



## The Compulsion to Repeat Relationships With Abusive Partners and How Group Therapy Can Help

Mary W. Nicholas LCSW, Ph.D., CGP, FAGPA

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***The Compulsion to Repeat Relationships With Abusive Partners and How Group Therapy Can Help***, by Mary W. Nicholas, LCSW, Ph.D., CGP, FAGPA

Estimated Time to Complete this Activity: 90 minutes

### ***Learning Objectives:***

The reader will be able to:

1. Learn theories from psychoanalysis that explain why some people are so powerfully attracted to people who are abusive to them.
2. Define a “group enactment” and understand its role in uncovering the nature of the excitement in the toxic romantic relationship and its parental antecedent.
3. Gain an understanding of powerful attachment experiences inherent in the therapy group and how they help the person who repeats abusive relationships renounce what has heretofore been compelling but painful in favor of what is truly intimate and pleasurable.
4. Learn how to recognize and capitalize on the above processes for the healing of these patients.

### ***Author Disclosure:***

Mary W. Nicholas, Nothing to Disclose

# The Compulsion to Repeat Relationships With Abusive Partners and How Group Therapy Can Help

MARY W. NICHOLAS, LCSW, PH.D., CGP, FAGPA

*The mystery of why some people are compelled to repeatedly engage in relationships with people who are cruel to them is frequently pondered in literature and psychology. The present paper posits that the etiology of this pathological relationship pattern derives from a parental relationship that was both highly exciting and highly frustrating. Spontaneous recapitulations of the passionate masochistic relationship in the therapy group allow the patient, the therapist and the group to appreciate the exact nature of the “bad” partner’s appeal for the patient and its link to parental antecedents. In addition, the author suggests, group therapy can provide attachment experiences that are stimulating and rewarding enough to override the patient’s attraction to the toxic partner(s) and build an enhanced capacity for intimacy. The cases of two patients are presented who spent three and a half years in the same long term psychodynamic group, and who, through the processes described above, successfully resolved their masochistic relationship patterns.*

“Why such steadfast pursuit of such neurotic misery?”

*(Mitchell, 1988, p. 78)*

**W**hy would someone who would seem to have better options choose to stay in a relationship with a partner who is cruel, demeaning, and/or unfaithful? What explains why, when she does

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The author would like to thank Dr. Les Greene for his assistance on this paper. Mary W. Nicholas is in private practice in New Haven, Connecticut, and is affiliated with the Department of Psychiatry, Yale School of Medicine.

break up, she soon finds herself in an equally miserable relationship with the same type of person? What can make such an apparently unhappy situation so psychologically gripping? What can get someone out of this kind of relationship? What or who can compete against the dark object of desire?

In this paper, I report the cases of two patients, Bill and Sam,<sup>1</sup> who presented with this masochistic pattern when they entered my therapy group. Drawing on psychoanalytic and attachment theories, I attempt to explain the etiology of the compulsion to repeat toxic relationships and demonstrate how participation in group psychotherapy can help such patients resolve their self-defeating relationship patterns. I hypothesize that such mutative change in the group requires two specific group events: (1) the occurrence and analysis of spontaneous and powerful in-group enactments of the toxic relationship which illuminate and confront the patient with the underlying reasons of the attraction to the toxic partner; and (2) the acquisition of developmentally-needed attachment experiences within the group which are intense and rewarding enough to override the need for the toxic relationship and others like it.

### **BILL AND SAM**

When Bill and Sam entered my weekly private practice psychodynamic therapy group at about the same time, each was embroiled, not for the first time, in a relationship with a partner who was demeaning, unfaithful, exploitative and blaming; yet, both men had remained enthralled with these partners for several years. After about two years of work in the group, both had relinquished these toxic relationships, and were tolerating being alone, relying on friends and family for comfort. By the end of three and a half years, each seemed ready for a new kind of fulfilling relationship, with a healthier partner

Bill, a gay businessman in his 50s, had rarely left his home town. All his life he had been a person upon whom everyone depended. When he entered group, he was financially supporting

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1. Many significant details about Bill and Sam have been changed; however, the real Bill and Sam gave their permission for this article to be published.

several able-bodied adults in addition to his grown children and grandchildren. Divorced for many years, he met Ned, a professional actor, seven years before joining group, at a piano bar. He described being captivated as Ned played and sang to him, staring into his eyes. Ned, talented and handsome, was well known in the sports and theater worlds and there was nothing Bill liked more than being seen on his arm after his performances and games. Throughout the relationship, Bill had financially supported Ned, pampering him with lavish nights out and expensive trips. But these gifts were hardly reciprocated in any way and Ned was continually critical and irritable towards Bill. He withheld sex from Bill and in fact had almost daily sexual liaisons with men he met on the internet. Ned found excuses to justify this promiscuity while Bill tried to convince himself and the group that Ned really loved him and just had trouble being intimate. As revealed in the group, Bill's previous relationships, including with his ex-wife, had been characterized by similar dynamics of imbalance and abuse. By the time he got into group, Bill was trying to cope with his hurt and frustration by frequently engaging in sexual encounters himself and occasionally spending days at the casino mindlessly playing the slot machines.

Regarding his early life, Bill was the fourth of seven children of parents who were educated and prominent in their town. Although quick to say his parents, now deceased, were alcoholics, he also praised them as glamorous socialites. He glowed when he described himself as a child ushering the handsome couple out the door to a fancy benefit in town. But behind the scenes, his father beat his mother and children, and the children fought brutally with each other. Despite the efforts of Bill and his siblings to hide the truth, many people in town knew the family's secrets. Once a policeman drove Bill home when he was stranded at school without a ride and said "I'll drive you home—if there's anyone sober there."

Sam, 38, also a single father, entered group because his employer had complained about his abrasiveness, but his description of his relationships with women revealed a bigger problem. The women Sam had picked after his divorce were consistently like his ex-wife—beautiful, but unstable, financially helpless, demanding and unfaithful. The one with whom he was currently besotted

was Judie. For two years, he had paid for her every whim, helped her raise her children and did all her house repairs, but nothing seemed to please her. Once when Sam baked her a birthday cake, she threw it at him because it was the wrong flavor. The more vicious she became, the more he tried to please her. She broke up and went back with him many times and finally went off with another man blaming Sam for being “phobic about commitment.” He sought desperately to get her back, but eventually gave up and resumed cycling through one brutal narcissistic girlfriend after another. Each episode of mistreatment was presented to the group in a monotone. Each new relationship or reconciliation was seen as the new hope—the pain of the last one forgotten.

Sam was the youngest of six. His father, described as an untreated schizophrenic, had been physically violent with everyone in the family except Sam who, while terrified of him, also rather admired his father’s brilliant intellect and colorful antics. One night in a fit of anger at his mother, Sam’s father took a blow torch to her car and burned it to the ground as the children looked on. When the father was taken away by the State, leaving the family with no money and no place to live, Sam was extremely frightened but also rather enjoyed the process of helping his teenage brothers re-build an abandoned house, pirating electricity from the house next door. As he grew older he became more ashamed of his circumstances and refused to ask friends to his house.

The group that Bill and Sam joined consisted of seven members, four men and three women without much fluctuation in composition over the three year period of their participation. All were professionals ranging in age from 27 to 66. Three, including Sam, were substance abusers in recovery; four, including Bill, were children of alcoholics.

### THE COMPULSION TO REPEAT

Freud, who coined the term “repetition compulsion” (Freud, 1914), was interested in why people unconsciously revive traumatic memories in dreams and flashbacks and why they repeat maladaptive behavioral patterns that caused them suffering. At first he viewed the compulsion to repeat as a way of remembering repressed memories so that they could be explored by patient

and doctor in psychoanalysis. However, this failed to explain why people not in analysis experienced similar phenomena, so he searched further. He decided the repetition compulsion might be an adaptive “instinct for mastery” (Freud, 1975a/1920, p. 16). He described a one-and-a-half-year-old boy tossing out a ball tied to a string, making it disappear, looking worried and then pulling it back into view with a giggle of satisfaction and speculated that this ritual was a way of trying to experience control over the comings and goings of the mother. This idea seems meaningful in understanding Bill and Sam. Both alternated between intense anxiety at the loss of the partner and intense satisfaction in winning the partner back.<sup>2</sup>

A persuasive explanation for why people repeat relationships specifically with people who are toxic for them comes from British object relations theorist Fairbairn (Fairbairn, 1986/1929; Greenberg, 1983). Briefly, his theory has two parts. First, he posits that the intense idealization of someone who seems to everyone else to be a bad choice is the repetition of a specific survival strategy learned in childhood. The vulnerable child, finding himself unloved and unprotected by parents, defends by taking on the parent’s view that he (the child) is “bad” while the parent is “good,” a dynamic Fairbairn names “the moral defense”: “The child would rather be bad himself than have bad objects” (Fairbairn, 1986/1929, p. 108). The child protects himself against the realization of how unloving the parent really is because such awareness would lead to the dreaded conclusion that the child himself is unlovable, and, worse yet, that the authority figure in control of his life is evil and/or unconcerned with his safety. “It is better to be a sinner in a world ruled by God than to live in a world ruled by the Devil” (Fairbairn, 1986/1929, p. 110). The last thing that Bill would have wanted to admit to himself as a child, or even as an adult, was that his parents were really as cold, selfish, and reckless as they appeared. And when Ned came into his life to replace his parents, Bill similarly reversed the morality of the situation, feeling guilty rather than angry when Ned mistreat-

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2. Two of Freud’s other theories about the repetition compulsion seem less useful to us here. In 1905 he briefly noted the repetition of painful masochistic patterns in relationships, suggesting they were a function of sexual guilt and the need to be punished (1905); A darker explanation was that the repetition compulsion was a function of the death instinct, the desire to return to a “pre-organic state” (1920).

ed him. Sam had likewise defended against recognizing how truly Devil-like his father was, and while he droned on in detail about his partners' abusiveness in group sessions, he did not seem to get affectively how cruel and manipulative they really were.

"No matter how coldly or cruelly the actual parent/caretaker behaves," Fairbairn posited, the child "attempts to protect what is gratifying and control what is not gratifying in the [internalized] relationship" (Greenberg, 1983, p. 173). There is always some kernel the child can dredge up to convince himself of the parent's or partner's goodness.

The second part of Fairbairn's theory explains the intense appeal of the toxic partner above and beyond the need to feel safe. The moral defense involves keeping all criticism of the bad parent at bay, leaving a misplaced and highly charged idealization—a belief that surely the chosen object will come through. This idealized imago, is retained coupled with the disappointing aspects of the loved one, but with the latter cut off from consciousness. Thus, in later life "love objects [are ] selected as withholders or deprivors so as to personify the exciting object, promising but not fulfilling" Fairbairn said (Greenberg, 1983, p. 173). This "libidinous cathexis of bad objects" as he put it (Greenberg, 1983, p. 115) persists into adulthood as the template for intimacy.

Recent neuroscience findings offer hints of agreement with Fairbairn's postulation that the early exciting and promising but toxic relationship becomes the blueprint for what is considered desirable (Flores, 2010; Shore, 2003). As Lewis, Amini, and Lannon (2000) colorfully described:

While sifting through the sensory present, the brain triggers prior knowledge patterns whose suddenly reanimated vigor ricochets through the networks. Old information comes alive and a person then knows what he used to know. If the early experiences of a limbic network exemplifies healthy emotional interaction, its Attractors will serve as reliable guides to the world of workable relationships. If a *diseased love* [italics added] presents itself to a child, his Attractors will encode it and force his adult relationships into that Procrustean bed. (p. 140)

Within this framework, Bill and Sam's compulsively repeated toxic relationships might have been hardwired in well before they met their Neds and Judies.

The clinical work of group analyst Aledort (2009) illuminates the mechanism by which combined excitement and frustration in these early parenting situations becomes a compulsion to seek and replicate masochistic relationships. In childhood there are inevitable moments of misattunement on the part of the caretaker, termed by Aledort "bad fit" moments. He suggests that while all moments of conflict are exciting, particularly confusing bad fit interactions are intensely somatically stimulating in a way not entirely unpleasurable. Associated with love, repeated constantly over time and at different developmental stages with an unpredictable insensitive caretaker or caretakers, bad fit moments can become eroticized and addictive, eclipsing other attractions that could lead to mutual and loving partnerships. Looking back on the relationship with Judie a year or so after he broke up with her for the final time, Sam shared with the group, "The relationship was like a really thrilling roller coaster. I look back at that relationship and see wow—such powerful feelings!"

Aledort (2002) suggests that the overstimulation of the bad fit moments is experienced somatically and psychologically by the child as a feeling of bigness or omnipotence, which he suggests might be an attempt to bolster the self in response to unpredictability and abuse in the parental relationship. This might explain the illusion of control and optimism that seems to persist in these individuals regarding their toxic relationship despite abundant evidence against a successful outcome. It also explains why these relationships are so hard to give up. Relinquishing the bad fit relationship, or even contemplating doing so, can be experienced as annihilating (Aledort, 2009). As Sam said, "...I would have died before giving that [the roller coaster] up!"

#### **RESOLVING REPETITIVE MASOCHISTIC RELATIONSHIP PATTERNS THROUGH GROUP THERAPY**

Two interrelated processes in group therapy are requisite in helping people renounce repetitive dysfunctional but exciting rela-

tionships in favor of healthier ones. The first is the enactment of the toxic relationship followed by an analysis of its etiology in childhood. The second is the internalization of new and valued attachment experiences that occur in vivo with group members and the therapist.

### **ENACTMENT OF THE COMPULSIVE RELATIONSHIP**

All psychodynamic and interpersonal models of group therapy hold that the manifestation of the person's relational problems live in the context of the group; the unconscious leaking out of an individual's internal patterns into the here-and-now group interaction—whether it is conceptualized as transference, acting out or projective identification—is key for the identification and working through of intrapsychic as well as interpersonal conflicts (Rutan & Stone, 1993; Yalom & Leszcz, 2005). In the case of patients caught in repetitive masochistic relationships, enactments in the group initially entail the relationship with the bad partner but reveal themselves ultimately to be derived from the exciting-frustrating parent.

Aledort (2009) suggests that if the excitement hidden in bad fit relationships becomes conscious, the power of the bad fit relationship with the toxic partner and the parental object will diminish. I will now depict how dramatic spontaneous enactments of the relationship with the abusive partner taking place in the group over time helped Bill and Sam identify the nature of the thrill inherent in their relationships with John and Judie, and revealed how these dynamics replicated their exciting-frustrating relationships with their parents.

### **AN ENACTMENT WITH THE WHOLE GROUP**

Very often the first enactment for these patients takes place with the group as a whole. Typically, the masochistic narrative is an 'innocent' invitation to all the other group members to help the victim get rid of the bad partner. After a few sessions, however, the patient's 'yes but' resistance to leave the relationship emerges (but I love him!) and the group eventually becomes frustrated with what they experience as a "bait and switch" tactic. One week

the patient is recounting war stories of his partner's abusiveness and the next he is droning on happily about going on vacation with the same person—with no apparent memory of the contradictory experience a week before. The group initially tries everything to rescue—sympathy, empathy, advice, armchair analysis, confrontation, tough love—all in vain. Everybody (even the therapist) gets irritated, but some members may become extremely upset and even become verbally abusive, thus enacting the role of tormentor. Typically, the beleaguered member does not speak up against the group's aggression, but threatens that, rather than leave the toxic partner, perhaps he should quit the group!

At this point the group usually erupts in frustration, at which point the therapist must step in. The patient-as-victim on the outside is now patient-as-victim in the group and the therapist must help the patient tell the group that their attempts to help are actually inducing greater shame and anxiety. The therapist must direct the other members to reflect on why, assuming the patient is not in physical danger, they are so invested in having the patient leave the abusive partner right away. After all, others in the group are allowed the time, space and support to work their problems out, why shouldn't he have the same right? These discussions are always both heated and productive as group members at first resist the therapist's challenge (But she said she wanted to get out!), but then begin to own their projections onto the patient (e.g., Oh yeah, I guess I was mad because my mom never left my abusive dad). The protective gesture of the therapist and the eventual willingness of the group to own their own part in the enactment can have a moving and healing effect on the patient. Feeling truly supported now instead of picked upon, the masochistic patient begins for the first time to examine what she has found so compelling about the abusive partners.

Both Sam and Bill went through this kind of enactment with their group—the sympathy, the zeal to get rid of the toxic partner, the 'yes, but' response and the group's frustration with them followed by the guilt-inducing threat to flee the group. In line with Aledort's theory about the omnipotence that emerges in bad fit interactions, I thought I noticed some satisfaction on the part of Bill and Sam in stymieing the group in these enactments. In each

case, the group came to the realization that the more encouragement (i.e., pressure) they put on Sam and/or Bill to break up, the more damage they were doing to their own relationships with Sam and/or Bill.

#### AN ENACTMENT WITH ANOTHER MEMBER

Other enactments of the repetitive relationships can be with specific group members. A fellow group member, Grace, had frequently mentioned a lingering sexual relationship with an old boyfriend, Lionel, with whom she was bored, but who sufficed when she was lonely. Sam seemed obsessed with what he perceived as Grace shamelessly toying with Lionel but Grace kept defensively insisting that Lionel was fine with their arrangement. Sam and Grace came to yelling about this several times. Sam was given feedback about being abrasive, but he insisted he was “just trying to help Grace see what she was doing wrong and wasn’t that what we were supposed to be doing here?”

Both Grace and Sam seemed to relish, not shun, these encounters. There was a shade of a flirtatious quality about them. Finally after a particularly stormy session in which the usually composed Grace was beside herself with rage yelling “I AM NOT YOUR WIFE!” at Sam, I was finally able to get them both to step back and examine what was being enacted in the room. “Why does Grace’s relationship with Lionel get you so upset, Sam?” Sam fell silent. “I guess I’m Lionel,” he acknowledged. “I am Lionel,” he repeated. “For so long I felt played with by my wife, but I never wanted to admit how much she got to me!” he murmured, tears welling in his eyes.

We revisited this incident the next session. “When else in your life did you feel played with in this way?” I asked. He thought for a while. “With my father!” he exclaimed. Sam began to see that his disappointments and frustrations and excitement with his violent, volatile father had been mirrored in his relationships with his wife, Judie, and the rest of his girlfriends. Through his enactment with Grace as the manipulative woman, Sam and the rest of us came to the view that he had unconsciously chosen a wife and several other partners to represent the worst and the best of his father—cold, critical, selfish and violent, but possessing the

power of making him feel special—sometimes.<sup>3</sup> It became clear to all of us that it was not an accident that Grace had been chosen for this enactment.

The enactment was more than illuminating; it was reparative. With Grace, Sam had an opportunity in a therapeutically contained space to try to understand his and her deeper motivations in their interaction. A couple of weeks after Sam's dawning awareness of the connection between Judie and his father, he found himself confronting his father for the first time in his life, in an impassioned but controlled manner. Shortly afterward, he ended the relationship with the last in the series of Judies. As he said, "the roller coaster had lost its appeal." Indeed, he did not develop a similar relationship in the remaining year he was in the group, nor has he done so as of this writing two years later.

Bill's chief enactment was with me. From the beginning of his participation, Bill would show signs of distress when I would push someone to look at his/her own part in a situation experienced as self-as-victim. Sometimes in these instances he would manage to waylay the process by changing the subject. Invitations from me to explore this just made him all the more uncomfortable. I think my growing irritation was becoming obvious to Bill and the group. One session, toward the end of his second year in group, I suggested that Tina look at her part in a conflict with her mother. Suddenly Bill burst out, "You're putting words in her mouth! You're just saying any old thing! You are being manipulative!"

His eyes shown with excitement and he seemed proud in his outrage. While some group members anxiously tried to calm him down and others egged him on, I sat speechless, wondering what I had done to generate this explosion. While there were group level dynamics to be explored, it seemed that Bill's bad fit might have just been being enacted.

In the ensuing discussion some group members told Bill they did not want or need rescuing from the therapist. Others noticed that he seemed driven to protect them from insight which seemed counter-productive in this insight-oriented group. This feedback shocked Bill since he assumed they would be grateful.

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3. An example of how, as behaviorists discovered, intermittent positive reinforcement is the strongest motivator.

A few weeks later, Bill independently suggested to the group that, in the drama with me, he might have been enacting his need to protect his family and himself from realizing the extent of damage being done to the children by his parents' alcoholism.

#### **WHY WERE THESE ENACTMENTS EFFECTIVE?**

The enactment in group of the repetitive relationship with toxic partners and the parental antecedent, if followed by reflective exploration, allows the group to experience the appeal for the patient of the exciting partner and parental figure. The realization of the visceral thrill to the patient of the interaction with the mercurial, manipulative, and arousing parent maintains empathic links with the patient and lowers defensiveness on the part of the patient. Levine (2011) similarly has noted that enactments (or as she terms them inevitable regressions), characterized as they are by anger, anxiety, and confusion, are by nature raw and scary, and as such, very exciting for all parties. If the enactment were not so intense, the insights coming from it would not have the necessary emotional impact to dislodge the repetitive and fascinating masochistic patterns.

#### **BUILDING ATTACHMENT AND THE CAPACITY FOR INTIMACY IN THE THERAPY GROUP**

Flores (2004, 2010) has written that the addiction to toxic relationships is as real and powerful as any other addiction, and is the bi-product of dysfunctional early attachments. He says that the powerful draw of certain painful attachments can only be remedied by replacing them with healthier and more satisfying attachments, such as those that can be forged in a long term therapy group.

Hence, in addition to the insight derived from enactments, the group work also needs to provide emotionally gratifying experiences of secure attachment that are more rewarding than the masochistic, albeit exciting, relationships of the past. People like Bill and Sam are inherently insecurely attached which leaves them without many of the skills needed to maintain an intimate relationship. They failed to acquire in their earliest relationship capacities for trust, loyalty, patience, flexibility, humor, and play-

fulness. Their ability to listen and attend to the other, to enjoy the other's happiness or success, to ask for and utilize help from the other, to distinguish the feelings of self from those of other, to respect the other's separateness, and to look at life and the relationship from different perspectives—are all limited. They are usually not skillful at balancing passion and reflection. Needless to say, the abusive partners have pathological attachment patterns themselves and are even less likely to possess these skills. The difference is that patients like Bill and Sam are motivated by the need for love more than the need for control and are usually delighted to learn ways to achieve pleasurable relationships in the group.

How can group therapy affect such deeply ingrained development deficits? Whereas once it was assumed that the brain is permanently and immutably hard-wired at birth, recent scientific findings in brain studies and clinical insights have led to the welcome discovery that healthy attachment patterns can be built into the brain in adulthood by developing good relationships in later life and through psychotherapy (Flores, 2010; Gantt, 2010; Schore, 2003; Siegel, 1999; Wallin, 2007). Given the right conditions, it is now thought that strong attachment bonds can form in adulthood and be registered within an adult's neurophysiology in the same way as occurs in the brain of the child interacting with early caretakers (Corzolino, 2006).

Mikulincer and Shaver (2007) hold that emotional connections within the group can be internalized as new kinds of attachment bonds and that new attachment bonds forged in a cohesive group can modify some of the maladaptive relationship patterns of insecure attachment. Flores (2010) suggests that emotionally meaningful relationships, characterized by affect regulation and secure attachment and built in the cohesive group over time, may result in the laying down in the brain of new internalized working models of how relationships can be. He adds that corrective attachment experiences in the long-term group must be highly emotionally arousing if there is to be brain change. This is particularly true of patients like Bill and Sam who have a strong need for excitement. The immediacy of a here-and-now-oriented group can provide this kind of stimulating energy and novelty that will hold the attention of even the most thrill-seeking of patients (Ormont, 1993).

### **STRUCTURE, SAFETY, ATTENTION, EMPATHY**

In the early environment that fosters secure attachment, the caretaker essentially provides age appropriate safety, structure, and empathic communication (Bowlby, 1988), qualities that need to be mirrored in the group to help counter and offer an alternative to Bill's and Sam's chaotic relationship(s) outside.

Never having received this quality of relationship, Bill was now surrounded by group members who consistently took an interest in and cared for him. At times, he was amazed when they asked how he was and actually listened to the answer. Bill showed his devotion and healthy dependency on the group through unflinching attendance. When he came to group on his birthday, Grace brought him a card and a flower, something that Ned never did. Bill actually came to group on the night of his brother's death and received the most heartfelt condolences of group members for his loss. The experience of empathy is a frequent and powerful attachment-building experience in group (Flores, 2010). One night Bill reported a horrific story of Ned's infidelity; group member Tina burst into tears and then put into words Bill's feeling of mortification so precisely that he began to weep himself, deeply comforted by her understanding. The group offers ample chance to accept one's own and another's vulnerability and to learn to soothe and be soothed, both indispensable ingredients of intimacy.

### **ACCURATE FEEDBACK RESPECTFULLY DELIVERED**

For an intimate relationship to be viable, both parties must be somewhat able to tolerate criticism. The therapy group provides an environment in which members can learn to give and receive honest feedback. Sam began to solicit feedback regarding his originally stated problem of being abrasive, which, unlike anything Sam had received in his family was delivered with sensitivity and respect. Consistent mirroring and feedback from the group helped Sam to better read social cues, something that would be important in a mature love relationship. For the first two years Sam would frequently engage in monologues that were impenetrable to input from others on his issues. As happened

in his interaction with Grace, Sam would insist he knew other people's feelings and motivations better than they did. During the course of his group participation, many members tactfully confronted him about what was dubbed his air of authority with them. Gradually, accumulatively, he began to realize that what he thought was his being helpful was perceived by others as badgering and intrusive. His childhood role of being wise guy kid brother, which gave him attention and self-satisfaction, was experienced as being an annoying know-it-all in adulthood. Gradually Sam learned to listen and to share his considerable insight in a much more palatable fashion.

### **ENCOURAGEMENT TO EXPLORE**

Bowlby (1988) observed that the securely attached caretaker helps the child develop a capacity for exploration, important in of all aspects of life, but basic to the process of becoming intimate and of keeping a relationship fresh and alive. When he entered the group, Bill was bashful and seemed to "stay within the box" in his life and in his communication. In the safe but challenging environment of the group, Bill grew more open to exploration and risk-taking. In his new relationship, he reported that he began deviating from his usual passivity, speaking up and initiating new adventures.

### **MENTALIZATION**

Defined by Fonagy (2012) as the capacity to "apprehend our own and other's minds as minds" (p. 3), or to think about one's own mind and the mind of others, mentalization is linked to secure attachment and closeness, and is a vital part of an intimate relationship. Group psychotherapy would seem to be an optimal place for learning to mentalize, and it was in this area that Sam and Bill's progress really shone. When they entered group, Sam and Bill were quite limited in their ability to identify feelings in themselves or others. They exhibited little curiosity or insight regarding their own motivations or those of other group members. They were hyper-focused on the motivation of their partners, but only in the service of trying to please them or offset potential

abuse. By the end of their participation both Bill and Sam had become remarkably reflective and perceptive. Group members began to tell them that they were going to make terrific romantic partners because they were “so good at talking about feelings and relationships.”

Badenoch and Cox (2010) describe mentalization further as the ability “to make sense of the world through telling and retelling their experience of joyous and hurtful moments” (p. 479) and they suggest group to be the optimal forum for this. Additional aspects of mentalization are being able to see continuity between past and present and a relationship between cause and effect in human interactions. As noted earlier, when he entered group, Bill refused to contemplate the influence of his childhood on his current life; he would become quite agitated when asked to consider the similarities between Ned and his parents. By his last year in group, however, he would share important insights he had come up with to discuss at the meeting.

When Bill terminated the group, he commented that he had learned “that people are complex and there is an unconscious.” He became curious about group members and his partner, taking an interest in and inquiring about, rather than ignoring or making assumptions about, the inner lives of others.

### **MUTUALITY, APPRECIATION, AND LETTING GO**

Securely attached people can interact in ways that are mutual and interdependent (Bowlby, 1988). They are liberal in offering praise and affection without ulterior motives. They also intuitively know when it is time to give space or let go of the other.

Despite the unconscious thrill involved, Sam and Bill’s one-sided relationships with Judie and Ned were extremely painful. They experienced themselves as slavishly doing all the work and were totally unappreciated. It seemed neither man realized relationships did not need to be that way. Group therapy provides an abundance of mutual valuing and appreciation. Both Bill and Sam knew that the group and I took pleasure in their accomplishments and valued their integrity, courage, skills, and increasing insightfulness, new kinds of values and gratifications for them.

Tears were shed when these two men left the group, but people were delighted with their progress.. Bill and Sam really appreciated their respective send-offs from the group. Sam said “This is a family that loves and lets you go.” When they finished group therapy they were confident they would not reengage in compulsive relationships and we believed them. (And, two years later, this has turned out to be the case). In fact, Sam stated, “I cannot for the life of me remember what I ever found appealing about Judie. I would never bother with anyone like that now

### **A FEW RECOMMENDATIONS FOR THE GROUP THERAPIST**

As we have seen, these patients can be difficult to engage in the group because they receive such excitement in the toxic relationship. To get and keep their attention we must keep the group immediate and in the here-and-now (Ormont, 1993). This facilitates the experience and expression of affect, which needs to be liberated to make the enactment and attachment experiences meaningful enough to compete with the compulsive relationships and to lay down new internalized models for further positive attachment (Flores, 2010). Similarly, the therapist must embrace, not shrink from, emerging enactments. Enactments are valuable because they make palpable to the patient and the group the excitement inherent in the compulsive toxic relationship.

The therapist must recognize and positively reinforce needed attachment experiences. When someone finally obtains something from someone that they have emotionally longed for—empathy, compassion, validation, tenderness—they are often moved to tears. Without being intrusive or cloying, the therapist must call the group members’ attention to these positive attachment moments, making sure they are being registered consciously and affectively and that the value of them is being absorbed.

No therapist can accomplish the above with grace and ease all the time. Training and supervision are essential along with reflection on the work and dialogue with colleagues. Probably most important is a fairly high level of secure attachment on the part of the therapist accompanied by the therapist’s willingness and abil-

ity to access emotional support when her own attachment system comes under stress (Hammond & Marmarosh, 2011).

Finally, it is the group therapist's job to ensure that as many members as possible accrue therapeutic benefit from the work done by the individual who repeats abusive relationships. The therapist can capitalize on the enactments to help other patients explore their own masochism as well as face the sadistic parts of themselves which emerge in response to the masochistic patients. All the group members need the time to consider and glean what they can from all attachment and intimacy-building experiences, even if they are not directly involved.

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441 Orange St.  
New Haven, CT 06511  
E-mail: marynicholas09@gmail.com

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