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An Exploration of the Presence of Projections and Projective Identification Manifestation Within the Social Work Department.

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Abstract

The aim of this study was to explore whether the unconscious processes of splitting, projection and projective identification were present in the Child and Family Agency (TUSLA). Qualitative research techniques were used when six participants took part in one-to-one semi-structured interviews. Thematic analysis captured three common themes that, at times, were interwoven and overlapped each other. The first theme was the projection of the drives within society and the organisation, namely Eros and predominantly, Thanatos. The other two themes contained Eros and predominantly Thanatos in the two Basic Assumption groups the basic assumption of Incohesion: Aggregation/Massification (ba) I:A/M) and Fight/Flight. The research suggests that participants joined the organisation as a defence against feelings evoked by the depressive position in an attempt to resolve their own internal framework. Splitting and projection were used to avoid emotions. Repetitious policies and procedures created by the organisation to protect itself from a fear of annihilation increased written work. The time spent on paperwork took Social Workers away from their clients. Social Workers were on the receiving end of society’s projections which some interviewees described identifying with. The presence of these unconscious themes impacted the organisational structure, as participants described how role suction evolved within the organisation that led to sub-groups forming that fought as the gap between Upper Management and workers became increasingly polarised. Participants mirrored the families that they worked with as the interviewees held an inhibited perception of reality and a perpetuation of abuse.
Chapter 1: Introduction

The aim of the research was to explore the presence of the unconscious process of splitting, projection and projective identification that manifest in the form of the Basic Assumption (B/A) groups. No research combining these processes could be found by the researcher.

The aetiology of projection is the primal id that consists of two drives, the life drive which Freud coined Eros and the death drive, which is referred to in post Freudian times as Thanatos (Freud: 1920-1922). Eros is connected to relating and conformity to rules; Thanatos destructiveness and the aversion of relationships. These drives are in conflict with each other as they are unacceptable to the ego. The superego acts as a mediator between the id and the ego in an attempt to satisfy the drives. In a group, these primal drives are triggered (Freud: 1927-1931).

Klein (1946) described how, in the first six months of life, a baby is in the paranoid schizoid position in order to manage feelings evoked by the drives. The baby is unable to see the mother’s breast as detached from itself. The baby is trapped in a dependent relationship with the mother in order to survive. It is unable to cope with the feelings evoked from a failed dependency. The psyche splits off from what it perceives to be those parts of itself that it is unable to bear and projects them. Feelings from Eros are projected onto what Klein symbolically referred to as a good breast and feelings from Thanatos are projected onto a bad breast. Splitting and projection act as defences against owning emotions evoked by an integrated psyche that are projected onto other people. Freud (1920-1922) was the first to use
the term “identification,” meaning that the recipient identifies with the projection of unconscious material.

Klein (1946) first coined the term “projective identification” for a process that she found to be prolific in the first six months of life. This is where the fragmented parts of the psyche are projected ‘into’ the mother in an attempt to master and control her. The mother’s role is to contain these feelings and regurgitate them to the infant in an acceptable format. If the mother is incongruent, the infant remains in the schizoid state. The psyche continues to perceive the self and the external world in a split way and projection and projective identification remain prolific, with the infant unable to enter the depressive position. In the depressive position, the psyche is integrated. It is unable to see the reality that the good and bad breast come from one whole object. In this stage, the infant can be overwhelmed with a number of difficult emotions that can be distressing to the psyche, so when faced with anxiety, people regress back to the paranoid schizoid state.

Research to date has been qualitative and revolved around hospitals (Lyth: 1960), factories (Jaques: 1955) and therapeutic communities (Hinshelwood: 2001). Jaques (1955), Lyth (1960), Stokes (1994) and Hinshelwood (2010) found that people join certain types of organisations as they share the same unconscious phantasy and they wish to externally project their own internal unresolved infantile phantasies in an attempt to capture, master and control them. Jaques (1955), Hinshelwood (1987), Lyth (1960) Halton (1944), Stokes (1994) and Sher (2013) found evidence of splitting, projection and projective identification as an unhealthy defence against feelings evoked by the depressive position evident in the workplace.
Research showed that projective identification manifests in organisations and was marked by sexualised behaviour; assault; avoidance of emotions; idolisation; denigration; repetition compulsion; a resistance to change; inhibited perception of the self and the external world and a projective identification with feelings (Jaques, 1955; Lyth, 1960; Moylan 1994, Stokes 1994; Halton 1994, Sher, 2013 Hinshelwood, 2010).

Bion (1961) captured how projection and projective identification manifest in three Basic Assumption groups (B/A), namely dependent, fight/flight and pairing. In the dependent state, sub-groups are marked by workers feelings of worthlessness, where they hold a rescue phantasy that their needs will be met by a leader. In fight/flight, sub-groups form that fight against each other, or flee. In the pairing, sub-groups focus on a couple that it is hoped will protect members from aggression. Hopper (2003) captured a fourth B/A, the basic assumption of Incohesion: Aggregation/Massification ((ba) I: A/M), that is marked by oppression and bureaucracy. In this state, the group avoids emotion and members’ language becomes increasingly scientific. When the group is in B/A it is unable to achieve its common goal (Bion: 1961). The common goal for TUSLA is to safeguard children.

Recent reports conducted by the Catholic Church and the Irish Government investigating childhood abuse suggest that projective identification could affect the safety of children. Reports by the Health Service Executive, which recently split off its children’s service to become TUSLA, the Catholic Church and An Garda Síochána¹ all show common themes of frequent movement and inconsistency of allocated Social Workers; inhibited perception and

assessment of reality, namely risk, idolisation, resistance to structural and policy changes and attempts to establish a routine for the assessment of risk².

No study acknowledging a psyche, or any emotion in TUSLA could be found by the researcher. Government reports relating to child abuse focus on the structure and failures in specific cases. Reports have suggested changes in relation to management structure and service delivery, but abuse still continues³. Society’s biggest blind-spot is that none of the reports acknowledged, nor looked at the psyche of the Social Work Department, nor the Church, failing to recognise that the structure of people’s psyche affects what organisation they join, as well as their assessment of risk, all of which unconsciously contribute to a projection of Thanatos, perpetuating child abuse.

The researcher hopes to go deeper than the reports and explore the unconscious psyche of the organisational structure that, at times, has failed to keep children safe. Six participants took part in the qualitative research that consisted of one-to-one interviews that contained fourteen open-ended questions which were best suited to gathering unconscious material. Thematic analysis was then used to explore whether there were correlating themes across the interviews

²The Ferns (2005) and Murphy Reports (2009), for example, found that the full reality of sexual abuse of children was perceived as a moral issue by the Church and that there was no effort to lessen offending priests contact with children to minimise risk; the Gardai colluded with the Church when they received complaints and protected the priests and failed to make a full assessment of the allegations as they did not see the risk, an effect of idolisation. The Monageer Report (2009) found that the HSE failed to acknowledge the vulnerability of Adrian Dunne’s family and did not make a correct assessment of the risks Dunne posed to himself and his family. The Ryan Report (2009) found that people were aware of child sex abuse but its full reality was not understood. The Roscommon Child Care Case (2010) found that the constant change of social workers was problematic; critical incidents were not reported as risk factors or were not seen. The Cloyne Report (2011) acknowledged that the institutions in Ireland had been resistant to change and changed very little.

³HIQA Inspection of the HSE Dublin North West Local Health Area Fostering Service in the HSE Dublin North East Region, published February 2013 found that Outcome 4 of the report, the “Safeguarding and Protection of Children,” including implementation of “Children First: National Guidance for the Welfare and Protection of Children, 1999 Standard” was not met; Outcome 5, “Assessment of Children and Young People Standard” was not met, Outcome 8, “Recruitment and Retention of an Appropriate Range of Foster Carers and the Uptake of Complaints Standard” was not met. Aras Attracta (2013)
that showed signs of splitting, projection and projective identification that manifest in B/A groups within TUSLA.
Chapter 2: Literature Review

2.1 Introduction

It is necessary to understand the aetiology of the terms projection and projective identification and their historical evolution, together with their manifestation, to establish if they exist in TUSLA. Early research focuses on the concept of the general unconscious process. Recent research has been qualitative and applied these concepts to general themes within organisations. The researcher could not find any research that applies these concepts to Social Work. This created an opportunity for a qualitative piece of research that explores and applies projection and projective identification to specific situations within TUSLA whilst considering its impact on the organisation; the families that use the service; society and the consequences for child protection.

2.2 The Workplace: A Place of Similar Unconscious Phantasies

The researcher analysed why participants decided to join Social Work as previous research showed that workers join an organisation that hold a similar unconscious phantasy in order to find a place to project their own unresolved psyche (Lyth, 1960, Stokes, 1994, Sher 2013, Hinshelwood, 2010). It is, therefore, possible that TUSLA could contain members who unconsciously joined to project their internal framework and resolve something internal. Lyth (1960) found that people within an organisation have similar phantasies because they undertake common work. Stokes (1994) hypothesised that people who are connected to “life drive” (Eros), which manifests itself as love in relationships and/or
conformity to the rules of society, will be attracted to an organisation such as the health service, which has an unconscious goal of preventing death. Lyth (1988) found that nurses had perceived hospitals as organisations particularly well equipped to deal with dependency needs and felt that the hospital would be a kind and supportive environment. Unconsciously, nurses had joined the nursing profession hoping that they could be dependent, but they were denied this privilege because of the structure of the organisation.

Hinshelwood (2010) hypothesised that individuals join organisations in order to gain collective support in handling primal unconscious urges and anxieties. Hopper (1985) felt that projections attempt to replicate a failed dependency with the primary love object, in an attempt to externalise experiences and to rectify them. He hypothesised that when early needs have not been met, then a feeling of helplessness is present, generated by a fear of annihilation, which originates from a fear of death stemming from unmet needs in early infancy. Sher (2013) stated that anxiety is, to some extent, contained when members of organisations externalise their internal world, attempting to change the outcome and introject it.

“Individuals may put their internal conflicts into persons in the external world, unconsciously follow the course of the conflict by means of projective identification, and re-internalise the course and outcome of the externally perceived conflict by means of introjective identification.” (Jaques, 1955, p. 497)

2.3 Aetiology of Projection Thanatos

This research looked for signs of the unconscious as previous research showed that projections of Thanatos are present in society which identifies with them. The term “projective identification” has been socially constructed throughout history. Segal (1988)
believed that the aetiology of projective identification was to project the “death drive” from the “id”, first observed by Freud (1920-1922). Freud observed that individuals within groups instinctively demonstrate destructive behaviour that he called the “death drive”, that became known as Thanatos in post-Freudian times, which presents itself through aversion and hostility within all relationships. Thanatos is projected in groups in the form of dislike, or competition with a neighbour and/or hostility towards authority.

Freud (1920-1922) described the psyche as being constructed of three parts the “id,” “superego” and “ego.” “The id” is the unconscious desire, whilst the “ego” mediates between the id and the moralising conscious part of the psyche, constructed by society and the family, which the psyche obeys in order to have unconscious needs met. Thanatos is unacceptable to the psyche’s third part, the developing superego. Freud also observed the presence of Eros. Relating within a group evokes these primal instincts and the ego projects the internal struggle between the Eros and Thanatos (Freud 1927-1931). Zizek (2005) described how Thanatos and Eros operate in conjunction, illustrating this with the cultural phantasy to “love thy neighbour.” Zizek (2005) argued that it is not possible as, by merely existing, we deprive others of globally limited resources, so that in truth we have to kill in order to exist. If this concept is applied to Social Workers, society constructed an organisation to safeguard children, but there is an unconscious desire to perpetuate abuse upon a minority group because some people must be abused owing to limited world resources.

2.4 Eros & Thanatos in the Workplace

The research looked for themes of both Thanatos and Eros as previous research found projections of both. Projections of Thanatos and Eros, were present in Lyth’s (1960) study of
nursing staff based within a hospital. She found that patients and relatives showed a mixture of emotions towards the nurses, ranging from gratitude to rage; gratitude for their care manifesting itself as libidinal feelings that, at times, led to inappropriate sexual behaviour that was often difficult to control, whilst rage was a consequence of their dependency. These projections evoked the primal urges in nurses.

“The work situation arouses very strong and mixed feelings in the nurse: pity, compassion and love; guilt and anxiety; hatred and resentment of the patients who arouse these strong feelings; envy of the care given to the patient.” (Lyth, 1988, p. 46)

The conflicting feelings that nursing staff experienced can be traced to the drives, where the libidinal impulses originate from Eros and the aggressive impulses from Thanatos. Nurses had difficulty managing feelings arising from Thanatos that were projected into the organisation.

“Because of the operation of aggressive forces, the inner world contains many damaged, injured, or dead objects. The atmosphere is charged with death and destruction. This gives rise to great anxiety.” (Lyth, 1988, p. 47)

2.5 Identification

The research investigated why Social Workers are attracted to TUSLA as previous research showed that workers identified with projections. Freud (1920-1922) used the term “identification” to represent an unconscious emotional tie that comes from the developing ego. He discussed how an infant identifies with objects, internalising pleasant experiences and projecting them, in order to manage anxiety.

“Identification is the original form of emotional tie with an object; secondly, in a regressive way to become a substitute for a libidinal object-tie, as it were by means of introjection of the object into the ego; and thirdly, it may arise with any new
Freud (1927-1931) found that identification can occur in many forms, each affecting the psyche, for example, patients with melancholia identify with the dead, or dying. People are attracted to the stories of murderers because Thanatos can identify with their murderous feelings and they are unconsciously grateful to murderers for committing the crime, because it has been done and means they do not have to commit the crime themselves.

2.6 The Schizoid State and the Aetiology of Projective Identification

This research explored whether unprocessed emotions, which result in a fragmentation of the group and which were found present in previous research, also exist in TUSLA. Klein (1946) links her own work with Freud’s by using the drives to explain the concept she coined “projective identification.” She hypothesised that the ego develops defensive mechanisms in the first six months of life in order to manage the drives, in what she coined “The Paranoid Schizoid Position.” Ogden (1979) theorises that projective identification begins with the paranoid schizoid position. When in this state, the infant does not perceive the mother as a whole object; they merely see the breast as something that they have created as an extension of themselves. In the first few months of life, the infant is overwhelmed with feelings originating from Thanatos and Eros. The infant is unable to comprehend that it both loves and hates the breast and in order to manage anxiety evoked by these feelings, the ego fragments and, in the form of an unconscious energy, the psyche “splits off” the unpalatable drives and projects the split onto what Klein (1946) symbolically referred to as a good breast and a bad breast, impacting the perception of reality. Clarke (1999) found that the person who is unconsciously projecting seeks to blame others for their own mistakes, or they project
their mood onto other people, believing that other people are, for example, depressed as a denial of their own depression. The person who has projections placed onto them could be unaware of the placement and unaffected by it.

Klein (1946) used the term “projective identification” to signify a three dimensional process, where projections are forced “into” the recipient’s unconscious, resulting in an emotional effect. Klein (1946) believed the term captured the unconscious preverbal communication that serves to rid the infant of parts of their psyche and harm, or control the mother.

### 2.7 The Depressive Position

The research evaluated whether workers were able to see the good and bad aspects of objects in the organisation, symbolic of the group being in a depressive position that offers containment. Bion (1961) named that the mother’s role is to identify with the projections when the infant is in the paranoid schizoid state, to provide an emotional containment and regurgitate the feelings to the infant in a format acceptable to the infant’s developing psyche, in order to enable the depressive phase to take place. If the mother cannot bear these feelings, then this intensifies projective identification and the infant remains stuck in the paranoid schizoid phase, leading to pathological projective identification in adult life.

Whilst in the depressive position, the infant’s psyche begins to integrate, as it comprehends that the bad and good breasts come from the same person, the mother and it begins to comprehend that it both loves and hates the same person (Klein 1946). The infant is, consequently, overcome with feelings of guilt, despair and depression as it perceives their hatred could damage the object of their love.


2.8 Regression to the Paranoid Schizoid Position in the Workplace

This research explored for signs of an avoidance of emotion and a distorted perception of reality that previous research showed was symptomatic of splitting and projection. Jaques (1955), Hinshelwood (1987), Lyth (1988), Halton (1994), Moylan (1994), Stokes (1994) and Sher (2013) all found that staff regress to the paranoid schizoid position as they use primitive defences of splitting and projection to manage their levels of anxiety when working in organisations.

Hinshelwood’s (2001) research found that splitting in the workplace resulted in individuals collaborating and expressing their fragmented psyche, in what he called a schism. Members seek out a bad object to project their own bad parts onto.

“This is one unconscious reason why we form and join organizations: to provide us, through splitting and projection, opportunities to locate difficult and hated aspects of ourselves in some ‘other’.” (Stokes, 1994, p. 124)

Pearlman & Saakvitne (1995) found that this resulted in therapists idolising, or hating the client when in a group. Projections of idolisation and denigration were also found in Lyth’s study of a hospital (1960 & 1988), where she found that nurses projected their best parts onto their superiors and superiors projected their irresponsible parts onto subordinates.

The bad object unconsciously, or consciously accepts projections by acting as a container for the organisation, or deflecting the projections by putting them onto another member. Jaques (1955) described how members rid themselves of bad objects by projecting them onto the enemy. Members are split off from their destructive parts and their own conflicting internal...
worlds are externalised. Their own destructiveness is denied and projected onto the enemy’s army, whilst they construe their own aggressiveness as them doing their job.

The organisational defence system prevents the individual from feelings that come with the depressive position, such as anxiety, guilt, doubt and uncertainty.

“The result (was) that anxiety is to some extent contained, but that true mastery of anxiety by deep working through and modification was seriously inhibited. Thus (clients) ... persistently experience a higher degree of anxiety than was justified by the objective situation.” (Lyth, 1960, p. 452)

2.9 Projective Identification in the Workplace

Previous research showed that a presence of unowned emotions is a manifestation of projective identification and this research explored whether there was such a presence in TUSLA which relives and mirrors the experiences of families that use the service.

Qualitative observational studies have found projective identification to be present in organisations (Jaques: 1955, Lyth: 1960, Hinshelwood: 1987, 2013). Clarke (1999) found that projective identification enables the phantasy to become a distorted reality by projecting it into others. Organisations that contain projective identification prevent individuals from accepting and acknowledging perceived good and bad parts of themselves, inhibiting the reality of their internal and external world. Jung (1982) found that projection enabled an individual to dissociate from their own internal framework, externalising it from themselves and distorting their own perception.
“The effect of projection is to isolate the subject from his environment, since instead of a real relation to it there is now only an illusory one. Projections change the world into a replica of one’s own unknown face.” (Jung, 1982, p. 113)

Lyth (1960) found that managers identified with subordinates’ projections of superiority that led to managers conveying a sense of superiority. Nurses were split off from their own irresponsible impulses as they feared that they could not control them. Nurses own severe attitude to irresponsibility meant that there was an expectation that managers would exert harsh discipline. If a mistake happened, then there was a sense that someone had to be punished for it.

“We came to realize that the complaints stem from a collusive system of denial, splitting and projection that is culturally acceptable to—indeed, culturally required of nurses. Each nurse tends to split off aspects of herself from her conscious personality and to project them into other nurses.” (Lyth, 1988, p. 57)

Hinshelwood (1987) found that projective and introjective identification are used as defences, so that the object feels what they are unconsciously experiencing. Good and bad roles are assigned to objects and they respond to these projected roles in order to externalise their painful interpersonal conflicts. Hinshelwood (2013) found that in therapeutic communities, staff projected bad aspects of themselves into the clients. Clients identified and accepted the projections, so that they could maintain that feelings had been done unto them rather than coming from themselves. When projections were taken up, there was a re-enactment, leading to an unconscious dramatisation that avoided looking at feeling, resulting in what Freud (1920) coined repetition compulsion. Repetition compulsion occurs when a person unconsciously finds a way to repeat and relieve a traumatic experience.
2.10 Unconscious Projections: Repression of Emotions in the Workplace

Signs of repetition and routine, along with role suction that serve to avoid were shown by previous research as symptomatic of projective identification and considered by this research. Staff working in organisations that support clients experiencing trauma, experience a barrage of projections from their clients. A natural defence is for staff to avoid emotions and to use projective identification to rid themselves of what they find too painful to process. Lyth (1988) found that nurses were split off from their feelings, there was panic whenever emotional outbursts happened and nurses referred to the need for a “stiff upper lip.” Close relationships were denied in order to prevent conscious identification with patients, enabling nurses to split off from their feelings. Patients were referred to by their bed number, rather than by name and workload was broken down into tasks to limit contact with patients. The hospital structure thus avoided relationships, so that the internal infantile phantasy could not be compared with reality. Separating the patient and nurse, in an attempt to avoid anxiety, resulted in nurses not seeing their successes and good work being taken for granted. The denial of emotions involved in relationships with staff and patients meant nurses were suddenly moved to other posts by senior nurses and this evoked grief in nurses.

Lyth (1960 & 1988) found that policies involving repetition and specifying procedure were used to repress emotions. The higher the levels of anxiety present in an organisation, then the greater the need for repetitious low level prescribed tasks and familiarity in order to manage anxiety. This led to each person completing their own tasks with little communication. Each task, even when, for example only turning beds, was treated as “life and death.” In a crisis situation, such routine did not allow for quick decision making and so, when decisions were
taken under such circumstances, they were often ill-informed, resulting in anxiety and anger. Senior staff used the word “responsibility” to mean someone who carried out prescribed routines to the letter.

Halton (1994) found that the desire for repetition and routine lead to the organisation restructuring and allocating roles to individuals, with each group member taking on a role that was representative of the projected split of the groups’ fragmented psyche, for example, one may represent the need for independence for its client, whilst another the need for boundaries. Hopper (2003) named this “role suction,” which he stated occurs as a consequence of projection and introjection.

2.11 Unconscious Projections: Not Seeing the Reality in the Workplace

An inhibited perception of reality was symptomatic of projective identification that could be incredibly damaging for the safety of children and its presence was explored in this research. Lyth (1960 & 1988) found that nurses were split from their own irresponsible impulses, which meant that they experienced a lack of reality. This inhibited assessment and judgement, increased anxiety and aggression and created a fear associated with responsibility which was reflected in the decision making process. Decisions were postponed for as long as possible, with decisions forced upwards, so that there was a denial of the nurses’ responsibility. When nurses made decisions about basic tasks, they felt as if they did not possess the relevant knowledge, leading to feelings of anger and anxiety. Lyth (1960) found that decisions relating to the most basic of choices, such as what room should be used for training, were repeatedly checked and rechecked with all staff members in order to reduce the projected infantile anxiety.
2.12 The Impact on the Organisation of Projection and Projective Identification: Resistance to Change

Previous research showed that a resistance to change was symptomatic of projective identification and this research looked for its possible presence within TUSLA. Traditionally, organisations very rarely changed and because of this, they become bureaucratic and inflexible. Jaques (1955), Lyth (1960) and Stokes (1994) found that organisations are resistant to change because people will have to alter their defences.

“It may well be because of the effects on the unconscious defence systems of individuals against psychotic anxiety, that social change is resisted- and in particular, imposed social change.” ... “It is quite another to be required to adjust one’s internal defence systems in order to conform to changes brought about by some outside agency.” (Jaques, 1955, p. 496)

Lyth (1960) found that change led to high levels of anxiety and where change was necessary, then compulsive routines were implemented to reassure staff. Stokes’ (1994) research found that in organisations containing high levels of change, members experienced a greater incidence of bullying, together with scapegoating, which led to personal stress as they attempted to find a place for the projection of their infantile world.

When an organisation changes, it is important that its defences match those of the individual, otherwise there will be a high level of staff turnover.

“Membership is made on the condition that the individuals defences match the defences of the organisation...they depend heavily on repeated projection of the psychic defence system into the social defence system and repeated introjection of the social defence system into the psychic defence system.” (Lyth, 1960, p. 73)
2.13 The Impact on the Organisation of Projection and Projective Identification: The Presence of Basic Assumption Groups B/A

Previous research showed that projective identification manifests in the B/A groups and this research examines their possible presence in TUSLA. Sub-groups are formed within organisations where communication between different sub-groups can become inhibited, which Jaques (1955) stated form for two reasons. The first is “adaptive segregation,” where each sub-group works effectively and members only need to communicate when there is something within the organisation that they all need to discuss and the second is when communication is caught up in distorted projections named “maladaptive segmentation.”

Bion (1961) observed how groups unconsciously deploy what he called “Basic Assumptions” as a consequence of projections and projective identification, that maintain the group in the paranoid schizoid state to avoid feelings evoked by a depressive position. He hypothesised that for the majority of the time groups are in the schizoid state where they deploy one of three basic states, namely, dependent, fight/flight and pairing.

Where a group is in the dependent state, members feel worthless and they hold a rescue phantasy that their needs will be met by a leader. Hopper (2003) theorises that the group unconsciously identify with their Eros drive and create a phantasy onto a projected idolised leader, who they want to extract goodness. This can be seen in society by the idolisation of celebrities and politicians. When the leader does not live up to the projections, the group becomes hostile towards the leader and they look for a replacement.
A group in fight/flight state acts as if they have formed together to protect against a perceived threat, or attack which, as individuals, they are unable to bear. The group opts to either “fight” overtly by scapegoating, or they flee (“flight”) by staying off task, or by sitting in silence and not engaging in reflection. In this state, there is an expectation that the leader will step up to the mark and rescue them from the dissatisfaction that they feel from the perceived attack. Hopper (2003) connects this state to Thanatos.

Pairing occurs when the group focuses on a couple. The couple protect against the fear of aggression that is evoked by dependency in the hope that the pair will bear a saviour for the group, rescuing them from their unconscious feelings of despair and hatred. If the pair produce an idea that begins to lead to the integration of the group’s psyche, then the group can become defensive.

The basic assumption of Incohesion: Aggregation/Massification ((ba) I:A/M) pendulates between incohesion massification and incohesion aggregation (Hopper 2003). Incohesion massification is marked by what Turquet (1974, 1975) first coined, “oneness,” in which state the group acts as if they are one homogenous group with no role differentiation, or individuality. The group conforms, with members appearing to hold the same beliefs as the organisation. Onlookers may perceive that this group is in a loving state.

Incohesion aggregation is marked by sub-groups that become increasingly polarised. In society, this is marked by the polarity between an oppressive state and a ghetto. In this state, the group members take up allocated roles and become polarised from each other. There is conflict and disconnection between the polarised groups. Non-conformity is not tolerated
and scapegoating is used so that the group complies, with nobody wanting to stand out through fear that they will face aggression.

In (ba) I:A/M the organisation is resistant to the individuality of members, or training. The group is marked by bureaucracy and oppression and it lacks emotional connection. People are referred to as a number and there are battles over the choice of language, which becomes increasingly scientific for the purpose of a task and the group becomes enclosed and resistant to change.

2.14 Summary

This research used qualitative research as it interviewed six participants in one-to-one semi-structured interviews and used thematic analysis to explore whether participants joined TUSLA to resolve something from their own internal framework; whether there are themes of a projection of Eros and Thanatos and projective identification that manifest in the emergence of avoiding emotions, inhibited perception of reality, resistance to change and the presence of the B/A groups. No other study which applied these concepts to Social Work and explored their implication on the organisation; the families; and society could be found by the researcher.
Chapter 3: Methodology

3.1 Introduction

This chapter describes the sample group, recruitment process and participants, as well as contemplating and justifying the chosen method of research and data analysis. Ethical issues are considered and the measures necessary to compensate for such concerns outlined.

3.2 Sample Group

The sample group was drawn from the Social Work Department. Social Workers were chosen as they deal with high level crises. It is not mandatory for Social Workers to engage in therapy as part of their training, so staff members could be in the schizoid state and if splitting and projection exist in organisations, it would most probably be evident within TUSLA.

3.3 Recruitment

The original methodology included a group interview that was to be video recorded. The purpose of the group interview was to see whether splitting and projection were present in the sample group and to look for the presence of an avoidance of emotion, idolisation, denigration, resistance to change and themes of a common emotion perpetuated within the group. TUSLA was contacted asking for their consent for the research proceed. As the organisation was relatively new, it took several months to identify the person responsible for
sanctioning the research. TUSLA had a specific proposal form that was completed and which can be found in Appendix I of this document. The research was provisionally entitled A Psychotherapeutic Exploration of The Social Work Department as the peer debriefing group felt that if the unconscious was mentioned, it could evoke a defensiveness, whilst if no unconscious themes were found, it would allow the data to be used for a different type of dissertation.

Having received the proposal, TUSLA gave consent. All Area Managers listed within the Republic of Ireland and on TUSLA’s website were emailed, but no responses were received.

The difficulty over recruitment was brought to peer debriefing and the group felt that potential participants were perturbed by a group interview that was to be video recorded. The methodology was subsequently changed to individual interviews that would be recorded by Dictaphone, to encourage more participants. TUSLA was again contacted, asking them to provide email addresses for Social Workers, or to email potential participants. Owing to concerns relating to Data Protection, TUSLA was unable to do this. The Irish Association of Social Workers was also contacted, but they would not publish an advertisement for the research on their website. Email addresses of Social Workers were, therefore, collected by contacting people known to the researcher who worked with Social Workers. Participants were then emailed a standardised letter, which is also included in Appendix II.

Two respondents were initially recruited and as recruitment remained difficult, snowball sampling proceeded, whilst at the same time the researcher contacted colleagues who asked their friends to take part. Two more participants, also unknown to the interviewer, were found. A risk of using friends of friends and colleagues and snowball sampling could have
been that participants may have felt obliged to take part, because they had been asked by a friend and this could have led to recruiting someone who was reluctant to give significant information.

3.4 Participants

Each participant was asked to complete a demographic sheet providing a context and validity to their experiences (Appendix V).
Table 1: Demography of Participants

<table>
<thead>
<tr>
<th>Interview</th>
<th>Pseudonym</th>
<th>Age</th>
<th>Years In Organisation</th>
<th>Position</th>
<th>Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tadgh</td>
<td>21-30</td>
<td>5-10</td>
<td>Social Worker</td>
<td>Masters</td>
</tr>
<tr>
<td>2</td>
<td>Camilla</td>
<td>60-65</td>
<td>10-20</td>
<td>Senior Social Worker</td>
<td>Diploma</td>
</tr>
<tr>
<td>3</td>
<td>Tracey</td>
<td>30-40</td>
<td>10-20</td>
<td>Social Worker/ Previously a Team Leader</td>
<td>Degree</td>
</tr>
<tr>
<td>4</td>
<td>Emma</td>
<td>30-40</td>
<td>10-20</td>
<td>Social Worker/ Previously a Team Leader</td>
<td>Degree</td>
</tr>
<tr>
<td>5</td>
<td>Beth</td>
<td>50-60</td>
<td>20-35</td>
<td>Social Worker</td>
<td>Degree</td>
</tr>
<tr>
<td>6</td>
<td>Helen</td>
<td>40-50</td>
<td>20-35</td>
<td>Social Worker</td>
<td>Degree</td>
</tr>
</tbody>
</table>
3.5 Qualitative Research

The research relates to unconscious material. Whilst quantitative research lends itself to a bigger sample, it cannot provide the setting to gather unconscious material. Direct quantitative questioning invites people to avoid unconscious material and could lead the participant. Howitt & Cramer (2011) speculated that qualitative research is best suited to engage and receive people’s complex experiences. Qualitative research only lends itself to a small group study and was chosen to allow people to describe their experiences from their own perspective (McLeod: 2013).

McLeod (1998) defines qualitative research as a

“process of systematic inquiry into the meanings which people employ to make sense of their experiences and guide their actions.” (p.78)

As qualitative research had the potential to offer vast amounts of data that could potentially overwhelm the researcher, the research was discussed with the dissertation tutor and brought to peer debriefing. It was also why thematic analysis was used to code the information.

3.6 Semi-Structured Interviews

One-to-one semi-structured interviews containing fourteen open-ended questions were used to open up a conversation about Social Work and the organisation that the participants worked for. The questions used are in Appendix VII. It was estimated that each interview would last for approximately an hour. The draft questions were brought to peer debriefing
and altered following feedback from the group. Two pilot interviews were held and, as a result of feedback from participants, the order of the questions and the language used was altered to provide the setting for an interview that was like a free-flowing conversation, which increased the chances of open-ended rich data being gathered. A risk with open-ended questioning was that all participants may have had a similar experience, but that not all would have thought to mention it.

3.7 Thematic Analysis

Recordings from the one-to-one interviews were transcribed, including any sighs, or significant pauses and the collected data was thematically analysed. Braun & Clarke (2006) described a theme as something that encapsulates what has been spoken about. Howitt and Cramer (2011) described how thematic analysis attempts to accurately capture the interview from a triangulation of at least two participants.

Themes were coded so that data patterns could be identified and analysed (Braun & Clarke: 2006). Coding the data reduced large volumes of information into more manageable chunks, highlighting what was of interest to the analysis, so that themes could then be identified. The theme captured the essence of the raw data that was relevant to the research question, whilst providing an analytical understanding. There was a detailed analysis of each theme (Braun & Clarke, 2006) with the data being analysed using a table that was divided into five columns. The first column identified the sentence number that contained the theme; the second contained the original transcript; the third showed close line by line analysis; the fourth held the analyst’s thoughts and the fifth identified the theme. An excerpt from an analysis of one
interview is included in Appendix VIII. Thematic analysis was conducted by computer so that the prevalence of how many participants spoke about the theme and how often it occurred could easily be captured (Howitt & Cramer: 2011). Themes were then reviewed to see whether the selected data supported the theme; whether the theme made sense; whether the theme contained sub-themes and whether there was an overlap with a theme already identified (Maguire & Delahunt: 2009). A table of the themes found is in Appendix IX. Gibson (2006) highlighted that although common themes can be found in research, it is important to remember that all people are individuals with unique experiences shaped by culture and life circumstances, so that a theme does not necessarily dictate that all those who expressed it had an identical experience.

3.8 Ethics

Strebert and Carpenter (1999) described how the researcher needs to be seen as trustworthy and safe in order for participants to open up. It was, therefore, explained to participants how their confidentiality would be maintained. Participants’ confidentiality was maintained, by using pseudo-names in this paper. Specific details of families that participants work with were omitted, or heavily disguised, so that vulnerable families were protected.

Before the interview commenced, participants were emailed the information sheet providing clear and concise details of the research (Appendix III), so that they could provide informed signed consent (Appendix IV) before the interview began. Participants were informed that they could end the interview at any point, or refuse to answer a question.

There was a risk that the interview could unearth something that needed to be processed.
A list of counselling practices near to the participant was provided before the interview began (Appendix VI). Participants were also made aware of the importance of bringing unprocessed material to therapy.

There is the potential for the biases of the interviewer to influence the study and in order to reduce this risk, the researcher brought interview transcripts to supervision, as well as bringing their own biases to therapy.

3.9 Summary

Semi-structured interviews formed the basis of the qualitative research. The data was evaluated by thematic analysis which is best suited to this type of research. Six participants were included in the research two of whom previously held a Team Leader position. None of the participants were previously known to the researcher. A number of ethical dilemmas were considered prior to conducting this research. This led to a list of counselling services and a clear information sheet being provided to participants before the interviews commenced.
Chapter 4: Results

4.1 Introduction

Five participants described “falling into” Social Work. Two participants named that they entered Social Work because they had an identification with clients. The other four participants had taken on an abnormal amount of responsibility in their teenage years that was indicative of someone with a compulsive caregiver attachment disorder (Bowlby: 1977).

Three themes emerged from the research. Signifiers of the schizoid state were present in the first theme with projections of the drives Eros and Thanatos present within the organisation. These most predominantly manifested in B/A groups within the two themes of B/A fight/flight and B/A incohesion: aggregation/massification.

Themes overlapped and at times were enmeshed, rather than being neatly split into separate ones. Similarly, the organisation did not sit stagnant in one B/A group but dipped in and out of different ones. This was demonstrated in a case study which follows at the end of this chapter.

4.2 Drives

Theme one contained the projection of drives. Eros and Thanatos presented themselves together in four of the interviews and the frequency of the theme was 5%. Eros presented by
itself in four interviews with a 4% frequency. Thanatos was present in all interviews and was by far the most predominant projection as the theme consumed 64% of the overall themes.

### 4.2.1 Eros and Thanatos

The construction of the Social Work Department was an enmeshment of Eros and Thanatos. On the surface, societies Eros had constructed a system to keep children safe, but in reality, all six interviewees discussed how the organisation was inadequately funded, resulting in families not receiving the necessary support a projection of Thanatos.

“All you can do is the work you can do with the families and make changes and hope for the best outcome for those families and it’s very difficult. There’s not enough resources; there’s not enough staff.” (Interview 6: 85)

“Now there is huge pressures. The resources, the waiting list, the management of risk. It’s extremely difficult...Our system is not fully able to respond to all of those needs. I think when we get it right they succeed, but when there are shortages like that there can be gaps. There can be kids that fall through the gaps, you know.” (Interview 5: 32, 40)

Society presumes that TUSLA are protecting children. Four interviewees discussed their belief that society does not involve itself with child protection concerns as they hand responsibility solely over to TUSLA and, because of this, society does not challenge child abuse itself. This perpetuates the abuse as TUSLA cannot cope due to underfunding. Tracey provided an example of a school principal who allowed a mother to drink drive before telephoning TUSLA. Tracey mimicked agencies that pass responsibility over to TUSLA.

“Yeah, yeah and I’ve nothing to do with it. I’ve made the phone call now. I don’t need to hear anything more about it... I was saying to the principal that mother had two young kids in the car with her (laughs) and she let her drive off drunk with two young kids in the car, you know (laughs) and it’s this sense that I don’t know what
Eros and Thanatos were also present and discussed in more detail in B/A fight/flight and the basic assumption of Incohesion: Aggregation/Massification ((ba) I: A/M).

4.2.2 Thanatos

Thanatos was heavily present across all interviews (64% of themes) in the form of a backlogged system, stress and repression and the perception of Social Workers as bad objects.

4.2.2.1 Backlogged System

All participants made reference to a backlog of cases in the system and/or a large caseload which meant that it was impossible to successfully safeguard children who sustained abuse connected to Thanatos.

“For example, last week, on the phone, I got 40 something new referrals in, … . I’m on duty for seven days and working child protection for seven days, so my 30 families only get every other seven days, so it’s impossible to get around it.” (Interview 1: 34,51)

“I think it was six months clearing this backlog of convicted sex offenders and we went around to the people who had been prosecuted and we said, you know, if you’re found to be having contact with children, you know, and you’d be surprised these people would be running youth groups and things like that, erm, we will have to tell the parents you know.” (Interview 3: 145)
4.2.2.2 Projection of Stress and Its Repression

The destructive part of Thanatos was also present in work, as all six participants spoke about their job being stressful. Camilla discussed a projective identification with stress.

“I think there is probably a lot of transference of stress and, you know, I think when you work with people, you do soak up some of that madness, some of that pain.” (Interview 2: 53)

All six participants denied that the clients brought stress and said that the stressful part of their work was the paperwork.

“I find paperwork hard. That’s probably the most stressful thing I find.” (Interview 3: 139)

It was noted that there was an avoidance of owning the stress, with five participants predominately referring to stress as impacting on a third party.

“They might be burnt out, or thoughts are elsewhere. Whatever, but they all care about children and keeping them safe.” (Interview 1: 227)

“They take on the work and say, I can’t cope, but I must never say that I can’t take it all because, they will think that I can’t cope with this work, because that will mean I’m weak and I can’t do this work.” (Interview 2: 19)

When asked how they managed the emotional impact of their work, one person discussed seeking therapy. The other five participants described repression techniques and talking to people within their team who were part of the same defence structure.

“Erm, I watch Coronation Street and I drink wine (laughs).” (Interview 2: 61)
There was an effort by Emma to look at emotions, who, through work, attended a Psychotherapist for the first time in 14 years, attending for the maximum allowance of six sessions a year. In some ways, the six sessions colluded with the organisation’s defence of avoiding emotion, as it left her feeling that she had reflected on the emotional impact of the work so that she was fine for another year. Her association of the six annual therapy sessions was that she was serviced for another year, like an inanimate object that does not have feelings.

“I should be doing this every year, just as a maintenance. Like, you know, the way you get your car serviced. This is what I should be doing every year, looking at what cases are coming up; how it is effecting me.” (Interview 4: 84)

4.2.2.3 Social Worker As The Bad Object

During the interview four of the participants raised that they felt that, as a group, Social Workers were not liked by the public as they frequently received projections from Thanatos.

“She is angry with the organisation that I work for, but she puts that anger on me. I know it’s not me, but I am the face of the organisation, so I get it and she would have threatened to kill me, two or three times.” (Interview 2: 37)

“The perception has to be that you’re anti-Social Worker and over the years so many families have said that to me.” (Interview 3: 26)

Two of the participants had been physically attacked. Camilla, who presented as very calm, almost regal, described witnessing a young person project Thanatos as he attacked his mother and when he turned on Camilla, she acted out of character. Without thinking, there was a
projective identification with the young person’s Thanatos projections, as Camilla’s Eros emerged to protect herself.

“I was up like that. I was so fast, I couldn’t believe it. I was up like a shot with my fists in the air saying, you fucking try it, I’ll call the Garda ..... Instinct survival kicked in.” (Interview: 2, 47, 49)

Further themes of Thanatos were found in the B/A groups, namely bureaucracy and oppression, fighting between sub-groups and the avoidance of client contact.

4.3 Basic Assumption Incohesion: Aggregation/Massification \( ((ba) I:A/M) \)

The second theme, \((ba) I:A/M\) was present in all the interviews and represented 22% of the themes explored. Symptoms of \((ba) I:A/M\) include bureaucracy that is, oppressive, fear of annihilation and oneness.

4.3.1 Bureaucracy & Oppression

Five of the participants spoke of how the organisation was bureaucratic and oppressive, with recent important decisions having been increasingly made by state officials who were removed from the work and administration which consequently became time consuming and, at times, pointless.

“When a placement breaks down, the only option that you have is to look for another placement. That takes a lot of form filling and time and whereas you used to just ring different residential units and say, I’ve such a person, is there anywhere, you know; have you space for them; does it fit in your criteria? You’d just ring and they’d say, yes, or no, bring them around and they’d have a chat and now, you have to fill out forms upon forms. You send it to a committee; the committee looks at it; you may have to give more information, then they would plan where this person could go.
Could be Cork. It could be anywhere … the most difficult is, they are making changes without consulting with Social Workers, so some of the decisions that they make aren’t thought through, as in they don’t work for people.” (Interview 6: 22)

“What’s not working is bureaucracy and red tape crap. When I have a child in residential care and the board have to approve a placement, I have to write a report and then email it to the board and then drive to thirty miles. We read your report, we’re going to extend the placement. That’s red tape at its finest, couldn’t they have just emailed me that?” (Interview 1: 227)

Four participants discussed how their jobs were dictated by the court, which they felt was costly; time consuming; oppressive and that the judges did not understand the reality of their work.

“How courts drive our allocation of resources in certain cases, it means that Social Workers have less opportunity to engage intensively with families.” (Interview 4: 58, 139)

“So it’s the judge that dictates something and we all have to follow suit and do as we’re told, really… that certain reports have to be submitted by a certain time, even though there may be other pressures of, say very needy families, but we have to prioritise the court work which may not necessarily be seen as the highest priority in our workload.” (Interview 5: 26)

“Then you are stuck, because you have to do it because it’s court directed, so there are an awful lot of others that’s, what do you call, it involving themselves in how you should do your work. The autonomy is taken away more and more to make decisions.” (Interview 6: 33)

4.3.2 Annihilation

Five participants discussed how they felt the increased paperwork was there to protect the organisation from being sued.

“It’s real cover your arse exercise.” (Interview 2: 105)
“I think there is a huge fear of the media. That’s the sense I get anyway. I suppose you do feel, at times, when statements are made that HSE, or by the Children and Family Agency, it’s just kind of covering your arse.” (Interview 5: 88)

4.3.3 Oneness and Massification

Four of the participants described a “oneness” that captures the binding of a group sharing a common value, or interest. When oneness was present, the group was in a loving state.

“I have to say, there’s lots of camaraderie and we’re getting on well and we’re all in the same boat.” (Interview 6: 60)

TUSLA attempts to enforce massification that manifests as there being no individuals in the group, as people behave in the same way. Conformity is achieved through systems, such as the business model, that ensures workers have the same caseload and participants described how the organisation’s system attempts to find a uniformed approach for each problem that families present with.

“So, you get so many points for so many situations on a caseload and if you’re there and you have a lot of experience, you’d be expected to take 49 points or 50. You get points for it if you’re in court. Really, the complexity of the case for driving far away loads of different aspects of the case and then you’ll count up and see how many points that you have and that’s how cases will be allocated.” (Interview 2: 21)

Two participants spoke about the layers of managers, symptomatic of (ba) I:A/M.
4.4 B/A Fight and Flight

Signifiers of the fight and flight group were found across all interviews and represented 30% of themes. Structural changes within the organisation were symptomatic of fight/flight. Fight manifested as Social Workers fought with upper management, sub-groups of Social Workers and other agencies in relation to their clients. There was a split as Social Workers described fighting for the needs of the client, but they failed to fight for themselves. Flight was present as policies and procedures were constructed that resulted in a reduction of client hours and emotion was avoided as clients became compartmentalised.

4.4.1 The Evolution of the Organisational Structures Symptomatic of Fight/Flight

Three participants had been in the organisation for 15 years, or more and they were able to offer an insight into the structural changes that had occurred during their time. Camilla described how, 20 years ago, the organisation was caught up in the emotion and was missing the thinking part; how there was no one to act as a container for these emotions and to process them on behalf of the organisation.

“We would have had big team meetings. We would have had the principal and perhaps 50 people were in the room and decisions were never made, because everyone spoke about how they were feeling. Decisions were never made.”
(Interview 2: 84)

Helen described how the organisation had begun to flee face-to-face communication, avoiding the feelings that can come with this. This led to the development of rigid sub-groups that created role suctions within the organisation. Communication between sub-
groups reduced and the environment became increasingly oppressive as they moved progressively into B/A fight/flight.

“Whatever way the team functions, whether its duty, or at the moment I’m in the child in care team, before, you would do everything before that, you did an intake, you were always in different groups..... In 1996, there was only 40 of us, or something like that, so we were a very small group and we were always meeting and communicating. There was a lot of meetings to discuss change and progression and where would we like to go, but the bigger the team became, the less communication about, you know, where the team should head; what changes we should make within the team. Like, we had an After Care Team very briefly, because that is where we felt that the needs were and the future, but that, you know, was taken away again. Then, more and more management came in, it’s really, there’s 80 of us at the moment. It’s top down. On the ground there is very little that you can do.” (Interview 6: 18, 19)

4.4.2 Sub-groups Form and Social Workers Defend the Client Against Feelings of Thanatos

Some of the clients presented with strong levels of violence. Tadgh’s choice of language showed that he had made an identification with those clients he works with, as he referred to them as his family who had been the victims of violence.

“So, you instantly start to become accustomed to violence, aggression, abuse. Like, every morning, I’d come into voice mails of my children being raped, my family being raped, my house being burnt down, being stabbed in the throat, all of that kind of stuff.” (Interview 1: 109)

Despite the high levels of trauma and Thanatos that clients brought to the organisation, only one participant described holding negative feelings towards the clients. Camilla acknowledged frustration towards a sub-group of clients that she named as neglecting their children. The frustration for her was that they promised to change, but did not.
The remaining five participants were split off and avoided acknowledging feelings from Thanatos in relation to their clients. They held only feelings from Eros. It was not acceptable to talk about, or acknowledge the emotional impact of the client, or reflect on its meaning in relation to their own internal framework.

“If you don’t like your clients, then you need to get out of the job. If you don’t like people, you have to get out of the job.” (Interview 1: 259)

Tracey found feelings of Thanatos towards the client unacceptable, as she described supervising another Social Worker.

“I’ve had Social Workers say, I don’t like that dad and I say, they’re not there for you to like. We’re not asking you to go out with them on a Saturday night.” (Interview 3: 63)

4.4.3 Fight

Conflict was prominent across all of the interviews, as the group split people into certain sub-groups. Sub-groups were formed within the Social Work Team, based on gender; age; cultural background. Sub-groups were also formed with Upper Management; role segregation and other agencies.

4.4.3.1 Social Workers Vs Upper Management

All participants described Upper Management as a separate group that is disconnected from working on the ground.

“I don’t think there is a connect between higher management and the front line staff.”

(Interview 4: 118)
It was felt that this disconnect meant that there was no emotional connection to the client group and management’s focus was budgets. Upper Management was, therefore, a target for feelings coming from the Thanatos for five of the participants.

“My response is, fuck off, you don’t care. They care about their public image, budgeting and finances and if they do care about children, it’s certainly not portrayed to us.” (Interview 1: 187)

4.4.3.2 Social Workers Vs Social Workers

Four participants discussed how there were sub-groups within the Social Work Department. Three participants grouped Social Workers by age.

“There’s a whole language that goes with it, too. I think for young ones coming into Social Work, they get the whole language and they get it much faster than say like the older ones.” (Interview 2: 106)

“The office that I arrived in, there were older people and they were very split and set in their ways.” (Interview 3:38)

Social Workers’ cultural background also created the opportunity for sub-groups to form.

“People from the UK, erm and Australia, they would have a very computerised system, very strict, tick the box, this is how you do it and we would have been a little bit more casual.” (Interview 3: 50)

Teams within the Social Work Department also formed sub-groups that two participants described fighting over the backlog of clients within the organisation.
“It doesn’t feel as if everyone is working together, yeah, so Child Protection Long-Term and Children in Care are now separate….. I was over in the Child in Care Team, literally fighting for a child to be given a Child in Care Social Worker.” (Interview 1: 152,154)

Tadgh also discussed how, because he was male, he was often given the aggressive clients that meant that he was subjected to high projections of Thanatos.

4.4.3.3 Social Workers Vs Other Agencies

Feelings from Thanatos went to other sub-groups as discussed in the section Basic Assumption of Incohesion: Aggregation/ Massification, (section 4.6). All participants felt that the Court System was both costly and ineffective, as a whole and that this could cause conflict.

“If I have an issue with a Guardian Ad Litem I would put that in my supervision sheet.” (Interview 6: 65)

Four participants reported that there could be conflict with other agencies.

“Other agencies is worse...You’re fighting; you’re all there for the same reason. You’re all there to help that child, but you’re fighting over tiny things.” (interview 1: 50, 74)

4.4.3.4 Social Workers Neglecting Their Own Battle

Three participants discussed another projected split where Social Workers fought for the clients, but they did not fight for themselves.
“I don’t know if that’s partially that I sucked up the client dynamic and I’m feeling kind of more put down, so I don’t fight for things as, you know, maybe we should and I don’t know if that’s around the management structure, or whether it’s a more psychodynamic sort of working in the job I work in.” (Interview 2: 148)

4.4.4 Flight

Throughout all the interviews, there was an avoidance of emotion. Participants described policies and procedures that led to a deterioration in the amount of time spent with clients.

4.4.4.1 Avoiding the Client

Some of these policies and procedures did not make sense to participants, as they were repetitious and time consuming, something all discussed.

“It’s the paperwork alone is colossal. I have to set up the family in our system; that’s one form…. Then the standard business process. So every Social Worker in the country, they need to do what’s called an intake form. This includes the child’s names, date of birth, the address, the referrer, everything that I have already put into the system I need to redo on this form, which is another fifteen minutes and if there’s five children, you can’t copy and paste out of our system into this…. My time is taken up with repetitious, boring things.” (Interview 1: 51, 61)

All participants described how their role was becoming more case management and that they were spending an increasing amount of time at a computer, as time with clients was perceived as less important by the management structure. Camilla had been in the organisation for 20 years and she described the change.

“When I started there, first there was a lot of training rolled out, a lot of training around interacting with clients, around interacting with children, whereas now there is a lot of training around how to fill in a form (laughs).” (Interview 2: 106)
There was a feeling from all participants that over the past few years, Social Work had seen a significant reduction in human interaction.

“I’d say, I’m probably 85% in front of a computer now and I’m out maybe 10-15%... and when I began Social Work oh, I was probably 70% of the time out.” (Interview 2: 81)

The impact was that Thanatos thrived, as Social Workers did not have time to make an intervention with clients to stop abuse.

“The general feeling is that you don’t get to see the families and the children as much as you should, so I’d say, if we had less paperwork, you could actually do the intervention that is required.” (Interview 6: 26)

4.4.4.2 Avoiding Emotion

The organisation’s most recent model of work is to introduce statistical analysis to measure each family’s complexity in what is called The Standard Business model. Families are scored on their complexity via a points system, adding to Social Workers’ administration time and objectifying the client in a rigid scoring system so that Upper Management have a sense of the clients that use the service and the interventions that have been used in a successful outcome. The work is experienced by Upper Management via computers that avoid emotion.

“We don’t work for IBM, or Michael Smurfit. Where it’s a commission based job, one case could take a month to turn around and like I said, those same families where there are five children, alcohol issues, you could turn one family around in three months and it could take you three years to turn the exact same, or what looks on paper, like the exact same family around.” (Interview 3: 157)
4.6 Case Study

This case study demonstrates how one situation contains the concepts of Thanatos; Eros; (ba) I:A/M and Fight/Flight.

Tadgh was attacked by a female, called Anne, who did not know him, nor his team. Anne’s children had been removed from her care by a Child Protection Team in a different catchment area, some years ago. Anne was in the schizoid state and her perception was inhibited as she saw the Social Work Department as all bad. Anne did not see the reality that she was responsible for her children being taken into care, being split off from her own responsibility. Tadgh received Anne’s projections from Thanatos.

The assault was enmeshed with Eros and Thanatos that manifested in the form of her sexually assaulting Tadgh and having a phantasy that he had violent sex with her. Tadgh experienced projections of Thanatos from the group as his colleagues left him for a number of hours whilst he was attacked. The group, including Anne, were in B/A fight/flight state.

“She somehow got the code for that door and she essentially ended up holding me hostage, held me hostage for three, four hours; punched me in the nose. I had blood pouring down my face, scars all down my legs from her literally clawing at my legs; kneeed me in the groin a few times…. my shirt was ripped off…every time I went to move, she went to grab my groin, so I couldn’t move for five hours and everyone else left….she gave an official statement saying that I raped her.” (Interview 1: 161,163,167, 181)

As a result of the trauma Tadgh regressed into the schizoid state and split off from the vulnerable parts of himself.
“I was fine. I was well able to deal with it. I spent years in training getting punched in the face for fun.” (Interview 1: 164)

There were symptoms of the organisation being in the schizoid state where their perception was inhibited as they did not see the reality that Tadgh’s vulnerability needed to be acknowledged. The organisational group projected Thanatos, the way that he was treated by the organisation after the attack being neglectful and abusive.

“It was only about four weeks later that anyone said, are you alright. Bar colleagues, nothing from management. … but that just, kind of, makes you realise no one really cares at the end of the day, you’re just another person to fill another form.” (Interview 1:164)

The management made counter-projections from Thanatos, as they mirrored the behaviour of the families that use the service, by avoiding feelings and neglecting the emotional and financial needs of the worker as the emotional impact of his attack was not acknowledged and he had to pay his own legal costs.

“It’s not about, Jesus Christ, was your nose broken, or you know and even then I had to pay for my own legal advice, because she then claimed that I raped her.” (Interview 1: 167)

The organisation feared annihilation associated with (ba) I:A/M. Eros was functioning as the management structure attempted to protect the organisation, which lead to management projecting Thanatos onto Tadgh. The organisation in this state was in B/A fight/flight. They increased Tadgh’s workload by sending him emails that became increasingly paranoid, listing questions to be answered. The sub-groups became increasingly rigid and divided as the weeks evolved. The management group started to blame Tadgh for not going to his General Practitioner, leaving him feeling attacked for a second time. The management structure appeared to lack cohesion in relation to the policies and procedures to follow after an attack.
and it took them a number of weeks to be aware of the protocol during which time they
became increasingly oppressive, which was symptomatic of the organisation being in (ba)
I:A/M.

“In fact, I got bombarded with emails saying, can you complete the risk escalation
form; risk escalation form in terms of how can we protect the HSE, in case we are
sued. That’s what that means. There’s a code on the door, how did she get in? Who
let her in... a few weeks later, there was an email to say you should have gone to the
doctor. We would have paid, which then turned into why didn’t you go and you’re
like, for fucks sake, get off my back. If you had told me you need to go and that I had
to go and you would have paid, I would have gone, because that would have been my
job.” (Interview 1: 164, 166, 177)

Tadgh projected feelings from Thanatos onto the Upper Management that he did not have
direct contact with, so that he could avoid those difficult feeling. In this state, the group was
in B/A fight/flight. Irrational feelings from Eros were projected onto management, who he
regularly saw, such as the principal. His feelings were irrational because, in reality, his
principal was part of the management structure which did not support him when rape charges
were made against him and the principal did not protect him from Upper Management’s
emails.

“I mean, I think I’ve been burned, for want of a better phrase, by the agency to know
that you’re just another couple of thousand euro expense a year, you know, you’re
only remembered for what you did not do. You never get told that you did a great job
there... I think our Principal is very good. I think, if you murdered a child, I think
she’d have your back, but anyone above that they don’t care.” (Interview 1: 175)
Chapter 5: Discussion

5.1 Introduction

This chapter establishes whether the aim of the research was achieved; contains the limitations of research, a brief summary of the findings; implications of the research, along with suggestions for future research.

The aim of the research was to explore whether projections and projective identification were present in TUSLA. The results showed that projections of Eros and more predominantly Thanatos were numerous, proving that projective identification was present, altering the perception of reality that manifested in the prevalence of Basic Assumption (B/A) groups, particularly fight/flight and incohesion: aggregation/massification. The interviews contained aspects of the working group and the pairing group, but these did not significantly, nor consistently appear in the interviews. A strength of the research was the open-ended semi-structured interview technique. The open-ended questions allowed participants to speak freely and for the researcher to access unconscious material so that the overall aim of the research was achieved.

5.2 Limitations of The Research

The open-ended questions also provided a platform for two participants to use the interview to describe all the good work that they had done. This potentially impacted on the frequency of the themes.
There was no possibility of testing the reality of what the participants were describing in the one-to-one interview. Some themes, such as sub-group formation based on gender, could have shown more predominance in an organisational observation study. The sample group was small owing to limited resources and it is not possible to generalise the findings. An observational study, including the organisation, but beyond the resources of this research, would have confirmed, or amended these findings and verified whether these conclusions should be applied to the organisation as a whole.

5.3 Summary findings

5.3.1 Organisational Defences

There were symptoms of the organisation’s defences in action before the research commenced. As discussed in the Methodology, it took considerable time and a large number of emails to identify the person able to give consent for the research to proceed. Likewise, Lyth’s (1960 & 1988) research found that decisions were postponed for as long as possible, with decisions being forced upwards, as workers split from their own irresponsible impulses that led to a fear associated with decision making, this being symptomatic of splitting and projection. Fear associated with decision making in the organisation was described by all participants around everyday decisions, such as continuing the funding for a placement, or finding a placement for a child and in recent years these decisions were put to a committee and the court’s system. All participants described how these sub-groups became increasingly segregated from the reality of the work and oppressive in their decision making, symptomatic of the basic assumption of Incohesion: Aggregation/Massification ((ba) I:A/M). When the
organisation was in a B/A state, it was not in what Bion (1961) called the working group and the objective of the organisation, safeguarding children, was not met (Hopper; 1975).

5.3.2 Joining The Organisation To Resolve Something Internal

Five of the participants described “falling into” Social Work, this being symptomatic of an unconscious attraction. Four described being in a position of responsibility in their early teens, a signifier of what Bowlby (1977) coined the Compulsive Caregiving Attachment Disorder, suggesting that the participants for this research had joined the organisation to resolve something internal, similar to previous research findings (Hinshelwood: 2010). This research, similar to Hinshelwood’s (2010), Lyth’s (1960), Stokes’ (1994), Sher’s (2013), showed that workers share a similar unconscious phantasy. When faced with anxiety, or persecution, this research showed TUSLA regressed to the paranoid schizoid position (Klein: 1946). Workers were attracted to this work through an unconscious desire to project their internal world in an attempt to master, control and introject it (Hinshelwood: 2010, Jaques: 1955, Sher: 2013). Evidence of this was demonstrated by the overwhelming presence of Thanatos within the organisation and a fear of annihilation (Hopper: 1991, Lyth: 1960), symptomatic of (ba) I:A/M (Hopper: 2003).

5.3.3 Splitting and Projection To Avoid Feelings

This research found a number of projected splits of Eros and Thanatos. Jaques (1955), Hinshelwood (1987), Lyth (1988), Halton (1994), Moylan (1994), Stokes (1994) and Sher (2013) also found that the primitive defences of splitting and projection were used to avoid feeling difficult emotions. Hinshelwood (1987) found that good and bad roles were assigned
to objects and that they responded to these projected roles in order to externalise their painful interpersonal conflicts. There were times when Eros was projected onto team members where they had regular face-to-face contact which, at times, gave a sense of oneness symptomatic of (ba) I:A/M (Hopper: 2003).

Pearlman & Saakvitne’s (1995) and Lyth’s (1960) studies found that professionals held primal feelings towards their clients. These primal feelings of Eros, or Thanatos, occurred at the extreme ends of the continuum and were projected onto the clients by the professionals. This research differed, in that when participants were asked about their feelings in relation to their clients, none of them described negative feelings, except one, who claimed to have an issue with one sub-group that she named, clients who neglect their children. Feelings in relation to the client from Thanatos were what Klein (1946) referred to as split off and projected by all participants onto the policies and procedures within the organisation that were repetitious, time consuming and did not make sense. Jung (1982) found that projection and projective identification distorted perception, so that the reality was not seen. As Lyth’s (1960) study found, the policies and procedures avoided contact with clients, associated with B/A fight/flight (Bion: 1961). Lyth’s (1960) study found that repetition and routine was used to avoid feelings, in particular feelings of anxiety. This research found that paperwork which significantly reduced client contact was symptomatic of avoiding feelings that the client can evoke and it inhibited relationships with clients.

In Lyth’s (1960) study, close relationships were denied in order to prevent conscious identification with patients, enabling nurses to split off from their feelings. Patients were referred to by their bed number, rather than by name and workload was broken down into smaller tasks to limit contact with patients. Similar to Lyth’s (1960) study, TUSLA’s clients
were found by this research to be compartmentalised, as their complex needs were put into a system called the Standard Business Model, in an attempt to objectify the client into a science. Attempts to turn the work into a science, avoiding emotion and creating a new type of language, was symptomatic of the organisation being in (ba) I:A/M (Hopper: 2003). As the organisation responded to projections, it avoided emotions that mirrored the families who use the service.

5.3.4 Stress

Stress was not owned in the interviews and was typically projected onto other workers. Clarke’s (1999) research found that the person projecting was split off from their own emotion and that they were unconsciously projecting their mood onto other people. The person who had projection placed onto them could be unaware of the placement and unaffected by it, but they could also respond to this projection. Camilla discussed how there had been a projective identification of stress within the organisation as she talked about workers soaking up the stress. Workers described using repression techniques to manage stress that maintained the organisation in the schizoid state (Bion: 1961).

5.3.5 Social Workers As Receptors of Projections

Four participants described being the recipient of projections of Thanatos from the public. Lyth’s (1960) study found that patients and relatives showed a mixture of emotions to nurses, ranging from gratitude that manifested in libidinal feelings, to rage that was often difficult to control. Tadgh received projections of Thanatos when attacked, but there was also a sexual element to the attack which contained an enmeshment of Thanatos and Eros.
Anne was a client of an organisation that avoided emotions and was under-resourced. The organisation saw her as a bad mother, as her children were removed. Hinshelwood (2001) found that in therapeutic communities, staff projected bad aspects of themselves into their clients. Clients accepted the projections so that they could maintain that feelings had been done unto them, rather than coming from themselves, which Anne did. This research found that Tadgh received the projections from Anne, as the team deflected the projections onto Tadgh. The team were consumed with feelings from Eros and Thanatos that someone had to be attacked, as long as it was not them. Tadgh’s team found a place for their projections of Thanatos and they left Tadgh to be attacked, this being similar to Lyth’s (1960) findings. Tadgh was a container for the group’s projection of Thanatos as the group were in B/A fight/flight. When projections were taken up, there was a re-enactment leading to unconscious dramatisation that avoided looking at feelings and responsibility.

The organisation was stuck in (ba) I:A/M as they feared annihilation (Hopper: 2003). The organisation became consumed with protecting itself and so its members projected Thanatos. They became abusive, as they did not acknowledge Tadgh’s feelings and they went on to abuse him further by increasing his workload and asking him questions that blamed him for the attack. The blaming was reminiscent of Lyth’s (1960) research that found when a mistake happened, someone had to be found to be punished for it.
5.3.6 Projective Identification

Camilla discussed how Thanatos was projected into her as she absorbed stress and also how, when a young person raised his fists to her, she reacted very quickly, without thinking, in a manner very much out of character for her, which she described as something primal kicking in that led to a projective identification.

Tadgh also discussed a projective identification with the abuse his clients received that was shown through his choice of language.

“My children being raped, my house being burnt.” (Interview 1:109)

Jung (1982) discussed how identification is used to dissociate from the reality of one’s own internal framework. Tadgh identified with the client’s high-end trauma and discussed how he had become accustomed to violence. Hopper (1985) felt that projections attempt to replicate a failed dependency with the primary love object, in an effort to externalise experiences and rectify them.

5.3.7 Evolution of The Social Work Department

Jaques (1955), Lyth (1960) and Stokes (1994) all found that organisations were resistant to change, as people would have to alter their defences. This research differed, finding there had been changes in the organisation, but that the changes were unhealthy as the structures became symptomatic of (ba) I:A/M and B/A fight/flight (Bion; 1961). Three participants, who had been in the organisation for a long time, described how the organisation had
changed from a place where people were caught up in feelings and where decisions were not made, to a place where people had instead an allocated role, where more sub-groups emerged and face-to-face communication decreased with decisions being made by committees and the courts.

The findings of this research were similar to Halton’s (1994) which discussed how people identified and accepted projections. Hopper’s (2003) research found “role suction” occurred as a consequence of an identification with projections. Participants from TUSLA described how there were now separate Social Workers for foster parents and the child and a third to advocate the child’s needs in court, this practice having evolved over time. Participants described how communication within the organisation and between different groups had become inhibited. Jaques (1951) found that communication became inhibited for two reasons, the first being “adaptive segregation,” where each sub-group worked effectively and only communicated when there was something within the organisation that all members needed to discuss, the second reason being when communication was caught up in distorted projections, named “maladaptive segmentation.”

5.3.8 Sub-groups

Jaques (1955) found that different sub-groups began to represent different aspects of a split psyche. This research also found that many sub-groups formed between Upper Management and the Courts, these becoming oppressive. Workers expressed feelings from Thanatos towards Upper Management and the Court system as they described them being disconnected and symptomatic of (ba) I: A/M (Hopper: 2003). All participants described a conflict with faceless Upper Management and Court systems, agencies
symptomatic of B/A fight/flight (Bion: 1961). Participants also described sub-groups forming, based on differences such as geographical location, age and gender within the Social Work Team, with four participants also reporting conflict with other agencies, giving workers a place for projections from Thanatos. Jaques (1955) used the example of two armies at war to illustrate how members rid themselves of bad objects from their own internal framework by projecting them onto the enemy.

Five participants felt that the management structure had created the paperwork to save itself. The organisation contained a fear of annihilation that was symptomatic of an organisation that received projections from Thanatos and elicited feelings from Eros in order to protect itself from being sued. The fear of annihilation was associated with (ba) I:A/M. The result was that Thanatos was projected onto the workers as five participants described the organisational structure became oppressive with participants describing being overworked and having limited resources, which led to a backlog of cases resulting in a failure to intervene with some families.

5.4 Implications

The presence of the unconscious within TUSLA has serious implications as this research showed that projection and projective identification distorted the perception of reality that could impact on the assessment of child safety. Recent reports, conducted by the Catholic Church and the Irish Government into childhood abuse, also contained signifiers of projection and projective identification that have resulted in serious child abuse⁴. A common

theme across these reports is that the workers were in B/A fight/flight with frequent movement and inconsistency of allocated Social Workers that led to unclear communication. There was an inhibited perception of reality that impacted on the assessment of risk. Society’s split psyche projected Eros onto the Catholic Church, as it was idolised, so that the reality of sexual abuse was not seen, nor acknowledged, despite the presence of many signifiers. Projection inhibited people’s perception of reality and they were consequently unable to see risk. Society’s biggest blind-spot and failure is that none of the reports acknowledged, nor looked at the psyche of the Social Work Department. The structure of peoples’ psyche affects the organisations that they join and their assessment of risk, both of which unconsciously perpetuate child abuse, highlighting the need for future research. This blind-spot and failure is reminiscent of Freud’s (1927-1931) acknowledgment of the term identification, used to indicate how people are unconsciously grateful to perpetuators of destructiveness. Abuse has continued since the publication of these reports5. They consciously appear to serve society’s projection of Eros to safeguard children, but unconsciously society perpetuates abuse when concerned neighbours and extended family members neglect their own responsibility and instead contact overworked Social Workers about their concerns, rather than themselves talking to the perceived abuser about their worries and asking if there is anything they could do to help. Society continued to ignore Social Workers claims that the system is underfunded and full to capacity. This supports Zizek’s (2005) statement that society is unconsciously “smashing the neighbours’ face,” the implication being that societal projections perpetuate child abuse.

5HIQA Inspection of the HSE Dublin North West Local Health Area Fostering Service in the HSE Dublin North East Region, published February 2013 found that Outcome 4 of the report, the “Safeguarding and Protection of Children,” including implementation of “Children First: National Guidance for the Welfare and Protection of Children, 1999 Standard” was not met; Outcome 5, “Assessment of Children and Young People Standard” was not met; Outcome 8, “Recruitment and Retention of an Appropriate Range of Foster Carers and the Uptake of Complaints Standard” was not met.
5.4 Conclusion

This research found indications that people joined TUSLA to resolve something internal. The defence is to avoid emotion which means TUSLA is not providing an emotional containment. TUSLA faces a barrage of projections from Eros and Thanatos, as the Social Work Department was established to support parents who neglect the needs of their children and/or children deemed to be neglected. The aetiology of parents who neglect their children is that their own early infantile needs were not adequately met so that they present in a schizoid state, having experienced a failed dependency, containing a fear of annihilation, pain and anger. Such parents are unable to act as container for these emotions. This leads to prolific projecting and projective identification in adult life. Caregivers also regress to this schizoid state as a defence, especially when faced with projections from traumatised clients. This research found that Social Workers and the organisation have both made an identification with the projections, as the organisation contained a fear of annihilation, mirroring the families’ behaviour, as it avoided feelings. In the process, it neglected the needs of the clients, and staff members leading to Thanatos being projected in what Freud (1920) referred to as repetition compulsion, illustrated by abusive re-enactments.

The aetiology of the B/A groups is projections and projective identification. Research shows that in this state, the working group’s goal, which in TUSLA’s case is to safeguard children, is unachievable.

TUSLA serves to negate society’s responsibility of keeping children safe and acts as a scapegoat whenever a child under its supervision dies, this being symptomatic of society’s projections. Structures in place within society operate as a group’s projection of the
individual’s psyche. At a surface level, the construction of a Social Work Department stops child abuse, leaving the notion of Thanatos unsubstantiated, but at a covert level the organisation is symbolic of the thriving entwinement of Thanatos and Eros and participants discussed how responsibility for child safety was handed to TUSLA enabling society to absolve itself of any responsibility for abuse. In reality, the organisation was under-resourced and under-funded, which resulted in a continuation of abuse. Society is unconsciously perpetuating child abuse so Thanatos is thriving. This research confirms Zizek’s (2005) statement claiming that it is not possible to love thy neighbour, as by merely existing we deprive others of globally limited resources, so in truth we have to kill in order to exist.

5.5 Recommendations

This research acts as a bridge between previous studies and highlights the need for future research. A long term observational study of the organisation is required to explore whether the findings of this research, that used a limited number of participants, replicates across the organisation. It is hoped that a long-term observational study would see past the defensive organisational structure and test the reality of the participants’ statements.

Themes found in previous government reports investigating causal failures in specific child abuse cases identified frequent movement and inconsistency of allocated Social Workers; inhibited perception and assessment of reality, namely risk, idolisation, resistance to structural and policy changes and attempts to establish a routine for the assessment of risk, would all suggest that projections are present across the organisation, adding further validity
to the recommendation of an observational study\textsuperscript{6}. Reports highlight when things have gone wrong but the dynamics within the organisation have not been considered, nor addressed and unless they are, projections of Thanatos will continue to perpetuate abuse.

This research found that there were a number of projections that impacted on the structure of the organisation and service delivery that inhibited the perception of reality. Child abuse will continue to exist unless the dynamics are addressed. There are a number of safety factors that could be put in place, such as an external Psychoanalytic Group Supervisor. The supervisor could begin to reflect on the group dynamics on behalf of TUSLA. Therapy could be available to Social Workers, creating an environment for the depressive position so that containment can be offered to TUSLA and its clients.

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Appendix I: TUSLA Proposal Form

Research Agreement & Protocol

Between the Child and Family Agency and Jennifer Goodwill

Summary of the research proposal.
A psychotherapeutic exploration of a Child Protection Department.

Research aims and objectives.
To investigate the experiences of employees within the Social Work Department.
To explore the structures, policies, and procedures within TUSLA, to see if and how they impact on participants.

Summary of the research design.
All research data that could enable a participant to be identified will be changed to ensure anonymity or be omitted.
The researcher will hold an hour-long group interview with Participants who are Social Workers from the Child Protection Department. Participants will then be interviewed individually with regard to topics that came up in the group interview. A Team Leader will be interviewed as part of the individual interviews.
Subsequent to interviews, research data will be thematically analysed by the researcher.
The researcher [insert name] Jennifer Goodwill has requested access to interview Agency staff and service users as follows:

List the services/staff/service users

[For example, Child Protection Social Workers and a Team Leader]

The researcher has agreed to include in the final REPORT acknowledgement of Agency participation and support for the research.

The researcher has provided evidence of Garda Clearance for all research staff involved in this research project.

The researcher has provided evidence of appropriate data protection measures including Physical Safeguards, Technical Safeguards and appropriate Protocols in place.

The researcher agrees to comply with all directions given by the Agency from time to time regarding Data Protection measures.
The Agency has agreed to provide access for research to Agency facilities and staff, subject to local arrangements being put in place to accommodate the research, and on agreement with the researcher as follows:

- List the areas/locations
- Where there is a requirement to interview service users the privacy of service users will at all times be respected and protected by the actions of the researcher.
- Every effort must be made by the researcher not to disrupt services and scheduling of interviewing will be agreed with local Service management.
- In the research the identity of individuals who participate will be protected subject to Data Protection legislation and requirements.
- Core ethical principles will be adhered to in the conduct of the research.

Core ethical Principles.
The researcher has agreed to abide by the following core ethical principles in the conduct of the research:-

1. Minimising risk of harm.

International research guidelines advocate a ‘minimal risk’ standard, which implies that the anticipated probability and magnitude of harm or discomfort are not greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. The researcher will ensure that measures are in place to mitigate potential harm arising from the research process, including suspension of the research project if a child’s safety or well-being is negatively affected.

2. Informed consent and assent.

For consent to be valid, it has to be informed and the onus is on the researcher to show that he or she has taken the necessary steps to ensure that the person whose consent is being sought has been given the requisite information and has been supported in developing an adequate understanding of the research.

In addition, consent for access to contact information by researchers is generally required under the Data Protection Acts. Parental and/or guardian (informed) consent is required for a child to participate in research. Where a child is in the care of the State, additional requirements may be necessary (see 6 below). Good practice also requires the child’s agreement to participate (informed assent) and this should be sought independently. The nature of the child’s involvement in the decision-making process will be dependent on their age and maturity, as well as on an evaluation of their ability to understand the nature, purpose and implications of what is involved and to make a decision about this.

Adequate information about the project’s aims, methods and potential outcomes must be provided in a child-accessible form and children should be given time to assimilate the information, ask questions and consult with others as necessary before deciding whether to assent. Children should also be made aware that their participation is entirely voluntary and that they are free to withdraw at any time without any negative
consequences attached to this decision. If, at any time, a child withdraws assent, parental consent should not override this wish.

3. Confidentiality and anonymity

Confidentiality implies that research data that include identifiable information on participants should not be disclosed to others without the explicit consent of the participants except in the case of a child protection concern. The data should be collected with the consent of the participant and the researcher should also explain who will have access to the data and why. The principle of anonymity is that individual participants should not be identifiable in research documentation, unless agreed to by the participant.

In Ireland, the Data Protection Acts 1988 and 2003 cover a wide range of research-related activities, including the collection, storing, accessing and disclosing of personal data held in either electronic or manual filing systems by individuals or in general organisational records. In terms of this legislation, which does not expressly specify a particular age threshold for consent, the agreement to allow disclosure of identifiable information on a child research participant must be sought from the child’s parent or guardian. However, good practice principles require that the child, depending on age and competence, be fully informed of these issues and provides assent where applicable.

Key points of the data protection legislation include:

- Where consent is relied on for processing, including disclosure, of sensitive data, then the consent must be explicit, unless it is necessary for medical purposes in which case implied consent can be relied on.
- Only the minimum amount of personal data required should be sought and retained.
- Personal data may not be used for any other purpose other than that specified at the point of collection – unless this is agreed to by the participant – and cannot be retained once the initial purpose has ceased.
- Access to research data by others (e.g. colleagues, research staff) is contingent on prior consent being obtained from the research participants. Guarantees of confidentiality and anonymity given to participants must be honoured, unless there are clear overriding reasons to do otherwise (most importantly, when there is a child protection issue) and any limitation in relation to confidentiality must be explained to participants when consent is sought.
- Appropriate security measures must be taken and the degree of security depends on the level of sensitivity and the harm that might result from an unauthorised disclosure. Methods for preserving the anonymity of data include the removal of direct identifiers, the use of pseudonyms or the use of technical means to break the link between data and identifiable individuals. In qualitative research, additional protective measures may be needed, for example, changing or omitting certain characteristics (e.g. age, gender, geographic location, distinctive details) to disguise participants’ identities. All research outputs and publications must be checked carefully to ensure confidentiality and anonymity. Where there is a need to store personal data for the purpose of the research, it must be kept in a safe and secure environment, i.e. system and physical security safeguards must be in place.
• The researcher must have in place measures to deal with security breaches promptly. These should include
  - a recovery plan including damage limitation
  - assessment of on-going risks/future breaches
  - notified the required individuals of the breach and
  - evaluate causes and effectiveness of response.
• Research participants have a right of access to personal data, but this does not apply to personal data kept only for the purpose of preparing statistics.

4. Child protection and well-being

To ensure the research procedure is in keeping with current best practice standards of child protection, researchers must carry out their work in accordance with Children First: National Guidance for the Protection and Welfare of Children, published by the Department of Children and Youth Affairs (DCYA, 2011). Research organisations should have a child protection policy in place that ensures that children's welfare is the primary concern and that research staff are clear about their role and responsibility. Factors that should be implemented to ensure the child is protected include:

• developing a risk assessment before starting the research;
• ensuring that Garda-vetting and employment checks are carried out on study personnel;
• ensuring that all researchers have adequate skills, training and access to relevant expertise in relation to child protection issues;
• having a trusted adult, or third party, present, recording interviews or video or conducting interviews in an environment where there is passive surveillance by a third party.

The researcher's competence in working with children, and access to relevant expertise where necessary, is a prerequisite for ensuring child safety and well-being in the research process.

Researchers should have access to a designated liaison person within the research team or organisation who holds a senior position and has expertise and/or knowledge of child protection best practice principles.

5. Legal requirements and policy commitments.

The rights of children in Ireland in relation to their participation in research are covered in the United Nations Convention on the Rights of the Child (UN, 1989), which Ireland has ratified. This provides for free expression for children who are capable of forming their own views (Articles 12 and 13) and the right to access appropriate information (Article 17). Although parental rights are given predominance in the 1937 Constitution of Ireland (Article 42), young people also have rights under Article 40.3.1, which include a right to dignity, privacy, bodily integrity and a right to autonomy or self-determination. Children as participants in research projects also have rights under the Data Protection Acts, as do their parents (Government of Ireland, 2003). Under the European Communities (Clinical Trials on Medicinal Products for Human Use) Regulations 2004
(Department of Health and Children, 2004), parental or guardian consent is required for clinical trials involving minors, who are defined in this case as persons under the age of 16 years.

All research in Ireland involving children should, as stated above, be carried out within the framework of Children First: National Guidance for the Protection and Welfare of Children (DCYA, 2011).

6. Children’s participation in the research process.

Children have a right to be involved in many aspects of the research process and their participation can enhance the quality of the research. Researchers have a responsibility to provide whatever assistance is required to ensure successful participation.

Researchers adopting a participatory approach to research with children should have appropriate training and employ high methodological standards to ensure that the children’s right to protection is balanced with their right to participate in the research process.

Researchers need to be conscious of factors that could lead children to agree to activities that they might otherwise reject. In this way, the disparities in power and status between adults and children are the greatest ethical challenge for researchers working with children.

This disparity in power and status is even more of an issue in social Care situations, where children may be accustomed to adults making decisions on their behalf and these power relationships may unduly influence the child’s decision to participate in a research study. Appointing an individual from outside the organization to act as an intermediary between the children and the internal researchers will help to ameliorate this problem.

Research should not unjustly single out or overburden any group of children for increased exposure to research risk on the basis of their particular medical condition, disability, ethnic or social circumstance. Minimising distress and disruption for the children and avoiding unwanted intrusion into their privacy require consideration if children are, for example, in residential care or in hospital.

Settings play a major part in the consent process. In relation to negotiating assent with children, they should be clear that their assent is voluntary and that refusal to participate, or any criticism they may disclose to the researcher about the care or service received in the particular setting, will not have any adverse impact on the future service they receive.

Another ethical issue in relation to group settings is the risk of limited confidentiality and social harm based on a child’s participation in research which others are witness to. Children might inadvertently make contributions that carry social risks (for example, communicating sensitive information), with the danger of being ridiculed by their peers later. Researchers need to be aware of that risk, especially when choosing research methodologies that allow for unpredictable interaction between participants or when potentially sensitive topics are being investigated.
Agreed Protocols

- All interviews with staff will be agreed in advance with the local Area Manager;
- All interviews with service users will be agreed in advance with the local Area Manager;
- A representative from the service/facility may require to be present during the interviewing of service users. This will be agreed in advance with the local Area Manager;
- Special requests for access/additional interview requirements should be directed to the Area Manager who will liaise with the services/facility accordingly.
- Access to Agency facilities will be limited to the researcher. No third parties can partake in this without prior approval.

Next Steps

- Both parties to sign research agreement and protocols.
- Agree dates for interviews with Area Manager;
- Agree final local arrangements for interviews once overall schedule is approved.

Signed by

On behalf of the Child and Family Agency

________________________________________
Date

________________________________________
Signed by

Researcher

Date  27/10/14
Dear,

I am conducting a piece of research as part of my Masters in Psychotherapy called “A Psychotherapeutic exploration of the Social Work Department”. The purpose of my research is to explore Social Workers unique and valuable experiences of working with families in crisis. Part of the interview will also look at the structures, policies and procedures within Tusla, to see if and how they impact Workers. The study will involve one individual interview that will last approximately one hour. All research data that could identify a participant will be changed or omitted.

I have a strong understanding of how busy and hard working the Social Work teams’ can be so I am willing to accommodate staff in whatever way I can to enable them to participate, for example, by being flexible around interviewing times.

The research has been ethically approved by Dublin Business School and Aidan Waterstone, Head of Information, Data Protection and Research for TUSLA.

I feel that I am the ideal candidate to conduct the research. I hold a Masters in Social Work and a Higher Diploma in Counselling and Psychotherapy and I am a registered Social Worker with CORU. I have eighteen years’ experience, both in the United Kingdom and Ireland, of working in statutory and voluntary organisations that deal with child protection concerns.

If you are interested in participating in the research please contact me by 5pm on Monday the 26/01/15 via email jennygoodwill@hotmail.co.uk or telephone on 0861******. Interviews will commence from February.

Regards

Jennifer Goodwill
Appendix III
INFORMATION SHEET

Introduction
My name is Jennifer Goodwill and I am currently undertaking an MA in Psychotherapy at Dublin Business School. I am inviting you to take part in my research project which is a Psychotherapeutic Exploration of a Social Work Department. I will be exploring the views of people like yourself who work for Tusla.

Who Is Organizing this study
This study is part of a Masters Degree in Psychotherapy being undertaken at Dublin Business School, Dublin Ireland.

What Is the Purpose of the study
The purpose of my research is to explore Social Workers unique and valuable experiences of working with families in crisis.

What is involved in participation?
If you agree to participate in this research, you will be invited to attend an interview with myself in a setting of your convenience, which should take no longer than an hour to complete. During this I will ask you a series of questions relating to the research question and your own work. After completion of the interview, I may request to contact you by telephone or email if I have any follow-up questions.

Are there any risks/benefits?
There are no known risks to you from taking part in this research. The research will provide valuable insight into social workers experiences of being part of an organisation that supports families who are in crisis.

Will my identity be protected?
All information obtained from you during the research will be kept confidential. Notes about the research and any form you may fill in will be coded and stored in a locked file. The key to the code numbers will be kept in a separate locked file. This means that all data kept on you will be de-identified. All data that has been collected will be kept in this confidential manner and in the event that it is used for future research, will be handled in the same way. Audio recordings and transcripts will be made of the interview but again these will be coded by number and kept in a secure location. Your participation in this research is voluntary.

Can I Withdraw from the study?
You are free to withdraw at any point of the study without any disadvantage.

How can I get further information?
Researcher: Jennifer Goodwill Jennygoodwill@hotmail.co.uk
If you have questions regarding your rights as a participant in this research, please contact Dr. Gráinne Donohue, Research Co-ordinator, Dept. of Psychotherapy, School of Arts, Dublin Business School grainne.donohue@dbs.ie
DECLARATION
I have read this consent form and have had time to consider whether to take part in this study. I understand that my participation is voluntary (it is my choice) and that I am free to withdraw from the research at any time without disadvantage. I agree to take part in this research.
I understand that, as part of this research project, notes of my participation in the research will be made. I understand that my name will not be identified in any use of these records. I am voluntarily agreeing that any notes may be studied by the researcher for use in the research project and used in scientific publications.

Name of Participant (in block letters) ________________________________
Signature__________________________________________________________
Date   /   /
Appendix IV

CONSENT FORM

Protocol Title:

A Psychotherapeutic Exploration of a Social Work Department

Please tick the appropriate answer.

I confirm that I have read and understood the Information Leaflet attached, and that I have had ample opportunity to ask questions all of which have been satisfactorily answered.

☐ Yes  ☐ No

I understand that my participation in this study is entirely voluntary and that I may withdraw at any time, without giving reason.

☐ Yes  ☐ No

I understand that my identity will remain confidential at all times.

☐ Yes  ☐ No

I am aware of the potential risks of this research study.

☐ Yes  ☐ No

I am aware that audio recordings will be made of sessions

☐ Yes  ☐ No
I have been given a copy of the Information Leaflet and this Consent form for my records.

☐ Yes    ☐ No

Participant ___________________                  _______________________

Signature and dated    Name in block capitals

To be completed by the Principal Investigator or his nominee.

I the undersigned, have taken the time to fully explained to the above participant the nature and purpose of this study in a manner that he/she could understand. We have discussed the risks involved, and have invited him/her to ask questions on any aspect of the study that concerned them.

_________________________    __________________________    _______

Signature          Name in Block Capitals       Date
## Appendix V

**Demographic Sheet**

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
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<tr>
<td>Age:</td>
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<td></td>
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<td>Social Worker</td>
<td>Team Leader</td>
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<td></td>
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<tr>
<td>Training:</td>
<td></td>
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<tr>
<td>Diploma</td>
<td>Degree</td>
</tr>
</tbody>
</table>
Appendix VI

Counselling Practices

Arduna
54 Clontarf Road
Dublin 3
Tel: (01) 833 2733

Mind and Body Works
15 Wicklow St, Dublin 2,
Tel: (01) 6771021.

Willow Tree Child & Family Therapy Centre
80 Malahide Road,
Dublin 3,
Tel: 01 8535779.
Appendix VII

Questions

1) What brought you to work in this field of work? *(If vague ask if there was a significant time in their life that they decided to be a social worker?)*

2) What’s your experience of being a Social Worker?

3) When you began your career where there any parts of being a Social Worker that you were not expecting?

4) What is your experience of yourself in relation to the clients that present? *(If they don’t understand suggest they list the range of clients that they could work with and look at what that is like for them.)*

5) How is conflict managed? *(ie: internally within the self, with the client and organisationally)*

6) How do you manage with the emotional impact of your work?

7) What would you say has supported you in your work?

8) What has your experience been like within the organisation? *(has there been change how has it been for you?)*

9) Can you tell me about the dynamic in the department and were you fit into it? *(So how does the team behave? do individuals take certain roles or tasks within the team?)*

10) What has your relationship with management been like? *(Do you feel supported? how is Supervision)*
11) What works well and what does not?

12) What made you decide to take part in this interview?

13) Do you have any questions?

14) Is there anything you would like to add?
### Appendix VIII

#### Excerpt of Analysis

| 161 | I: I think people are scared to look at it. I think Social Workers try and compartmentalise it. I don’t know whether it’s too hard to say that’s upsetting, or I don’t know it’s just never, never discussed. It just never is, erm. Erm (phew), perfect example would be, we’re obviously in a health centre, mental health centre. This woman’s children were taken from her years ago, erm and she’s now, her Social Worker is based in *** Office and she somehow got the code for that door and she essentially ended up holding me hostage. Held me hostage for three to four hours. Punched me in the nose. I had blood pouring down my face, scars all down my legs from literally clawing at my legs, kneed me in the groin a few times. | I think people are scared to look at it. | He’s been scared to look at it. | Projection |
| 162 | J: Very serious attack. |  |  |  |
| 163 | R: Yeah, scratches all across my face. Shirt ripped off, so it was good (laughs) like, you know, so she was an 18 stone woman. | So it was good (laughs) | Avoiding emotion laughter, “it was good”. |  |
| 164 | I: Yeah, so like I mean, I had to stay in work the rest of that day and there was only about four weeks later that anyone said, are you alright. Bar colleagues, nothing from management. In fact, I got bombarded with emails saying, can you complete the risk escalation form blah, blah, blah. I was fine. I was well able to deal with it. I spent years in training getting punched in the face for fun, but that just, kind of, makes you realise no one really cares at the end of the day, you’re just another person to fill another form. | All of it significant. | Did he have to stay in work he could have quit. Management avoiding emotion. | Avoiding emotion. | Split vulnerability and emotions unbearable in the worker but it is bearable in the client, no one asked are you alright. | Projection of Thanatos from staff he got attacked so I won’t. projection Thanatos increase of work. | Forms holding anxiety. |
Appendix IX

Themes

Resolve something internally?

Interview 1
Line 2, 4, 8, 10, 12, 22, 24, 45, 108, 129, 136, 138, 140, 243, 245,

Interview 2
2, 5, 7, 9, 12,

Interview 3
4, 6, 8, 10, 12, 14, 20, 26,

Interview 4
10, 14, 16, 18, 28, 36, 52, 66, 76, 78, 112,

Interview 5
4, 10

Resolve something internal confirmed.

Interview 1
14, 16

Interview 6
2, 4, 8, 10, 14,

Splitting and projecting

Interview 1

Interview 2
35, 55, 65, 69, 71, 100,

Interview 3
Death and life drive.

Interview 1
16, 121, 161, 163, 167, 171, 181

Interview 2
25,

Interview 3,
18, 96, 127, *130, 131, 167, 169, 171

Interview 4
16, 26, 82, 120, 143,

Life Drive

Interview 1
22,

Interview 2
49,

Interview 3
22, 24, 28, 38, 54, 125, 145,

Interview 4
20, 22, 24, 28, 76, 82, 84,

Thanatos.
Interview 1


Interview 2


Interview 3

10, 20, 24, 26, 30, 38, 40, 48, 57, 63, 65, 67, 73, 76, 78, 80, 82, 85, 94, 101, 111, 115, 117, 119, 123, 125, 127, 131, 139, 143, 155, 157, 159, 145, 147*, 149, 155, 157, 159, 171

Interview 4

30, 38, 40, 42, 44, 46, 48, 52*, 56, 58, 66, 82, 84, 86*, 90, 94, 96, 99, 100, 106, 112, 120, 122, 126, 128, 130, 134, 139,

Interview 5

18, 12, 18, 22, 24, 26, 28, 30, 34, 36, 38, 40, 42, 46, 50, 52, 54, 56, 64, 66, 70, 72, 74, 80, 82, 86, 92, 94, 96, 100, 104, 120, 126, 138,

Interview 6

10, 22, 26, 28, 32*, 33, 45, 49, 51, 61, 54, 57, 75, 77, 79, 85, 85, 86

Thanatos-Poor Communication.

Interview 1

44, 63, 72, 74, 78, 82, 88, 104,

Interview 2

15,

Interview 3

76, 78, 82

Interview 4

128, 130,

Thanatos-Cut off from risk.

Interview 1
Interview 2
19

Interview 3
10, 67, 101,

Interview 4
30, 44, 46, 48*, 56*, 96, 112, 126,

Thanatos - Avoiding Emotion.

Interview 1

Interview 2
11, 12, 19, 57, 59, 61, 77, 81, 83, 86, 90, 96, 98, 102, 106, 108, 117, 121, 128, 43.

Interview 3
20, 30, 38, 40, *63, 65, 73, *76, 85, 117, 119, 127, *139, 143, 155, 157, 159,

Interview 4
44, 82, 84, 86, 106, 108, 134, 139,

Interview 5
8, 12, 18, 28, 34, 36, 40, 46, 50, 52, 54, 56, 64, 66, 80, 104, 120, 126,

Interview 6
10, 22, 26, 28, 45, 49, 51, 61, 77, 85,

Thanatos-Avoiding Emotion-Repetition and routine.

Interview 1
53, 54, 61, 63, 64, 90, 92, 203, 205, 207, 227,

Interview 2

Interview 3
20, 143, 155, 157,

**Interview 5**

18,

**B/A Dependency**

**Interview 2**

12, 55, 63, 67

**Interview 3**

78

**B/A Fight/flight**

**Interview 1**


**Interview 2**

12, 19, 25, 27, 35, 37, 41, 43, 45, 47, 53, 65, 67, 75, 77, 81, 88, 98, 102, 104, 106, *115, 121, 124,*

**Interview 3**

26, 38, 40, 46, 48, 50, 57, 58, 73, 76, 78, 80, 82, 96, 98, 101, 111, 115, 122, 123, 139, 145, 147, 149, 153, 155, 157, 171,

**Interview 4**

58, 90, 94, 96, 106, 118, 126, 148,

**Interview 5**

22, 32, 70, 72, 88, 92, 94, 100,

**Interview 6**

18, 24, 33, 51, 59, 65, 71, 75, 77, 81,

**B/A Pairing**
Interview 1

217,

B/A I: A/M

Interview 1

32, 34, 36, 40, 44, 51, 52, 53, 54, 55, 61, 63, 65, 66, 68, 70, 98, 111, 231, 235, 243,

Interview 2

11, 14, 15, 17, 21, 23, 65, 67, 71, 75, 77, 86, 88, 98, 100, 117, 124,

Interview 3

30, 36, 50, 63, *73,002076, 78, 101, 111, 139, 153.

Interview 4

122, 126, 128, 130, 141, 143, 146, 150

Interview 5

38, 40, 62, 70, 82, 86, 90, 92, 100, 112, 128, 130, 138,

Interview 6

16, 22, 28, 32, 33, 35, 41, 43, 45, 47, 59, 61, 75, 79, 85

Not seeing Reality

Interview 1

217, 219,

Interview 2

73

Interview 3

123, 131,

Interview 4

48, 58, 64, 48,

Interview 5
Resistance to change.
Interview 1
102, 104, 189, 229, 243, 253, 257, 266*
Interview 2
11, *35, 98,
Interview 3
38, 48, 57, 139, 155*

Mirroring.
Interview 1
32, 52, 64, 72, 74, 86, 154, 167, 227, 257, 259, 263, *266
Interview 2
15,
Interview 4
42, 84, 90, 94, 96,
Interview 5
22, 24, 26, 30, 42, *70, 100,
Interview 6
51