كده.. | ٧.٦٨ |
| Her father made her feel ashamed of being a female, and in the same time was harassing her female friends. | رحاب: يا بنتي دا بيعايرني ان انا بنت .. دا وانا في اعدادي كان بيقولى هاقعدك في البيت مش هاخليني تكلمى دراسة .. دا واحد مجنون .. كان بيعاكس صاحبتى رنا .. كان عايز يقعدني في البيت .. دا واحد مختل .. مقرف .. لما بتبقى فيه مذيعة في التليفزيون بتبقى عنيه هتطلع عليها .. وماسك السبحة ومربي دقنه فاكر نفسه شيخ .. وهو واحد مجنون اصلا .. على طول بيعايرني ان انا بنت .. هما الاتنين مايستاهلوش ان هما يعيشوا اصلا .. | ٧.٤٣ |
| Patient's past desire to turn physiologically into a boy (surgery) | رحاب: انا قعدت من وانا صغيرة وانا عندي اعتقاد ان انا لما اكبر اقدر اعمل عملية ابقى ولد لغاية تانية ثانوى .. لغاية ما الدكتور بتاع الأحياء بتاعى قاللى مستحيل .. قاللى لو عملتى ايه عمرك ما هتبقى ولد .. انا كنت دايمًا بالحم وياختار لنفسى اسم وياختار لنفسى وظيفة .. انا كنت فعلا عايشة خلاص ان انا بمجرد ان انا لما اكبر ويبقى معايا فلوس هاقدر اعمل عملية وابقى ولد .. | ٧.٦٧ |
| Awareness with past decision to buries her femininity instead of burring her mother alive, not waiting mother death | الأه: انا عشت طول عمري مقررة انى ادفن انوتتى بدل ما ادفن امي..بدل ما احطها في التراب و هي عايشه كده و ادفنها من غير حتى ما استنى انها تموت انا دفنت انوتتى علشان هي ماكانتش حاسه بيها و لا بتقدرها و بتتكسف منها ,علشان امارس انوتتى الحقيقه. | ١٤.٤٤ |

٢- What are the needs that should be worked through during the therapeutic process from an object-relations perspective and what are the rationales for working through those needs?

Earley (٢٠٠٢) found that in psychotherapy, it is helpful to identify basic human needs that are central to human motivation. These needs are crucial to the healthy development of children and also influence adult behavior. If a basic need is not met adequately in a person's early years, there will be a deficiency in the corresponding healthy capacity, resulting in pain and perhaps difficulty in functioning. Even if a basic need was met during childhood, the person will still have that need as an adult, but if he is psychologically healthy at this level, the need will be mild, adult, and appropriate. If he is not psychologically healthy here and to the extent that the need was not met adequately during childhood, the need will be more intense, infantile, and inappropriate, and the person will have less in the way of behavioral skills to get it met.

In the analyzed transcripts, some patients have shown variable degrees of resistance to share in the therapeutic work guided by the therapist. Some patients have directly rejected therapist's suggestions, and some have denied their responsibility for their current situations.

Other patients and many of the resisting patients have, afterwards, accepted therapist's account in the form of accepting his invitations for therapeutic work, accepting his therapeutic assumptions, validating them, approving them, and trying them.

Working through those needs could help patients change from an object relations perspective. Viewing and accepting self and the other as a whole (including anger, hostility and envy) is a core feature of the transition from the paranoid-schizoid to the depressive position, which radically alters object relationships (Gabbard, ١٩٩٤). Capacity for sympathy, responsibility to and concern for others, and the ability to identify with the subjective experience of people one cares about is an important developmental milestone in this direction (Klein and Riviere, ١٩٦٤).

Transforming relationship patterns from infantile to mature dependence is a cornerstone element in psychic development as assumed by Fairbairn, a process that is characterized by: (a) the gradual abandonment of an original object-relationship based upon identification, and (b) by the gradual adoption of an object-relationship based upon differentiation of the object." (Rubens, ١٩٩٤).

Therapeutic work to set free the buried "true femininity" comes in accordance with Guntrip's (١٩٩٢) assumptions regarding true and false female and male elements, and with Winnicott's (١٩٧١) views that true female elements might be connected to the true self (buried and hidden due to a major childhood trauma), and false female elements might be connected to false self.

Table (٢) is the master table of some patients' work through their need during the therapeutic process from an object-relations perspective and the rationales for working through those needs using the four-step model.

Table (٢): Master table of some patients' work through their need during the therapeutic process from an object-relations perspective using the four-step model.

| Exploring the need during the therapeutic process from an object-relations perspective and rationales for fulfilling that need | | |
|--|---|-----------|
| Patient's announcement for her need, want, right and decision to stop any pathological relation. | هدير: يا د/ محمد طه انا محتاجه وعايظه ومن حقي وقررت اني اقطع اي علاقه مرضيه انا عاملاها | ٦.١ |
| Expressing her current need to accept her anger and want to kill her mother in order to live her own self. | الاء: يا ريهام انا عشت طول عمري مقرر اني انتقم من امي فيا علشان ما أفرحش و انا دلوقت محتاجه اقبل غضبي من امي و اني عاوزة اقتلها علشان أعيش نفسي. | ١٤. ١٦ |
| Expressing her current need to accept her anger and want to kill her mother in order to calm down, quiet, and to be assured. | الاء: يا دكتور محمد أيمن انا عشت طول عمري مقرر اني اعاند في امي فكل تفصيله في حياتي علشان ما تفرحش و ما انولهاش اللي نفسها فيه وانا دلوقت محتاجه اني اقبل غضبي من امي واني عايظه اقتلها علشان اهدى و اسكن و اطمئن بجد. | ١٤. ١٩ |
| Awareness with past decision to not practice her true femininity or motherhood due to fear. | الاء: يا دكتورة الهام انا عشت طول عمري مقرر اني ما امارسشي انوتتي ولا امومتي علشان انا بخاف منهم و دلوقت محتاجه اني اقبل غضبي من امي و اني عاوزة اموتها علشان اعرف اطمئن بامومتك وما أخافش منها | ١٤. ٢٢ |
| Awareness with past decision to not grow up unless her mother died in order to not let her to lean and be a burden make her mother pulled down word. | الاء: لو امي ماتت...يا دنشأت انا عشت طول عمري مقرر اني ما اكبرش غير لو امي ماتت علشان ما تتسندش عليا علشان افضل طول عمري حمل متعلق في رقيتها و بيثدها لتحت..و انا دلوقت محتاجه اني اقبل غضبي و اني عاوزة اقتل امي علشان اكبر. | ١٤. ٣٦ |

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الملخص العربي**نظريته العلاقه بالموضوع:**

ان نظرية العلاقه بالموضوع هي أحد فروع نظرية التحليل النفسي التي تؤكد على العلاقات، خاصة بين أفراد الأسرة و بالأخص بين الأم والطفل. "الموضوع"، يعني في الواقع الشخص، وخصوصا الشخص الهام الذي يصبح هدفا لمشاعر و نوايا الآخر. بينما يشير مصطلح "العلاقات" إلى العلاقات بين الأشخاص ويوحي ببقايا العلاقات السابقة التي تؤثر على الشخص في الوقت الحاضر.

يهتم المنظرون أصحاب نظرية العلاقه بالموضوع بالصور الداخلية من الذات وغيرها، وكيف تعبر عن نفسها في حالات التعامل مع الآخرين. "علم النفس الذاتي" لكوهوت هو فرع من نظرية العلاقه بالموضوع (دانيلز، ٢٠٠٧). ولقد بدأت نظرية العلاقه بالموضوع في خلال الاربعينيات والخمسينات من القرن العشرين من قبل علماء النفس البريطاني رونالد فيربيرن، ميلاني كلاين، دونالد ونيكوت، هاري جانتريب، وغيرهم.

بينما صاغ فيربيرن مصطلح "العلاقه بالموضوع" كان عمل كلاين يميل إلى أن يكون أكثر مع تحديد شروط "نظرية العلاقه بالموضوع" و "نظرية العلاقه بالموضوع البريطاني" عادة. عرف فرويد الناس في بيئتهم من خلال مصطلح "الموضوع" ككائن من محركات الغرائز. اتخذ فيربيرن خروجاً جذرياً عن فرويد من قبل الافتراض أن البشر لم تكن تسعى لاشباع الغرائز، ولكن تسعى فعلاً للاشباع الذي يأتي من علاقتها بالآخرين الحقيقيين.

المبادئ الأساسية للنظرية

من أهم المساهمات في النظرية ل(ميلاني كلاين) والتي تحدد مراحل التطور خلال العام الأول من عمر الانسان بمرحلتين أو كما يسميها أصحاب النظرية بالأوضاع الى : الوضع البارانيوي – الشيزيدي و الوضع الاكتنابي.

العلاج النفسي الجمعي الدينامي التفاعلي:

إن الطريقة المتكامله للعلاج النفسي الجمعي تتخذ خليطاً من المدارس الموجوده فعلياً وتخلق لنفسها كياناً إبداعياً متكاملًا ولقد تأثرت هذه الطريقة بالعديد من طرق العلاج النفسي ومنها على سبيل المثال لا الحصر: العلاج النفسي الجمعي، العلاج بالجنشالت، العلاقه بالموضوع، العلاج المعرفي .. الخ.

هدف الدراسة:

كان الهدف العام من هذه الدراسة التحقيق في مسألة بحثية "كيف يمكن استخلاص، وتطبيق المبادئ الأساسية لنظرية العلاقه بالموضوع والعمل من خلالها في مجموعه علاقيه ديناميه تفاعليه؟". وكان من المخطط أن يتم تنفيذ هذا عن طريق تحديد وتحليل نوعي لعدد من التفاعلات العلاقيه من تسجيلات الصوت والفيديو من مجموعه من جلسات العلاج الجمعي من البرنامج التدريبي على العلاج النفسي الجمعي بكلية طب المنيا.

عينه الدراسة و طرقها:

تم تطبيق الدراسة على مجموعه من التفاعلات العلاقيه من بين جلسات مجموعات البرنامج التدريبي على العلاج النفسي الجمعي بكلية طب المنيا (لكل من مجموعه الإناث البالغات و مجموعه الإناث ذوى الصعوبة. بدأ جمع البيانات من ٢١-٢٠١١ و انتهت في ٩-٦-٢٠١٣. تم اختيار خمسة عشر تفاعلاً علاجياً من الجلسات ليتم تحليله في هذه الدراسة. وقد تم تحليل التفاعلات المحدده باستخدام نسخة معدلة من التحليل التفسيري للظواهر (أحدى طرق التحليل الكيفي)

نتائج الدراسة:

وقد أظهر تحليل نصوص الدراسة كمية غنية من الموضوعات الخارجة من جانب المعالج والمتدربين، وأعضاء المجموعة فيما يتعلق بالمبادئ الأساسية و جوهر نظرية العلاقه بالموضوع. و تم تقديم النتائج في صورة نموذجين أحدهما تحليلي تشخيصي و الآخر تنظيري علاجي. يتضمن النموذج الأول عرض احتياجات المريض أثناء العمليه العلاقيه، ومبررات العمل على هذه الاحتياجات، و المخاوف التي تعوق تفعيل الاحتياجات الاساسيه من وجهة نظر العلاقه بالموضوع. وكذلك الحقوق النفسيه التي يحتاج المريض استردادها ليتحرك في الاتجاه العلاجي، وأيضاً القرارات العلاقيه التي يحتاج المريض اتخاذها على طريق التحسن من وجهة نظر العلاقه بالموضوع. بينما يتضمن النموذج الثاني تصوراً مقترحاً لتطور كلٍ من العمليه المرضية و العمليه العلاقيه من وجهة نظر نظرية العلاقه بالموضوع