

'US AND THEM': psychological development, understanding and management of group conflict

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Thank you very much for inviting me today to your meeting. I feel honoured to be asked, and deeply humbled by the difficulties that you and your families must be facing in the mad world we are now living in. And Yousuf – Dr Rahimi – was a trainee doctor of mine about ten years ago, and I very much valued his time, and his presence, and the extraordinary and shocking stories he told me then about the earlier war in Afghanistan.

Today what I want to explain to you is some psychological theory about how our minds get a sense of who we are and who others are – and how they are related. In other words, the development of the 'internal representation' of 'us and them'. When this happens in a mature way, we have a large capacity to tolerate, accommodate and even enjoy difference. However, many events and disturbances in an individual's *emotional development* can prevent it from happening smoothly and well – and we end up with individuals with a very distorted sense of the relationship between themselves and others.

My own clinical speciality is what is called 'Borderline Personality Disorder', and it means work with people who generally get very little pleasure out of life, cannot trust anybody else, behave recklessly and dangerously (to themselves), and cause severe and vicious conflict in those around them. The clinical services which I help to set up for people with these conditions – in several towns and cities in the UK, including here in Oxford – use a method called the *therapeutic community*. It is based as much on understanding all the relationships around somebody as understanding the person themselves. It also has a political dimension, as it uses unique forms of democratic discourse, and methods of conflict resolution.

So let me start with the thought: what does a baby then a child need to *experience* to turn into a fairly healthy adult? To not end up with a chaotic unstable

life, forever feeling threatened by others, and in conflict with many people?

By 'need to experience' I don't mean discrete events like being cuddled as a baby or leaving home and going to University; nor do I mean social activities like having friends or going to school. I'm trying to get at the long term "feeling" of what somebody's early life was like – the culture, the environment or what we often call the 'milieu'. Perhaps it is more like the weather: what sort of *climate* was it - always warm and sunny? – or unpredictable and stormy? – or freezing cold and never thawed?

When I talk to prospective members of a therapeutic community about this, I ask very vague questions like "what was it like at home?" and "what were family holidays or Christmases like?" – as well as more personal ones like "was there ever anybody you could trust and talk to?" and "what sort of thing were you frightened of?", and "do you usually trust new people you meet". And those questions often get answers that are very telling – but would be almost impossible to measure. Like somebody who joined our new programme in Slough this week - who said "I don't think I ever really had a family" when I asked her the one about holidays and Christmas, she said much preferred school term time, because her father was cruel to her even more in the holidays (and this was when she was at primary school).

So I believe that this sort of *internal experience* is what makes and (later) might change people. It might be a single horrible event, or a number of them, like sexual abuse by a visiting uncle – but that would almost certainly be accompanied by an overwhelming feeling of ...something like *dread* or *shame* ...that was in the background all the time. It wouldn't be possible to describe your childhood as "warm and sunny all the time" if that was going on. But just as likely, it would be the fear of a drunken father coming home after closing time every weekend and yelling uncontrollably at your mother,

and hitting her some times. Or – very commonly – the ‘vibes’ that the children pick up when their parents’ marriage is failing but very little is being openly said - and a continuous atmosphere of worry and foreboding.

So how I explain this to our students is that the basic building blocks for ‘growing up healthy’ are not in place, so somebody’s personality ‘deformed’ – usually in ways they have to adapt to an environment which has failed them. There are several psychological ‘schools of thought’ that can be used to back this up – from Freud and psychoanalysis to systems theory, and humanistic therapy, and cognitive and behavioural theory – as well as some sociological ideas, about how groups interact. It’s all absolutely centred on the necessary emotional experiences of the people we try to help, and - of course – the necessary emotional experiences of all of us.

It is an overlapping sequence of five linked ideas - five abstract qualities, all of which are needed to end up with a person who has a good idea of them self, and how they exist in the world with others.

The way I have put them together is also a progression, a developmental progression that starts with infancy. First there is the primitive vulnerability of infantile **attachment**, which eventually allows for separation through a process of what we call **containment**. Next comes language and the social interaction of **communication**. Then, onto what is more of an adolescent struggle - of **involvement**. Finally to reach and achieve the adult and empowered position of **agency** - finding the self which is the seat of action, and when we are with our patients it is for them to be able to deploy their own power and effectiveness.

So let us look in a little more detail at the earliest part of that sequence – a newborn infant. Once it is born, the physical attachment, of being within the womb of your mother with blood flowing alongside, is broken when the cord is cut. This is the first separation and loss that the individual has to change for, in order to adapt to the world and survive. Many more losses will have to be suffered later in life, and transitions made – but they start here. At the moment of birth, several marvellous physical processes happen, such as the way the blood flow changes round the newborn’s heart, and how the lungs expand, and the intestines start working. But a much less understood *psychological* process starts as well – what we call *attachment*, and is more

popularly called ‘*bonding*’. It is required by biology because infants would not physically survive without it – but it can also go very wrong, and then have repercussions throughout somebody’s life - and to many people’s lives around them.

At it’s simplest, it is the presence in the mother’s mind of somebody else – the baby – and all the urges, feelings, wishes and drives that brings.

But what about the other way round? How can the baby really have the mother in it’s mind – and what is a baby’s mind like anyway? Well, a great deal of research and theory has gone into this – but I will focus on one particular angle: how the baby gets the idea of mother, then people who are safe, then everybody.

Melanie Klein was a famous London psychoanalyst at the time of the Second World War: she was the first person to use Freud’s theories with infants. She described how the baby’s earliest experience of the world is of either contentment (quiet, smiling, playing) or unbearable dissatisfaction (crying or screaming, in pain, hungry). All good, or all bad – what she called the *paranoid-schizoid position*. When we describe the processes going on here, we talk about splitting, denial and projection. *Splitting* is the ‘all good or all bad’ thinking; *denial* is refusing to accept information that challenges the ‘all good or all bad’ picture; and *projection* is the process that mentally ascribes qualities that are not wanted in oneself to others.

For Klein, the resolution of the paranoid-schizoid position can only come about through accepting that the good and bad cannot be separated like that – her classic example was of feeding – what she described as the guilty recognition that the ‘good breast’ (which makes the pain of hunger go away) and ‘bad breast’ (which is sometimes withholding, or responsible for other discomforts) belonged to the same person (the mother). This ‘guilty recognition’ is called the *depressive position*, and it is hard to get to as it comes after a struggle: it makes the world much more complicated and difficult to understand. This template though – of oversimplifying everything into ‘completely good’ and ‘completely bad’ runs throughout society, at all levels. For example – political parties where votes must always follow the ‘party line’; sporting events where it only matters to be the winner; and business decisions where only profit and loss matter. And perhaps most controversially - countries, religions or races are seen as ‘the axis of evil’ or ‘blessed by God’.

Returning to the idea of attachment, let us consider

what growth (and the normal needs of growing up) do to the bond. How does it successful change – so that the infant can still feel safe, without necessarily being with mother holding the infant all the time? In a sense, each change is a loss, and each is about increasing risk-taking, yet feeling confident to do so. At first, to just hide behind a blanket – later, when walking or crawling, to go behind a chair in the same room. Then to go just outside the door for a few seconds, then the next room – and so on. Eventually onto going to school, leaving home, suffering the death of one's parents, then perhaps ones partner and friends, and ultimately dying oneself. A gloomy sequence, in a way – a series of inevitable losses and upsets. But also a positive direction of development – with major and often painful *transitions* - that establishes somebody as a person in their own right in the world – to be able to be make decisions, have an impact on others, and generally enjoy life.

Another WW2 psychiatrist, Winnicott, gives some more insight into what is needed for this to be done in a healthy way healthy development – so the depressive position is achieved, and mature relationships can follow. We do not end up in the infantile paranoid-schizoid position where everything is excellent or terrible – and we have to do mental gymnastics to make sense of the world, or end up blocking most of it out.

He has two simple concepts to help us here: secure base, and transitional object. The secure base is like 'the circle of safety' that grows throughout life – the areas we feel confident about. At first they are very personal – like 'in the same room as mother or somebody like her'; later more geographical – perhaps within sight of ones own house; in adults who are in times of stress (perhaps conflict) it might be quite abstract – for example 'where I am with people who understand me'; and perhaps nowadays technological (where ever there is a mobile phone signal). The transitional object is a token or emblem that represents this sense of safety in the mind – a baby's blanket, a child's soft toy are the classical examples. They are things which allow small risks to be taken, with the world still feeling safe, and so slightly enlarge the secure base. People tell me that I am inseparable from my laptop – maybe that is something I feel I need to be able to be in touch with what I need to be, and able to say what I need. So perhaps it is my transitional object – I suppose I do look forward to a phase of life where I am not constantly need to keep on top of a continuous stream of demands – but don't we all? Or isn't this what a lot of life is all about?

But let us look a little more at the more 'abstract' zone of safety - when it only feels safe like 'with people who understand me'. Here we can easily see the emergence of an internal sense of 'us and them', of who it is comfortable and safe to be with, and those for whom it is less so. And it is brought about by a feeling of safety that relates directly to infantile emotional development.

Looked at from the depressive position, which remember is the mature and healthier one, it is a continuum between 'people who are very similar to me and understand me completely' to 'people who are completely different who I doubt if I could have a conversation with, and probably wouldn't like the way I see things'. And as long as there are some around who are nearer to the 'similar to me' end of the spectrum – I can get on with life OK. If I find myself just with people completely at the other end (say by being stranded in a city of a completely different culture) – it might be quite hard work to feel OK, and sometimes frightening – but I have a solid enough and sufficiently complete sense of who I am to know I can survive. At least if people I come across are equally mature and well-adjusted...

But now let's think how that would be for somebody who is stuck with the more primitive emotional ways of dealing with situations – in other words, from the paranoid-schizoid position. I should add that this can be anybody – not just people with personality disorder. Anybody can be under such stress and pressure to that they lose the ability to calm, rational, balanced and thoughtful. The more tense a situation – be it to do with domestic, employment or even international relations – the less easy it will be to keep in a mature and rational frame of mind.

In a paranoid-schizoid view, the world is very black and white. You only feel safe if you are quite certain that the people you are with are in full agreement with you. If they are not, they are 'other', or alien, or 'the enemy'. You are either 'with us or with the terrorists', as George Bush said in 2007. Any complexity or subtlety of feelings has to be suppressed in order to remain clear which camp one is in – unhelpful aspects of oneself (that do not confirm the clarity of the split) are *projected* onto, or into, the other. Rumours grow, hysteria builds, irreversible actions taken, and it can all be based on nothing except the contents of our own minds. Perhaps the hunt for weapons of mass destruction was like this.

So this is one way of looking at some of the seeds of conflict, in psychological theory. I'll just spend a few more minutes and explain how we handle it in clinical situations.

We are faced with a person with Borderline Personality Disorder: they will almost certainly have had a severely disrupted upbringing, and will not be able to trust anybody, and have a very poor sense of their own identity (and hence self-esteem, and confidence, and ability to function normally). They will be stuck in the paranoid-schizoid position: people they come across will be completely good or thoroughly bad (and it may rapidly change, and that includes the doctor!)

The first thing we need to do is to establish a working relationship – what we call the *engagement phase*. This means being absolutely clear about everything that happens, and our expectations of each other. Often, written contracts are used. This is analogous to *attachment* in the 'necessary developmental sequence' I described earlier.

What we are trying to do is recreate a developmental experience that is better than is was 'first time round' – so we attend to attachment, as already mentioned, think about how to give people an experience of what we call 'containment' – which is similar to the 'secure base' that I mentioned Winnicott describing – but is also the quality of 'coming out safely on the other side' of disturbance and frightening and primitive experiences. Which is probably as common as hunger – because being hungry is a desperate emotion for an infant who doesn't know better. But if that infant is properly 'contained', then it soon learns that the fear and anxiety about that experience does not annihilate it.

In clinical practice this means being dependable, and predictable, and regular – about everything that is part of the routine of a therapeutic programme. We often use the word 'boundaries' for it. It gives people the mental experience they need to start being able to trust others – rather like exploring new and risky territory as an infant does when it is exploring its world.

I do not have the time to explain all the details of the programmes beyond this – but what we are aiming to do, is to recreate the 'good emotional development' that people did not have – by guaranteeing that all *communication* is open and never devious; by inviting *involvement* so people can find their comfortable place amongst others; and,

finally, to help people find the power within themselves to really change things for themselves. When we have accomplished this, we feel we have done a good job – somebody can have mature and authentic relationships with others, without having to fall back on what we have called 'paranoid schizoid' defences, which create a false world of certainties – but a world which is superficial, unnecessarily conflictual, and 'dumbed down'.

But how does this translate from our therapeutic communities, to the real world?

Well sadly, I don't know - and I am not sure that it can anyway. We create a psychic world for people that is protected from the realities of how most of the world goes about its business. Although people benefit greatly from it on a very small scale like our therapy units, there are too many factors - perhaps like greed and envy, as well as commercialisation, consumerism and global marketisation – which will prevent it from ever becoming more widely relevant.

So I think my conclusion is rather pessimistic – we can create safe little bubbles, but the world will forever be a dangerous place!