Psichologija – praktikai

ANGER, AGGRESSION AND HATE: CONCEPTS INFLUENCED BY INFANT RESEARCH AND ATTACHMENT THEORY – AN INDIVIDUAL PSYCHOLOGICAL PERSPECTIVE*

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In this paper, I would like to describe how the clinical understanding of phenomena like anger, hate and aggression can be enriched by concepts derived from infant research and attachment theory. In doing so, I will draw on my own individual psychological and psychoanalytical point of view. In modern individual psychology, as it is understood in Germany, there are certainly psychoanalysts who tend to favour not just Adler's theories, but also those of Melanie Klein or Wilfried Bion above all, just as there are those who favour the self-psychological approach (and, of course, there are other theories as well). Therefore, it goes without saying that I do not claim to represent the definitive perspective of individual psychology in my work: in individual psychology, as in psychoanalysis, there are, after all, different opinions, theories and preferences which sometimes may be predominant in specific countries. I believe that we essentially gain overall from this pluralism of theories, in spite of the dangers that may be associated with it (such as confusion of language, diffusion of identity of school-specific concepts, undifferentiated pragmatism, etc.). Openness is, in my opinion, a very important characteristic of individual psychological theory. On the other hand, pluralism of theories does not, after all, exclude the focal points of scientific interest and the understanding of clinical phenomena, and I would like to concentrate on some of these focal points in this paper.

In 1933, for example, A. Adler (Adler, 1933) noticed that many of his patients behaved and felt as if they were "in the enemy territory". By this he meant a feeling of being under constant threat, but also an increased aggression and a low threshold for feelings of anger, fury, rage or even hate. In my opinion, Adler's theory is, above all, a theory of severe disturbances stemming from early childhood, which means that neurotic symptoms and personality disorders have their roots in the first years of life. J. D. Lichtenberg also refers to severe narcissistic and neurotic disorders when he

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writes that many of these patients always anticipate a fight in interpersonal relationships (Lichtenberg, 1990, p. 883).

Before I introduce a few of the central points from J. D. Lichtenberg's concept, I would like to briefly summarize some characteristic ideas in the approach of self-psychology. J. D. Lichtenberg's thinking is characterized by a critical further development of self-psychological ideas stimulated by infant research.

In the approach of self-psychology, as represented by the twin holocaust survivors Paul and Anna Ornstein (Ornstein P. H. and Ornstein A.,1997), narcissistic rage and vindictiveness are understood, on the one hand, as an expression of a fragile and fragmented self, but on the other hand – as an attempt to re-create the lost self-cohesion (the self is understood in this context as a structured organisation of experiences).

The Ornsteins point out that patients are occasionally confronted with a certain paradox in the course of therapy: "The patient is encouraged to experience and express anger because it is believed that suppressed anger is the driving force behind different forms of psychopathology. Correspondingly, it is the suppressed rage in a child which is expressed in neurotic symptoms. On the other hand, anger, when it is being experienced and expressed in the transference situation, is regarded as inappropriate on account of it being transferred from the past to the present" (Ornstein P. H. and Ornstein A., 1997, p. 295).

During therapy, many patients cannot feel, express or recognise their anger towards the therapist because in this way the emotional connection with the therapist, which is needed by them and is desperately clung to, would become threatened. When anger is finally expressed, a major psychological barrier is overcome. For example, it can be the fear of being rejected and the fear of revenge which would threaten the transference function of the therapist as a self-object.

Paul and Anna Ornstein focus their attention primarily on current events and experiences which act as triggers, as well as on the subjective reactions of patients to these triggers. In this way, the associated hurtful experiences in the patient's past as well as lifelong habits of dealing with these narcissistic insults can be detected. They recognize, for example, that a furious reaction by the patient may be perfectly understandable as a response to behaviour by the therapist, which is perceived as contemptuous by the patient. Only through this recognition, which does not relate to objective facts but to the subjective-individual perspective of the patient, will it be possible, in their opinion, to trace back the heightened aggression of the patient to its origins.

From an individual psychological point of view, the Ornsteins also stress how important it is to see the compensatory function of anger or rage because these affects convey a feeling of strength and can protect the patient from experiencing much more painful affects such as powerlessness.

A short case example: They describe a patient who had been left by his girlfriend for another man and who developed fantasies of a violent attack on this man. The violent fantasies had the function of distracting him from his pain and hurt which had arisen because *he* was the one who had been left. Instead of feeling betrayed, he was imbued with a feeling of strength from his fantasies. In the therapy, it was the acceptance, understanding and finally explanation of this protective function of violent fantasies which made this feeling of being betrayed, with

all the attendant painful emotions, bearable enough to become conscious.

As an increase of transference regularly and unavoidably strengthens the feeling of vulnerability in the therapeutic situation and activates fears of retraumatisation, according to the Ornsteins, the therapist should even expect angry and enraged reactions. The function of a therapist who is confronted with a patient showing angry or enraged reactions is comparable, in their eyes, to that of a parent who has to deal with a fit of rage or a tantrum of a toddler, in other words, "... not to add insult to injury while demanding that the patient suppresses the expression of these strong feelings or even understands their function or significance. The best thing to do is to offer the patient and himself protection, to wait until the emotional storm subsides" (p. 305) and only then to search for the cause together with the patient so that this situation can perhaps become the starting point for the understanding of the developmental history of the patient.

I think that both Ornstein's observations and Lichtenberg's approach are relatively compatible with the ideas of compensation and security present in individual psychology. In dealing with the concept of security, A. Adler addressed the core security needs, i. e. protection from existentially threatening feelings of inferiority (see also Adler, 1912 for the ideas of compensation and security). When I say "compatible", I naturally do not mean that everything which is important on this subject has been described in detail by A. Adler. Rather, I think that A. Adler had important ideas, many of which have since been confirmed (it is pleasant for an adept of individual psychology), but some of which can be understood more exactly and in a more specific way because of scientific progress and developments in other analytical areas than was possible at that time using the scientific tools available (see also Lang, 1994, 1999 and 2002). On the other hand, I do not find that the fundamental and "structural" significance (as one would say today) of feelings of inferiority, together with the associated movement from minus to plus, are expressed in such radical or succinct terms in any other analytical theory (this theme of power both in its narrower meaning and the wider meaning following Nietzsche's interpretation of absolute self-empowerment is specifically characteristic of individual psychology; see also the works of E. P. Person (Person, 1999) and K. H. Witte (Witte, 2000).

In my opinion, individual psychology offers a very comprehensive perspective and at the same time creates an open space. It is not just another psychotherapeutic or psychoanalytic school, but it gives the possibility for us to feel free and draw on a variety of psychoanalytic ideas whenever this is helpful (see Eife, 2005; Lang, 2007).

The Approach of Joseph D. Lichtenberg: Infant Research, Self-psychology and Psychoanalytical Motivational Theory

J. D. Lichtenberg developed his theory as a result of his deep interest in infant research, on which both his books "Psychoanalysis and Infant Research" (Lichtenberg, 1983) and "Psychoanalysis and Motivation" (Lichtenberg , 1989) were based (see also Lichtenberg, 2005; Lichtenberg et al., 1992; Lichtenberg et al., 1996; Lichtenberg et al., 2002). The subject of this paper is the understanding of rage, aggression and hatred

in adult patients and older children – in other words, not in infants, but in patients with "already formed" mental structures – and I will, therefore only touch upon J. D. Lichtenberg's position regarding psychoanalytic developmental psychology. What is important in this context is that J. D. Lichtenberg derived a theory of motivational systems of the infant. Infants must regulate physiological requirements, they have strong attachment needs, and they want to explore and be self-assertive. Confronted with aversive situations, they react with antagonism and withdrawal, and there is also a sensual motivational system which in adolescence matures to the sensual-sexual motivational system.

As I have already mentioned, J. D. Lichtenberg believes that many patients with severe disturbances stemming from early childhood "anticipate a fight in every interpersonal situation. They feel the need to push, to pull and to hurt, and they believe that other people will treat them in a depriving, forceful and hurtful manner. The perfectly normal "I would like" is transformed in this way into "I demand"; the perfectly normal "That interests me" hides the anticipation: "You won't give it to me" (Lichtenberg, 1990, p. 883). J. D. Lichtenberg understands this as the basic attitude: individual psychologically translated, it is an unconscious opinion about oneself and others. This opinion is the result of a contamination of two fundamental motivational systems, namely the need for self-assertion and exploration on the one hand, and the aversive motivational system, on the other hand. The cause of such contamination could be, for example, chronic prototypical scenes in the course of which self-assertive impulses of an infant or toddler are transformed and modulated because of the narcissism of his caregiver: The caregiver has a strong agenda of his own and tries to impose this on the baby; for example, the baby wants to explore a puppet, but the caregiver wants the baby to play with another toy, resulting in an angry escalation. Of course, scenes like this have pathological effects only if they are typical and chronic. In such a way, pre-reflective unconscious knowledge showing how stressful it is to be in a relationship with another person and how aggressive one must be is formed. This is the idea referred to as the "unthought known" by Christopher Bollas (Bollas, 1987) or as "implicit relational knowing" by Daniel Stern (Stern, 1997; Stern, 2004).

Furthermore, as J. D. Lichtenberg assumes, some adult patients have a deficit in the capacity to regulate internal tensions. Healthy development is characterized by the states of moderate tension and dependable ways of calming and regulating high levels of tension through supportive and reliable caregivers when suffering from hunger, pain or fear, for example. In an opposite case, both children and adult patients tend "to regard activities accompanied by moderate tension, joy in interpersonal situations and efficacy pleasure as being inconsistent and unreliable experiences. For this reason, patients with a narcissistic or borderline personality disorder actively search for a feeling of vitality in high-tension experiences associated with provocation and argument … at the same time these patients experience the highly-charged and frustrating states which they themselves unconsciously seek, as empathic failure" (Lichtenberg, 1990, p. 887/888). So their pre-reflective representations of interactions, like those described by D. N. Stern (Stern, 1983), contain both tension and failure.

As the capability to process information is reduced in conditions of high tension, J. D. Lichtenberg advises us not to confront patients in this situation with their deficiencies in reality testing: "It could be more helpful to accept their subjective judgement and to try and learn more about the experience of empathic failure: through whom, when and in what way?" (Lichtenberg, 1990, p. 888).

J. D. Lichtenberg recommends treating aggressive states just as an expression of any other motivational system (see also Lichtenberg et al., 1992, 1996, 2002). He suggested to the therapist to wear the attributions of the patient just as one would slip into a suit and search for the trigger of rage or aggression with him. What is not meant by this is that the therapist blames himself or feels guilty, but, according to E. S. Wolf (Wolf, 2000, p. 74), he just acknowledges his participation in the disruption that has taken place. So J. D. Lichtenberg (1999) in no way advocates a "mea culpa" attitude, but rather suggests openness towards the contributions of the therapist and readiness to explore carefully how one can therapeutically work within the frame of reference of the patient. However, he does not shy away from recognizing his own contribution in a reflective manner, should this be therapeutically helpful. A case example which includes a very concrete "now moment" as defined by D. N. Stern (Stern, 1998; Stern, 2004) can perhaps help to make his attitude clear (Lichtenberg, 1999):

A female patient, who had been undergoing treatment for about a year, felt depressed, agitated and angry towards the end of one of the therapy sessions. J. D. Lichtenberg was worried about ending the session because the patient was in such an agitated state. Finally, he said to her that they had to stop now, but he emphasized the word "now" in such a way that he would come across as being sympathetic and understanding. His patient sat up abruptly and enraged. She told him angrily he should never say this to her again and that she never wanted to hear this word "now" used by him again. Rather shocked by this, he mumbled "OK", and the patient stormed out of the treatment room.

In the next session, he immediately asked her about her reaction. She answered that he had sounded patronizing and condescending. Imitating him splendidly, she quoted him in such a way that he was able to hear how he had come across to her. As a result, he recognized that basically, he had used the same intonation as one of his analysts in situations when *he* had been agitated and that he had also found this manner hurtful but hadn't dared to follow up or address this issue.

This session was then taken up by the patient portraying her previous experiences with pseudo-fatherly men. In the later part of the therapy, the pseudo-holiness of her mother became an important transference theme. She said to him that what he had actually done was to send her away and at the same time to try and paint himself in a positive, sympathetic light.

Towards the end of this session, J. D. Lichtenberg was rather unsure about what he should say to bring it to a close, so he asked his patient how he should best express this. She replied by saying it was perfectly clear that she had to go, so it didn't make sense to couch this in diplomatic terms, but rather in a factual manner like "Time is up." J. D. Lichtenberg tried after that to make his voice sound as neu-

tral and business-like as possible and said: "We have to stop ". She said that that was OK and left (Lichtenberg, 1999, p. 80).

I would now like to turn to J. D. Lichtenberg's theory of the five motivational systems. I would like to say in advance that A. Adler (e.g. in Adler, 1912) was deeply convinced that the subjective experience of serious deficiencies in the first year of live, producing feelings of inferiority, determines the development of the individual psyche, the lifestyle. In these cases, there is always a heightened stimulation of aggression. To my mind, this fits in well with J. D. Lichtenberg's conviction (Lichtenberg and Shapard, 2000) that early failures to regulate the motivational systems of the infant can lead to a structural dominance of the aversive motivational system, i. e. the tendency to withdraw or to become aggressive. From the perspective of individual psychology – and J. D. Lichtenberg (1998) is delighted, by the way, when his theories are linked with other schools of thinking – it is the experience of serious deficiencies and a permanent feeling of inadequacy that can form the main part of the personality and overshadow all five motivational systems in an aggressive way.

In a similar way the Jungian Mario Jacoby (Jacoby, 1998) shares A. Adler's view that the inferiority complex is an all-encompassing, major principle of psychological organisation (A. Adler was the first to speak about *feelings of inferiority;* he was hailed as the "father" of the *inferiority complex* when he visited the United States, and the term has become commonplace, not just in theory, but even more so in colloquial language).

To summarize, J. D. Lichtenberg thinks that the dominance of aversion and aggression in the psychological organization of a personality is the result of early disturbances in the child–caregiver system. At this point, there is, in my view, an interesting connection to A. Adler's 1908 work: "The Drive for Aggression in Life and in Neurosis", but, to my mind, we must qualify the idea put forward in this work that an infant has a hostile attitude towards the world from day one. A. Adler regarded this "attitude of children towards the outside world" (Adler, 1908a/1973, p. 58) as a result of the infant's experience that satisfaction is denied to his primary drives (nowadays one would speak of needs), in other words, it was understood as a reaction to frustration (see also Bruder-Bezzel, 1995). Such a development can be influenced by innate components such as bodily deficits. Most important is the subjective experience of the baby, namely – according to A. Adler (Adler, 1908b/1973) – the lack of satisfaction of his "need for tenderness ", for example, letting the baby scream because it strengthens the lungs, not spoiling the child in its first year of life, having a strict feeding routine and so on (see also Lehmkuhl G. and Lehmkuhl U., 1994). Chronic frustrating and depriving experiences, in the context of insecure attachment relationships, occur all too often and can be understood as traumatizing according to some authors (Shane et al., 1997). As a result, increased stimulation of aggression very quickly determines the whole inner development and creates, according to A. Adler, "a superior mental field" (Adler, 1908a/1973, p. 58) which prevails over the developing inner world.

J. D. Lichtenberg's and B. Shapard's work on the subject of "Hate and Satisfaction" (Lichtenberg and Shapard, 2000) contains further important points of view,

which arise within the context of the theory of the five motivational systems (see also Lachmann, 2000; Lichtenberg, 2000). The authors first make a distinction between anger, rage, hate and malicious hatred. Anger is a reaction to frustration and disappears when the frustration is overcome or the reason for it is taken away. Rage, likewise, can be triggered by frustration, but in addition it contains feelings of injured pride, shame and humiliation (a narcissistic insult). Physiological counter-measures, such as muscle contractions, a higher pulse rate and increased blood pressure, should act against the associated feelings of helplessness.

Hate as an intensive aversion and loathing can follow repeated outbursts of anger and be a stepping stone towards or an after-effect of rage. Whilst infants are able to experience such defined hate, malicious hate – in other words, strong aversion or loathing in combination with malice – is possible only later. The most important reason for this, in terms of psychological development is the linkage of hate with "malicious intent": what is meant by this is a lasting deep aversion and loathing combined with the desire for revenge. This malicious hatred includes a linking of reproach and vindictive revenge. It assumes cognitive capabilities which only become possible around the age of 3, but which then build on the structures of anger, rage and hate that have already been internalized, so that a more complex scenario can arise: "A hate scenario offers a place of refuge where subjective life history of the causes and results of hate can be transformed. Sometimes, the causes of hurt are quite obvious, but very often they are specific to an individual person. When the injured person has revised the triggers in his imagination and symbolic world, it is difficult to uncover them because of the risk that other people would have no understanding or because the addressee could add a further demeaning comment like: "Oh, you really are too sensitive"" (Lichtenberg and Shapard, 2000, p. 106).

According to J. D. Lichtenberg's concept, hate can have the function of distracting someone from the shame connected with helplessness which children feel, for example, if they have been subjected to abuse, excessive arrogance or contempt. From the point of view of individual psychology, J. D. Lichtenberg addresses the security function of hate. On the one hand, hate can serve as a way of avoiding shame, but, on the other hand, the whole intensity of hate and the desire for revenge can themselves trigger shame once again when their extreme dimensions become more conscious (J. D. Lichtenberg here draws upon other authors who have done research into shame, such as L. Wurmser in 1981 (Wurmser, 1981)).

One of the goals that hate-filled persons often strive to achieve is the attainment of freedom from inner tensions, which stem from being humiliated, scolded or criticized in a demeaning manner. It appears to the patient as if he has to get rid of a poisonous substance (let's say, for argument's sake, black bile). In the terminology of individual psychology, one thinks about the concept of "fiction", but also about "striving" (Adler, 1912) because, of course, you cannot physically "get rid of" something inside your psyche.

The internal representation of this striving to get rid of poisonous tensions occupies the structure of the physiological and of the sensual-sexual motivational system. In the body, tension builds up in a similar

way to hunger, stomach ache or arousal, followed by a satisfaction of needs and relief. Linguistic formulations such as the German "jemanden gefressen zu haben" which literally means wanting to eat someone, but metaphorically means to dislike or hate someone, express this: if you eat someone, the other person is destroyed and you can calm down. Aggressive and vulgar anal and sexual metaphors are also used in this way, and they illustrate an attempt to get rid of the poisonous inner tensions.

The connection to the object of hate often appears to be paradoxical; hate is a relationship mode that contains characteristics of the attachment motivational system (the individual psychology's parallel to this motivational system would be "the community feeling" (Adler, 1912/1997). J. D. Lichtenberg and B. Shapard comment on this as follows: "The goal of a relationship of hate is the same as in a love relationship, namely to experience an intimate, lasting bond, only that the emotion in one case is antagonism and in the other is love" (Lichtenberg and Shapard, 2000, p. 113). In German, "jemanden gefressen zu haben" which, as I said, means "to dislike or hate someone", from the structural point of view is not so far removed from "jemanden zum Fressen gern zu haben" which means to like or even love someone. As many writers and poets have shown us, love and hate are sometimes very close together.

Certainly, the attachment motivational system has, according to J. D. Lichtenberg (Lichtenberg, 1989), cost more people their lives than any other motivational system: again and again, people have allowed themselves to be abused to show they belong to belief systems, ideologies, religions or nationalities, and they themselves have also become perpetrators.

In order to explore the attachment relationship between the patient and the hated object, J. D. Lichtenberg recommends to examine carefully all newly-occurring inner threats and insults with regard to what triggered them from the perspective of the patient (Lichtenberg and Shapard, 2000). Patients often have a fixed relationship with their past and present objects of hate. The best strategy to oppose this fixation may be trying to activate the alternative and helpful relationship experiences. Possibly, there may be another more caring scenario in the patient's past, for example, a helpful brother or sister or a caring grandparent.

The patient is often driven unconsciously to repeat his inner scene in the therapy, that is, he must experience his hurt in the framework of the therapeutic situation once more. The therapist in this case can wear the patient's attributions, i. e. to examine carefully how he is experienced by the patient. The therapist can open himself to be experienced as the hater or the hated figure, the victim or the perpetrator, the person who is envious or who is envied, and so on. With this therapeutic orientation, the therapist is, on the one hand, a character within the inner scenario of the patient with all of the transference implications, but on the other hand, he is also a person who, in contrast, reacts empathically to the painful inner states and affects that are activated. These divergent experiences lead to a re-organisation of earlier pathological modes of representation over the course of therapy.

However, hate scenarios serve not only the attachment system, but also the explorative, self-assertive motivational system: the hate scenario is built up like a story which begins with an insult. The plan of revenge

is based on finding creative solutions to this situation like in a detective story. The objective is to experience competence or passionate superiority. As you can easily see, an important concept of individual psychology is implicated here, namely striving for superiority. Karl Heinz Witte from the Alfred Adler Institute Munich pointed out the function of hate as a malignant compensation for the feeling of inferiority (Witte, 1995, p. 38). K. H. Witte in his approach stresses the strive to overcome injustice, which is felt as humiliating, but in neurosis ”internal” justice is never achieved – this remains a guiding fiction.

According to J. D. Lichtenberg's theory, a counter force which opposes the linking of the hate scenario to an explorative, self-assertive motivational system can arise from the patient and the therapist being interested in the special type of the scenario, for example, its triggers and details. The satisfaction, which stems from creative invention and development of the scenario, is then transformed in the course of therapy into curiosity and interest in examining it in a creative way and developing an understanding of it.

Seen from the point of view of the aversive motivational system, malicious hatred serves to express a highly enjoyable antagonism, but also enables the patient to avoid the experience of threatening and terrorising affects and inner states. For this very reason, the hate scenario can be activated in such an automatic way that the patient is not aware of how threatened he feels by affects and inner states such as shame, disappointment, envy, fear or depression.

Individual psychologists would certainly agree with J. D. Lichtenberg's and B. Shapard's idea that people who are filled with hate would rather experience the power of their anger than the pain of being a victim. The inner solution goes something like this: ”I will not personally be overcome by envy, but I will witness how the object of envy is undermined and humiliated” (Lichtenberg, Shapard, 2000, p. 116).

There are two ways of counteracting the almost automatic use of hate scenarios whenever one feels inner stress. Firstly, the therapist can concentrate on what triggered acute affects such as anger, envy, shame, insults and fear, trying to make these triggers conscious, so that the triggered affects do not lead directly to a hate scenario. Moreover, it may be helpful to look at inner conflicts which are not or not yet linked to the hate scenario. By dealing with conflicts in an early stadium, a differentiation should be achieved, which prevents every current event from being absorbed by the hate scenario.

J. D. Lichtenberg and B. Shapard (Lichtenberg, Shapard, 2000) believe that the most difficult therapeutic problem is to deal with the hatred that forms the core of the self, accompanied by a strong feeling of identity. Everything that nourishes the hatred is then perceived as strengthening one's self and identity, and correspondingly everything that reduces the hatred constitutes a threat. In this situation, it is unavoidable, to their mind, that the therapist at some stage blurts out a confrontational remark – described by them as a disciplined spontaneous engagement – in order to re-establish his own self-regulation. They quote another therapist, Pao, who yelled at a threatening, hospitalized patient: “Maybe you are happy that you have finally found someone who can hate just as much as you, but, of the two of us, you are the only one

who is ashamed of his feelings of hatred." He then went on to say: "I can hate just as much as you! At this moment, I even have a hate scenario in which you appear. But I also have the capacity to love and be considerate and care about others ... and you can do the same once we have both calmed down" (Pao, 1965, p. 263, quoted in Lichtenberg, Shapard, 2000, p. 118).

Peter Fonagy's Concept: Attachment Research and Object Relations Theory

First I would like once again to emphasize that A. Adler (Adler, 1912/1997, p. 94) believed that essential mental structure-forming processes are completed towards the end of infancy. Of course, he didn't use modern structural terms but rather spoke of "psychic gestures" and a "guiding principle". In the meantime, attachment research has shown how the baby's early relationship history finds its way into preverbal representations and inner structures. What is emphasized above all is the security of attachment. This strikes me as being very compatible with A. Adler's (e.g. Adler, 1912) idea of "security", a basic striving to feel safe and secure. To A. Adler, this meant first of all to avoid feelings of "inferiority" and the associated affects such as fear, powerlessness, humiliation, shame and guilt. Moreover, A. Adler emphasized, with his concept of the "guiding principle", the active, goal-directed quality of inner structures which contain the unconscious "opinion" about oneself and others (see also Adler, 1933 for explanation of the term "opinion").

Peter Fonagy from University College, London and the Anna Freud Center links object relations theory and attachment research (Fonagy, 1996). In object relations theory, he refers above all to W. R. Bion's concept of "containing" (Bion, 1962), which means understanding the baby's inner states and dealing with them in a helpful manner. In the same way, he refers to D. W. Winnicott's idea of "giving back to the baby the baby's own self" (Winnicott, 1967, p. 33). In attachment theory and cognitive developmental psychology, P. Fonagy supports the concepts of "mentalization" and "metacognition", i. e. the development of the ability to understand one's own internal states and those of others in a differentiated and clearly separated way (Fonagy, 2001; Fonagy et al., 2002; Allen et al., 2008). Of course, here are meant the reflective processes that can be developed only within the context of a secure attachment relationship. To put it simple, a person can only understand himself and others if he or she has been understood as a baby and toddler.

Rage, hate and aggression are closely connected with the distortion of the representational capacity: the internal images of self and others are not differentiated, separated, bearable and safe. The immediate experience is then identical with the world itself and no reflective processes are available to distance and protect oneself. In the transference, the pretend mode is lost and everything is experienced as concrete and real. P. Fonagy illustrates this as follows with a case example:

A patient who was prone to acts of violence was aroused by a relatively careless interpretation. P. Fonagy had wanted to react in a sensitive manner and referred to the pain and hurt that his patient probably had felt because the previous session had to be cancelled. At this point, the patient

stood up, held his clenched fist in front of P. Fonagy's nose and said something like: "I'll show you what pain is, you fucking arsehole".

P. Fonagy, though shocked, answered spontaneously and without much reflection: "You know, I'm getting older and cannot see so clearly what is right in front of my eyes" and with that, he carefully pushed the patient's fist away. To his surprise and relief, the patient calmed down almost immediately and smiled. P. Fonagy believes the following happened: the patient fleetingly experienced the situation from the more long-sighted perspective of the therapist and saw him briefly as a real person who was trying to let the patient into his inner world (Fonagy and Target, 1998, p. 98).

In their discussion of this episode, S. W. Coates (1998) was of the opinion that something else was at play: the ability to reflect is enhanced if the therapist absorbes the patient's affects – is infected by them, if you like – and then displays a different form of dealing with them. P. Fonagy really had felt threatened in this situation, his fear could be seen by the patient and, moreover, it had been his own fear that had made him realize the feelings of the patient and their intensity: the patient had felt extremely threatened by P. Fonagy's seeming sensitive interpretation which suddenly and forcefully brought the patient in contact with the split-off and unbearable affects of hurt.

Because of this "affect contagion", i. e. because of P. Fonagy's fear, the patient had, in turn, recognized that P. Fonagy had "understood" the situation ("he got it"). At the same time, P. Fonagy had detached himself from this level of confrontation and had changed the situation in a creative way. The patient had been able to view his own experience in a different way because he had seen it in the face and the psyche of P. Fonagy and had experienced a different way of dealing with it. In this moment of awareness – a "now moment" as D. N. Stern would say (Stern, 1998; Stern, 2004) – the patient had presumably felt as if he was being seen, respected and perceived as a person who could access his own mind.

Enhancing the ability to mentalize, i. e. making it possible to reflect and create a distance to immediate experience and action, depends on whether the patients learn to observe their own affects and to recognize, name and understand their internal states (Fonagy and Target, 1998, p. 105). In order to do this, the therapist must first recognize and accept "the mental chaos" of the patient. P. Fonagy believes: "The analyst has to teach the patient about minds" (p. 109), and this is dealing with the unconscious of the patient, which has to be understood. This is not a matter of pedagogical lessons. But it is the case, in his opinion, that so-called "deep" interpretations of undifferentiated representations do not reach these patients and are perceived as persecutory, intrusive, seductive or evasive. Instead, therapeutic work should concentrate on investigating triggers for the patient's affects and on investigating subtle changes in his internal state as well as stressing different ways of perceiving or interpreting the same events, thus focusing attention on things that most people are more or less aware of. In this way, the therapist can open up his own mind for exploration by the patient, not necessarily in the sense that the therapist says what he is actually experiencing, but looking into how the patient believes the

therapist thinks and feels about him (see also Fonagy at al., 1993). The therapist, by doing this, promotes a ”mentalizing” orientation, and the patient can find himself in the mental processes of the therapist as a feeling and thinking being, in other words, in a representation which was not available in a sufficient way in his early childhood. L. Köhler (Köhler, 1999) describes the accompanying shift of emphasis in the analytic process: psychoanalysis becomes less about a ”talking cure” and more about ”an internal state talking cure”, in other words, a talking cure in which the internal states of the patient are focused on in a helpful manner. Using this method, the patient gradually perceives that the therapist has an internal image of him, which can be helpful. According to P. Fonagy, a lot has already been achieved – and here he criticizes other more ambitious yet, in his opinion, unrealistic psychoanalytic ideas – if the behaviour of the patient becomes understandable and meaningful to him, if it can be categorized and becomes more predictable by connecting it to inner and outer causes (Fonagy and Target, 1998, p. 109).

From my own perspective of individual psychology, this gradual change in the frightening and threatening inner world of the patient signifies a tempering of the effects of structure-determining feelings of inferiority. The resulting extension of relationship capacities can be understood as an expression of the growing community feeling (A. Adler added the concept of the “community feeling”, which should be understood in a differentiated way, to his theory after the destructive catastrophe of the 1st World War; compare here the comments in the 1997 edition of his main work: “Der nervöse Charakter” which first appeared in 1912).

According to P. Fonagy, therapeutic change is brought about principally by “new ways of experiencing the self with other” (Fonagy, 1999 p. 220), in other words by having new experiences of “being with another” (Stern, 1983). From my perspective of individual psychology this means a fundamental change and differentiation in the opinions of the patient about himself and others.

Traumatic experiences such as neglect, violence or abuse have especially devastating effects on the development of capacities of mentalizing and the representational world, i. e. understanding what is happening inside one’s own mind and in the mind of others. For a child, it is unthinkable that the same person whom it is dependent on as an attachment person wishes him harm; in this way, the development of the capacity to understand what is in the mind of another person is blocked. According to P. Fonagy, many acts of violence are therefore “mindless” because the suffering of the victim is not represented.

As a child always develops an attachment to an object, but the helpful and mentalizing function of the object is missing or has been blocked by traumatisation in such cases, the child instead introjects the traumatizing, primitive and undifferentiated representations of the other into his own developing self. These representations feel alien, threatening and unintegrated (Fonagy, 1998).

When the attachment figure – the object – has no adequate and helpful internal image in the infant, then the infant introjects the object: the affects and attributes of the object will form the developing mental structure, for example lack, depression and fear. From the point of view of indi-

vidual psychology, the feelings of inferiority caused in this way and represented by these introjects form the core of the personality.

In the case of traumatisation, a potentially persecutory or tormenting undifferentiated representation of the object can paradoxically become a part of the self, which doesn't include the functions of containing, holding, reflection or mentalizing, but instead feels threatening, tormenting, alien and impossible to assimilate (see also Allen and Fonagy, 2006; Bateman and Fonagy, 2006). An autonomous identity cannot be developed. The fragile identity rests on an archaic-threatening representations of the object in the self and not on being treated as a feeling and intentional being with an understandable inner world. Because this threatening alien inner state as an unmetabolized introject forms the core of the primitive self-representation, a person in this inner situation cannot really get rid of it – understood from an individual psychological perspective, this remains a guiding fiction – but nevertheless has to try this. The most common solution to this dilemma is to project and to externalize this threatening alien self (at the same time there can be a fluid change from being a victim to being the perpetrator, if the patient acts out this threatening and alien introject, and by doing that, paradoxically at the same time is taken over by this part of his self which he is trying to get rid off so desperately).

As the externalised part of the self is both tormenting and hostile, this inevitably leads to serious and escalating conflicts in interpersonal relationships. On the other hand, should the other person threaten to leave, the patient will experience intense fear or even panic because separation unconsciously means the full return of the externalized introject. This, in turn, could annihilate the patient's internal pseudostability which is, of course very, very fragile. Such a patient is then attached and fixed to the object of hatred. In their new and recommendable book, R. Mizen and M. Morris are of the opinion that in many cases of violence the aim is not externalization but annihilation of the unbearable psychic content (Mizen, Moris, 2007).

P. Fonagy is, however, convinced that these patients can be treated if the therapy is focused less at producing insight and more on the development of basic reflective functions. Instead of giving interpretations, it is more about exploring the reasons why the state of mind of the patient has changed from one moment to another.

However, P. Fonagy regards the entanglement of the therapist in the unconscious scenario of the patient as being almost unavoidable in certain difficult cases. In his opinion, it is important whether the therapist is still able to reflect on the inner state of the patient which has triggered the enactment. The question is whether the therapist, whilst being an object of his patient's intense and frightening projections, can keep in his mind an image, a representation of the internal state of the patient so that the latter can perceive the therapist's understanding despite his projective distortions.

A gradual improvement is possible if the patient can tolerate and experience an increasingly safe and intimate contact with a "different" mind which understands the chaotic confusion in the patient's internal state and deals with it in a helpful manner (Fonagy, 1998). The "mentalizing" attitude of the therapist finally leads to the

patient finding himself in the mind of the therapist and integrating this internal image as part of his own self-representation. If there is a successful therapy, there is a gradual change in the non-reflective mode of psychic functioning, which forces the equation of internal world and external reality. The internal world can become more clearly differentiated and structured and can be experienced as being qualitatively different from physical reality.

I would like to conclude this paper by saying that, in my opinion, both J. D. Lichtenberg's and P. Fonagy's ideas offer important stimuli for understanding and dealing therapeutically not only with patients who are deeply disturbed and filled with hatred, but also with patients suffering from a developmental history of insecure attachment relations or who have experienced serious early deficiencies. In my opinion as of an individual psychologist, these experiences and their subjective transformations are the reasons for the feelings of inferiority, described by A. Adler in such an ingenious and intuitive way already 100 years ago.

In psychotherapy, the automatically associated problem of aggression is a generally important theme, as A. Adler emphasized as early as 1908: is it possible to open up the patient's creative forces described by A. Adler (Adler, 1933, p. 22) and change his fixed structure of motivational systems? Will it be possible to differentiate the representational world of the patient, in A. Adler's terms, to change his conscious and unconscious opinions of himself and others? In successful psychotherapy, in my opinion, it is.

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