SOME REFLECTIONS ON MIRRORING, PROJECTIVE IDENTIFICATION AND EMPATHY TROUGH DEVELOPMENT AND GROUP THERAPY

Polona Matjan

POVZETEK

Pričujoče delo je nastajalo v procesu študija skupinske analize pri Londonskem inštitutu za skupinsko analizo in je zato v angleščini. Članek ima ambicije napraviti pregled čez tri najbolj temeljne fenomene, ki se pojavljajo v teku skupinske psihoterapije po metodi skupinske analize, to so: zrcaljenje, projekcijska identifikacija in empatija. Poleg vpliva in terapevtskih možnosti skozi psihoterapevtski proces, skušam fenomene tudi razvojno uvrstiti, pregledati časovno pojavljanje in funkcijo.

Zrcaljenje izgleda razvojno najzgodnejši fenomen, ki se pojavi med materjo in otrokom ter nosi zasnovo za kasnejšo identifikacijo. Tudi v skupini ima lahko libidno ozadje, ki omogoča terapevtski proces in spremembo, ali pa se pojavi kot znan destruktivni fenomen v obliki malignega zrcaljenja.

Skozi projekcijsko identifikacijo se subjekt predvsem želi znebiti neprijetnih vsebin in že predpostavlja sled meja med subjektom in objektom, to pomeni, da se pojavi z začetki diferencijacije.

Odrasli brez emaptije niso zmožni bližine, kot psihoterapevti pa lahko delujejo le preko razumskih konstruktov, v resnici pa se ne morejo vživeti v doživljanje drugega. Sposobnost za empatijo je tesno povezana s procesom projekcijske identifikacije med dojenčkom in materjo oziroma kvaliteto zgodnje simbioze v objektnem odnosu.

ABSTRACT

The ambitions of this paper are to make an overview of the three basic phenomena in the process of group analysis: mirroring, projective identification and empathy. The emphasis is on the influence and therapeutic possibilities of these phenomena, on developmental function and timing in early childhood.

Mirroring seems to be developmentally the earliest process, that occurs in the relationship between the child and the mother. It is the basis for a later process of identification. When speaking about its function in the group, it can occur in the libidinal context and carries the possibilities for psychotherapeutic process and change; or it can occur in a destructive form of malignant mirroring.

The process of projective identification enables the possibilities of getting rid of something, where already a shape of boundaries is needed, so it occurs with the beginning of the differentiation process.

Adults without capacity for empathy are not able to create or to stand closeness with others, as psychotherapists they function only through rational constructs, they can never feel the feelings of other people. The capacity for empathy is linked with the process of projective identification between the baby and the mother during the very early period of symbiosis in the developmental line of creating object relations.

MIRRORING

The Term

"The human mind has knowledge only through its ability to reflect or to copy something outside itself, knowing ourselves means seeing ourselves and seeing ourselves means ourselves seeing ourselves" (Zinkin, 1983). It means that the subject can recognise and see a part of him/herself in the object.

Mirroring Through Development

Winnicott describes the mother's face as the precursor of the mirror in individual emotional development. " The baby sees himself or herself in the mother's face", or in other words "the mother is looking at the baby and what she looks at is related to what she sees there".

Perception as an ego function might be the beginning of a significant exchange of the world, a two-way process, the beginning of what is introjected and what is later projected. "The child begins to introject the mother's face and expressions on her face and these are the first traces of his/her self and also through mirroring he realises what he is and what he is not, it is a help to differentiation" (Pines 1982). Zinkin (1983) summarises the same article in:

- the baby seeing himself as in a mirror reflected in his mother's face, sees not the "objective truth" but the mother's subjective response to him, and he adds that this response to her then produces another response to him in a circular interaction or dialogue,

- the baby's "insight" into himself occurs at the same time as he gains knowledge of his mother.

A good enough mother mirrors the child her admiration and affection and it has been proved also by experiments that if the mother stops mirroring to the baby and simply remains unresponsive, the infant goes in panic and anxiety and begins to cry enormously.

This is the phase of symbiotic experience in which Margaret Mahler calls the mother's response "the mirroring frame of reference" .

For healthy development, appropriate mirroring is needed, and not only in symbiosis, but through the whole developmental line of building the self. This is called the "imitative mirroring" where the mother is copying the sounds and gestures of the baby and so provides feedback with which the baby later discovers the ability to imitate the adult. Through looking, the baby has a powerful way of controlling the mother and so gains an early sense of security in the first relationship.

In the beginning the self and object representations are unclear and changeable. Through complicated development they become more constant and realistic. A cohesive self means a psychic structure that integrates the personality and is relatively constant through time (Jogan, 1993).

Kohut writes about the need of an appropriate mirroring in the age from 18 months to 3 years in the development of a healthy narcissistic economy. If not, the personality development goes in the direction of a narcissistic vulnerable person.

Mirroring and Groups

S. H. Foulkes (1964) discovered mirroring as a therapeutic factor in group analysis. He writes: "Mirror reactions are characteristically brought out when a number of persons meet and interact. The person sees himself, or part of himself - often a repressed part of himself - reflected in the interactions of other group members. He sees them reacting the way he does himself, or in contrast to his own behaviour. He also gets to know himself - and this is a fundamental process in ego development - by the effect he has on others and the picture they form for him".

T. E. Lear (1990) emphasises the role of the conductor as observing the experience of one member being mirrored by another. Sometimes the one who mirrors realises that what is being attributed to him or her belongs also to the other and begins to negotiate how far characteristics do or do not belong to whom in detail.

Pines (1982) wrote that "the proposition of looking and being looked at is a fundamental process in personality development, it is finding out who one is and who one is not". He mentioned a matrix theory of development, where mother and infant progressively differentiate and individuate. This is a basic paradigm of group analysis.

Benign and Malignant Mirroring

L.Zinkin (1983) in his article summarises thoughts shared about mirroring as an integrative process, Winnicott, Foulkes and Yalom. On one part mirroring is a benign process that is leading to the development of a healthy sense of self. Yalom attempts to explain this phenomena in terms of mutual projective identification, but Zinkin objects to understand the process of mirroring only in terms of projective identification and calls the attention to the fact that the explanation is not sufficient. This phenomenon in groups happens when one member acts as the double for the other. There seems to be a variety of pairing. In it's malignant form the process shows it's destructiveness in its uncontrolled taking over. In this case the conductor is supposed to be active, the whole group can remain struck by the uncanny atmosphere which is generated.

Zinkin (1992) wrote that what seems to be happening in malignant mirroring is "a sticky sort of partnership in which each partner needs the other to embody a certain characteristic which they hold in common, thus establishing sameness or identity, while at the same time each needs to be assured that they are, nevertheless, in some essential way different from the other in respect to the same characteristic. The characteristic is ambivalently valued in that it can be seen to be both desirable and undesirable. The result is a kind of mirroring, but one which has gone horribly wrong, like the distorting mirrors in a fun-fair".

Pines (1982) believes that the presence of a form of negative mirroring is based on a diadic level of relationship and of much earlier form of mental development. He writes: "There is no acceptance of an aspect of self that is reflected in the other and also the other in the self. Self and other show reactions of intolerance, irritation and rejection. No progress can be made until the level of relationship (interpersonal) and the level of object relations (intrapsychic) has been raised to a higher level, where seeing the object as the same is not the danger of loss of identity any more".

The Analyst as a Mirror

The first who used the expression "the mirror" in psychoanalysis, was already the beginner of it, Freud. What he considered to be the task of the analyst is to act as a mirror and to reflect all the verbal and nonverbal behaviour to the patient, as the analyst sees it. Freud (1912) wrote: "the therapist should show only that which he himself has been shown".

Dealing with severely disturbed patients and through developmental approach and object relations theory modifications in the therapeutic technique were suggested, so the therapist's interventions nowadays are quite different in many ways.

Mirroring Transference

The conception of the mirroring transference has been built by Heinz Kohut according to the way in which the mother originally reflects back the baby's sense of self. Through the mother's validation of the child's experiences of excitement, pleasure, pride, ..., the child develops strong self esteem. Without that validation, the child concludes that there is something wrong with his feelings, and he feels ashamed of them.

In therapy, Kohut identifies two types of positive transference-like phenomena. Narcissistic disordered personality typically develops the idealising transference and the mirror transference with thw therapist. Often a mirror transference will develop and gradually be supplanted by an idealising transference. "A mirror transference is the patient's sense of well being and internal cohesion maintaining by continually eliciting admiration from the therapist" (Manfield, 1992). He divided mirror transference into three types, the third, the most developed is called, simply, the mirror transference. "The patient with this transference is interested in a therapist only for the function that the therapist can serve in reflecting the patient's grandiosity" (Manfield, 1992). The therapist's intervention is not a neutral listening, a non mirroring face that can be an injury for the narcissistic vulnerable patient that causes narcissistic rage or withdrawal. It is an interpretative comment that communicate empathic understanding. The patient must have the feeling that the therapist is listening and understanding. "The repeated experience of being understood in depth builds

up the sense of self, based upon the capacity to evoke feeling and thought in the other" (Molon, 1986).

Mirroring Interventions

Manfield (1992) understands mirroring interventions as interventions that acknowledge a feeling, or in some case an attitude, of which the patient is either already aware or approaching awareness. These interventions differ from confrontations, that steer the patient into a new course of investigation. Mirroring interventions are intended to be empathic, supporting the patient in the direction that he is already investigating.

PROJECTIVE IDENTIFICATION

The Term

The concept of projective identification, introduced by Melanie Klein, Hanna Segal (1973) defines as: "parts of the self and internal objects are split off and projected into the external object, which then becomes possessed by, controlled and identified with the projected parts".

Later she defines its manifold aims: "projective identification may be directed towards the ideal object to avoid separation, or it may be directed towards bad object to gain control of the source of danger. Also various parts of the self may be projected, the bad parts to get rid of them as well as to attack the object or the good parts to keep them safe from bad things inside the self".

Joseph Sandler proposes three stages of projective identification:

- the first stage - the hatred of the baby that is directed towards the mother. This is a process that occurs in fantasy, processes of change in the mental representation of self and object occurring at various levels of unconscious fantasy.

- the second stage - occurs in psychoanalysis as countertransference thoughts and feelings, as a part of the patient's personality, as his creation.

- the third stage - projective identification as the externalisation of part of the self or of the internal object that occurs directly into the external object. The reaction of the mother or the therapist should be in terms of Winnicott the reaction of a good enough mother's holding, or in terms of o Bion's concept of containing.

Kernberg (1987) defines projective identification as "a primitive defence mechanism consisting of a) projecting intolerable aspects of intrapsychic experince onto an object, b) maintaining empathy with what is projected, c) attempting to control the object as a continuation of the defence efforts against the intolerable intrapsychic experience, and d) unconsciously inducing in the object what is projected in the actual interaction with the object".

Horwitz suggests the term projective introjection instead of identification, because identification occurs in the context of relatively well differentiated boundaries between self representation and object representation; what happens in the process of "projective identification" is that the subject reintrojects the projected material.

Projective Identification Through Development

Kernberg thinks that the developmental line that leads from the projective identification, is based on an ego structure centred on splitting as its essential defence, to projection, which is based on an ego structure centred on repression as basic defence.

Because the projective identification implies that the subject has already some capacity to differentiate between self and nonself, that also means between intrapsychic and external reality, the infant, that uses it, has already reached a certain level of development. Kernberg points out that: "projective identification represents the infant's earliest effort at differentiating self and object representations under conditions of peak negative aspects. When the infant is in pleasurable states, the mechanism of introjection occurs, as an active and adaptive process. Projective identification fosters differentiation under conditions of unpleasurable peak affect states".

Projective Identification and Groups

Bion left no doubt that projective identification is the main conception in the functioning of groups and that the group therapist must observe its occurrence within himself, be able to distance himself from it and rely on his affective experience as a major source of his interpretations (Horwitz, 1983). Leonard Horwitz writes about two effects of projective identification:- "on the self: when the bad, aggressive self is projected, the subject may experience a depletion of energy and a loss of assertiveness. Later he introjects the aggression or the other content attributed to the object. The material is reintrojected by the subject because of the permeability of ego boundaries and the relative lack of differentiation between self and object.

- on the external object: the target person may have an experience of being manipulated. That is also the main mechanism in marital couples. Each becomes a representative of the other's self. Also in good marriages, we can find a projective identification of a normal kind, projective identification grows only in the soil of intimacy and intense involvement".

According to Horwitz, the differentiation between healthy and pathological projective identification depends mostly on the strength or the weakness of the ego structure of the parties involved.

There are specific group phenomena that are energised by the projecitve identification:

- role sucking

group forces act sometimes in a way to pressure a person into a needed role. Through projective identification, the person that is suctioned is the repository of the projections of others and is being manipulated in needed roles.

- spokesman

is the member of the group who is expressing the dominant theme of the group in a specific time. The member's behaviour is not only the product of his own propensities but also the group needs.

- scapegoating

the most frequent form is the displacement of a patient's aggressive or libidinal impulses from the therapist onto another member, toward whom such feelings do not elicit the same fear of punishment.

Projective Identification and the Activity of the Therapist

According to Bion, Sandler and Kernberg, the central contribution of the therapist, when projective identification takes place, is in containing. That is the capacity of a care taking mother, what means being attentive and tolerant to the infant's or patient's behaviour, showing that the therapist can "contain" these feelings and respond in a more mature way. In therapy, the therapist returns the patient's fantasies and feelings in a form of acceptable interpretation.

EMPATHY

The Term

Empathy means when one talks about "putting oneself in someone else's shoes", in slovene we say "putting oneself in someone else's skin", what is even more colourful comparison of what is going on.

Greenson (1967) describes: "Empathy is a mode of understanding another human being by means of a temporary and partial identification. It is an intimate, nonverbal form of establishing contact. Empathy is a regressive phenomenon and appears to be related to the more or less controlled regressions seen in creative individuals. This kind of emotional closeness develops in the child in the first months of life. It is mobilised by the nonverbal, intonational, skin touching, loving and caretaking activities of the mother".

Empathy through Development

According to Sandler (1987), projective identification is regarded as the basis for empathy. The state of primary confusion between self and object referred to primary identification is one that persists in modified form throughout life and which provides the basis for empathy.

Jacobson, Mahler and Spitz also find the capacity for empathy developing from the early baby's relationship with the mother, through early identifications, based on primitive forms of introjection and projection.

It is to emphasise that empathy means partial identification or even merging with the object but without losing the sense of reality or identity confusion. Understanding others that we love as adults and the other world depends on our capacity for this temporary and partial identification with them. If this identification is a threat to the identity and the cohesion of the self, then the person would not allow himself/herself to try to identify with - to deeply understand what the other person is feeling.

Empathy and Groups

Shapiro (1991) emphasizes Kohut's assumptions how important empathy is for the self psychology oriented group therapist. Equally crucial are the therapist's empathy for the group-as-a-whole and empathy between group members.

In the group, the patient gradually internalizes the therapist's and the other group patient's ways of viewing the world, including the quality of empathic understanding of the therapist and the other group members. Through transmuting internalization (Kohut's term), the process by which qualities of the other, experienced as selfobject, are eventually perceived as belonging to the self.

According to Kohut, the concept of empathy is related to the concept of selfobject. The object's presence allows the self to experience its own self in way that would be otherwise not possible. These objects are available to fulfil functions that meet developmental needs for self esteem regulation. The selfobject experience requires enough differentiation on the part of the subject to perceive the other person as separate. Shapiro argues that as much

as that just as this phase of the child's development, an empathic response by parents is essential for cohesion and development of the self, empathic responsiveness on the part of the therapist and the group members is needed for a patient's development and maintenance of cohesiveness and self esteem.

Weinstein writes: "developing the capacity for empathy is usually thought of as the inevitable result of successful psychic building in the context of an attuned selfobject relationship. Yet, a group provides unique opportunities for a patient to witness responses which are empathic yet not gratifying, without being directly involved in the encounter. A group can also "teach empathy" by exposure to different styles of empathic responses from the therapist and from each group member."

DISCUSSION

From the developmental point if view, mirroring starts before projective identification. When baby is lying, and seeing nothing if it does not come in front of his/her face, the mother's face is what the baby sees. Investigations show that the baby a few days after birth responds in different way to a toy or to a human face.

A good enough mother intuitively imitates the baby's gestures, the voice and sounds - she mirrors it back to the child. So the first traces of mirroring begin. But the human mirror is never the whole mirror. Like the echo reflects only the last part, at first the mother is mirroring the infant his gestures and voice, and it is done through a loving atmosphere and play. In the reality, the baby is small and helpless and from time to time anxious and crying, but this is not to be mirrored in a healthy development. In the contrary, the purely mirroring reaction from the mother would even frighten the baby. So, a healthy mirroring process in the development occurs in the libidinal context.

If the baby is frightened and crying, the optimal mother's reaction is holding and containing. When the baby already knows that he/she is not the mother and has a sense of separateness then this is a situation when projective identification takes place and where the mother through holding or containing gives to baby the opportunity to reintroject, to take back a less anxious emotion, a more neutralised feeling and so the baby finds the way to calm him/herself.

The basis for exchange is perception, as one of the earliest ego functions, this is the necessary condition, that the mirroring process can take place. This is probably the starting point for the most important experience in the development of object relations, the symbiosis.

When possible, the infant starts to mirror the mother So the exchange begins and this is the preliminary step for the imitation process and also for the differentiation process. Through mirroring and perception, the baby can perceive also the differences with the mother, not only similarities.

Through mirroring the baby imitates or better at first introjects what he/she perceives, and so the building of the self begins.

In group therapy, when the members meet, they recognise some parts of the self in others and reflect them. If this part seem to be close to consciousness or a part of one's conscious self image, then this mirroring can bring more contact and closeness into the relationship. It brings an insight that is therapeutical and not too painful. Probably it is also very important how the two members deal with closeness, what was their early symbiotic experience. It has to do with the degree of the cohesiveness of the self of the two members. If the two mirroring members are not afraid of loosing their identity, of merging one in another, then this mirroring has a libidinal background and is in the function of coming closer. This is what Pines calls benign mirroring. As we know, the feeling of closeness has to do with the symbiotic experience and therefore with the capacity for empathy. Empathic feelings tell the member or the group therapist to what degree a mirroring process is benign or therapeutical for a member and when it starts to be malign.

From individual psychotherapy we know how a too early or too complex confrontation or mirror to a patient is not necessarily in the service of therapy.It is rather a sign of the ignorance of the therapist or it may be a result of his countertransference - with to much mirroring the therapist makes the needed distance from the patient.

Mirroring in the group has also a function to identify who is who and how close or how distant the members are, therefore it is in important way to establish closeness and distance. This is the way also for each member to built his own self, to imitate and identify with the idealised part of someone else, as it goes in the same direction as the phase specific developmental

process of the child. The precondition for this benign mirroring seems to be a certain empathic capacity, to overcome identity threat, and a capacity for closeness of the mirrored members, I would call it "in libidinal context".

If the mirroring content brings an identity threat to the surface, if it brings to soon and to violently a part of one's self that can not be perceived because of, for example, very primitive defence mechanisms as denial and splitting, then, to my point of view, malignant mirroring appears. Its purpose is to make distance and even to get rid of someone who could be a threat for merging, for loosing the identity through seeing some similarities, not being able to keep the boundaries. Zinkin writes how this kind of process occurs always in pairs, not in the whole group. I understand it as a threat of symbiotic merging. Therefore there is the need to put the other on distance or oneself with leaving the group. This kind of mirroring occurs in aggressive context.

It is clear once again how perception is connected very much to emotional state and how it operates in the function of defence mechanisms. In both examples, in benign and malignant mirroring, the person perceives some parts of his/her self in the other, in the first occasion in the service of closeness and in the second, with the possibility to be even real, in the service of making distance.

Projective identification is to some extent a more mature process and requires a kind of a boundary between the self and the object. If the main purpose of the benign mirroring is to posess, to suck, to introject, to imitate something, then the main purpose of the projective identification is to get rid off something that is unbearable for the self. In the early development projective identification is maybe the most important mechanism in the symbiotic phases and it is the background for empathy. The so called "normal projective identification" takes place in the relationship of adult people in marital couples and close friends where it does not involve a completely missing part of the self, but rather a stable and mutually gratifying arrangement.

Otherwise, what we see in our patients and also in adult people with developmental deficits, is a pathological projective identification with the purpose to get rid of the bad parts of oneself so that the anxiety would be reduced and the dangerous object controlled.

Empathy is a phenomenon that means a good symbiotic experience, the capacity for temporary identification with a person or a group of people, it requires boundaries between the self and the object and does not affect the sense of reality. Having the capacity for empathy, is very important for the ability of feeling close with anybody, especially is it important as a therapeutic tool with severely disturbed patients. Different authors especially underlie the importance of empathy in working with narcissistic vulnerable patients.

Kohut, for example, introduces the mirroring transference as a specific kind of relationship between the patient and the analyst, but his suggestion for the most therapeutic intervention is not mirroring, but empathy, an empathic interpretation of this part of the patient's feelings that the specific patient is able to accept.

It seems that in malignant mirroring the two patients in the process have a lack of empathy for each other. The similarities between them intensify the fear of merging, and the malignant mirroring reaction seems to be only the defence reaction without any empathic understanding for each other.

CONCLUSION

Mirroring is developmentally an earlier process, important for the psychic exchange with the object. It is the corner stone for the imitation process and the building of the self. In its constructive form it takes place in the libidinal background and is a very important therapeutic media in group therapy. The destructive part of it is called "the malignant" mirroring, occurring in pairs in therapeutic groups, in the aggressive context. The therapist has to be aware of it soon enough and has to be quite active in confronting the group of what is going on.

Projective identification is for the most part a process of getting rid off something in the contrast of mirroring that is mostly a process of getting something. It implies already a shape of boundaries. The baby, the adult person or the patient in the group are projecting the unbearable parts into the object, the mother, the therapist or another member. The developmentally attuned reaction of the mother or later the therapeutic answer is holding (Winnicott), containing (Bion), through neutralisation of the drives that take place.

Empathy is a mostly needed ability of adults to be able to experience closeness, its roots and origin is connected with the process of projective identification. It is an indispensable tool of the individual or group analyst, especially dealing with narcissistic patients.

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