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It's All About Me: Introduction to Relational Group Psychotherapy

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With what fear and avoidance does the analyst write about his own method of coming to conclusions, about his own thoughts and impressions! The devil himself could not frighten many analysts more than the use of the word 'I' does in reporting cases. . . . In our science only the psychical reality has validity. It is remarkable that the unconscious station which does almost all of the work is left out of analytic discussions. . . .

Analyst, analyze yourself. (Theodore Reik, 1983/1948: pp. 147–148)

As psychoanalytically oriented therapists and group leaders, we have come a long way from Reik's lament, written over sixty years ago. In his revolutionary text, *Transference and Countertransference*, Racker (1968) described the analyst as a conflicted individual – no freer of unconscious influence than anyone else, despite training and personal psychotherapy. As a beginning group therapist, then, you might be relieved to discover that the "I" of even the seasoned professional is an admixture of healthy and neurotic tendencies. The therapist's "internal and external dependencies, anxieties, and pathological defenses . . . [respond] to every event of the analytic situation" (Racker, 1968: p. 132). The chair of a panel at the august American Psychoanalytic Association declared, "In today's world countertransference is God" (Friedman, 1997), and hailed Racker as his prophet.

The therapist's countertransference – his or her "irreducible irrational involvement" (Renik, 1993) – is inevitable and cannot be eliminated; and this is not even a desirable goal. For it is out of our full participation that we bring our own unconscious into the relationship, potentiating key interactions related to the participants' difficulties in living (Harry Stack Sullivan's phrase) that would not otherwise be discovered.

Transferences and countertransferences do not resolve but evolve, continuing to provide a rich source of potential meaning. And, while the therapist's unconscious

conflicts, character structure, and misunderstandings lead to inevitable resistances in the group and its members, they also provide vehicles for learning and transmitting information.

The nineteenth century Danish philosopher, Soren Kierkegaard, offered a profound truth: "Life can only be understood backwards, but it must be lived forwards." To some extent, we characterize the therapeutic process similarly. The basic premise of the relational approach is that psychoanalytic data are mutually generated by therapist and patients, co-determined by their conscious and unconscious organizing activities, in reciprocally interacting subjective worlds (Stolorow, 1997). Relational theorists (e.g., Chused 1992; Renik 1993; Spezzano 1996) presume that patients and therapists do much if not most of their thinking unconsciously, and intersubjectively, each affecting the other.

Therefore, the participants may learn only retrospectively about what has been going on mentally, when the derivatives emerge into preconsciousness or consciousness. By that time, words and actions have produced "enactments" (Boesky, 2000; McLaughlin, 1991). These are co-created symbolic and behavioral scenarios that are learned about with the benefit of insight, hindsight, and often, with mutual feedback (*see* clinical illustration).

Relating to our topic of "me," I argue that the therapist's increasing self-awareness and understanding of one's own (inter)subjectivity is a driving force in the group and its members' development and growth. Since self-other awareness is the linchpin of any psychodynamic approach, it behooves the beginning group therapist to have had some prior experience, preferably in both individual and group treatment, as well as on-going supervision.

In my work (Billow, 2003; 2010a), I have attempted to bring relational thinking to the theories and practice of group psychotherapy. I have reconsidered W. R. Bion's seminal contributions, *Experiences in Groups* (1961), and his later writings (1962, 1963, 1965, and 1970), which have supplied the metapsychological underpinnings of my work.[1]

A Basic Human Conflict: to Think or Not to Think

Like Freud and Klein, Bion postulated basic underlying conflicts within the individual that contribute to intrapsychic and interpersonal difficulties, but also stimulate symbol and cultural development – the constructive social participation involved in talking, thinking, and learning. Freud mythologized an antagonism between the pleasure and reality principles, and between the life and death instinct. Klein narrated dynamic interplays between love and hate, and envy and reparative gratitude. Bion described how the human need to think conflicted with a desire to avoid the mental pain that accompanies thinking.

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[1] However, my interactive style of intervention differs from Bion's, which could be "oracular" and epigrammatical. In my opinion, Bion's apparent abdication of leadership magnified his importance and increased his groups' anxiety and reliance on primitive defenses (which he referred to as the group's "*basic assumptions*" [see footnote 2]).

Aristotle declared "all men by nature desire to know" (in *Metaphysics*). Bion emphasized the relational dimension. He reasoned that we share a particularly human need to learn about our psychology and the psychologies of others.[2]

> There is a need for awareness of an emotional experience, similar to the need for an awareness of concrete objects that is achieved through the sense impressions, because lack of such awareness implies a deprivation of truth and truth seems to be essential for psychic health. The effect on the personality of such deprivation is analogous to the effect of physical starvation on the physique. (Bion, 1962: p. 56)

As group therapists, we attempt to create and sustain an evolving truth-seeking culture, inviting our members to reach for and communicate psychological awareness. But this type of thinking often hurts, since it may be confusing, anxiety arousing, and disturbing. Its truths may feel "not nice," primitive, socially inappropriate and personally embarrassing.

If experience is food for thought, one becomes what one eats, and no longer is what one was. Emotional thinking leads to the possibility of growth and change in the personality, disorienting and reorienting the thinker to past, present, and future. Again, mental pain. The person who bears to think and to learn risks ever-greater separation from established, conventional relations with others, as well as with one's previous ideas. Freud and Klein emphasized that self-knowledge brings forth the primacy of self-integration over repression and splitting; hence self-knowledge brings inner peace and social harmony. Bion emphasized that integration entails the capacity and the courage for even greater levels of emotional turbulence, existential risk, and personal and social disharmony.

A basic conflict exists within the self, and within the group and its members: tensions between motives to tolerate, develop, and integrate thought and feeling, and motives to evade the truth-seeking process. The leader displays a "questioning attitude," stimulating a group to think, to function as a *"Work Group"* (Bion, 1961). Such a group encourages both individuality and collaboration.

However, to avoid the hard work and loneliness of maintaining a "mind of one's own" (Caper, 1997), and the anticipation of painful consequences, the members of all groups have the tendency to band together with patterns of thought-evading group defenses, which Bion termed, *"basic assumptions."*[3]

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[2] Recent theorists have referred to this type of thinking involving emotional awareness of self and others, as "mentalizing" (Fonagy and Target, 1998).

[3] *"Basic assumptions"* refer to modes of avoiding thinking. They describe three types or constellations of primitive object relations, fantasies, and affects, which individuals come to project and act out together in social settings. The basic assumptions are *Dependency* (*baD*), *Fight/Flight* (*baF/F*), and *Pairing* (*baP*).

In *Dependency,* the members are preoccupied with seeking ministrations from, or ministrating to, the leader. In *Fight/Flight,* the members mass against an enemy, within or outside of the group; or, members may maneuver to ignore or avoid underlying hostilities. In *Pairing,* the group fastens on two members, one of whom may be the therapist, and they become the focus of group activity.

But I suggest that the therapist also participates in basic assumptions. No one is exempt from the conflict between thinking and avoiding pain and all of us may detour, delay, and obstruct learning from experience. In my opinion, all of the defining characteristics of group life – its progressive and regressive influences – are co-created, maintained, and processed intersubjectively.

The therapist is not a blank screen, oracle, or sole arbiter of psychological truth or the methods of reaching truth. He or she is a powerful presence whose subjectivity the group monitors and perceives with varying accuracy. Group members form valid and significant insights regarding the therapist's personality and the complexities of their therapist's psychology, and respond accordingly (Gill, 1994). The dynamic factor involving the group leader's psychology – the "me" – is always prominent and influential, and often apparent to group members, although not always articulated consciously or publicly.

Thinking and its evasion describe psychological dimensions of all group members' consciousness and unconsciousness, and of group's structure, culture, and process. As I illustrate in the case example, groups generate their structure, process, and meaning from the interaction between the ambivalent, conscious, and unconscious "desires to know" of the group members and the group leader.

"All About Me:" Two Broad Principles

Now, to clarify. When I declare "it's all about me" I am asserting two broad principles.

1. Every intervention the therapist makes (including silence) is filtered through his or her subjectivity, of which the therapist has imperfect knowledge. Given the leader's importance to what occurs and does not occur in group, the therapist needs to keep a "third ear" acutely attuned to "me."

    And then, there is the old joke: "Well, enough of 'me.' Let's hear about you. What do *you* think of me?" We have limited access to our own unconscious, our character, and reactivity, so we need to hear about "me" from other group members. The members respond directly and indirectly, through what they say and do not say, via symbolic derivatives (metaphors, dreams, jokes, scapegoating, *basic assumptions*), and by participating in individual, subgroup, and group resistances, rebellions, and refusals (Billow, 2010a).

2. The members' variable perceptions of who the therapist is impacts everything that takes place in group. We have just met as reader and writer. Although existing in different time and space, we are linked in a relationship, defined in part by our mutual "desire to know," and reconfigured as you confront "me."

I keep in mind the words of Emily Dickinson, the nineteenth century American poet: "Tell all the truth, but tell it slant. . . . The truth must dazzle gradually, or every man be blind." I think about "me" in planning to "go public," that is, to introduce and present my psychic truths whether in print or in a group. I try to anticipate your

emotional as well as intellectual response to "me" in what you read. Thus, as we move along in this chapter, we "co-create" your experience.

I now show you how this process of being involved with "me" can work, by providing a clinical example of it not working the way I believed and wanted, until the group's interventions. Something about "me" emerged unexpectedly; it occurred in the course of a day's conference I offered during an annual meeting of the American Group Psychotherapy Association.

Clinical Illustration

Talkers and non-talkers

We began as I asked the attendees – about 30 – how they would like to spend the day, and what they wanted to accomplish. This process allows me to present myself and to make eye-to-eye contact with individuals, and for the whole group to bear witness to the ideas presented and the persons behind them. Not everyone took the opportunity to talk, of course, but there was general agreement that I would present some didactic material that would address some of the members' questions and interests, do a "fishbowl" demonstration group in the morning, and spend the afternoon conducting a full-group process experience, and end with a return to concepts and a debriefing.

From these initial interactions and onward, my impression was confirmed that this was a lively, interactive group, with some large personalities dispersed through the wide range in age and clinical training. But as we resumed after lunch, I realized that some of the attendees had spoken only minimally or not at all. I had tried to involve them, such as inviting participation with a welcoming smile, picking up on body language, and "bridging" (Ormont, 1992), as by having one member "translate" another's feelings about a third member's feelings.

Now I addressed their lack of verbal participation specifically: "You will get more from this afternoon's meeting if you say something. Even one comment gives you a new sense of the group." The room remained quiet. Then I said: "It's okay even if you grunt or groan." My humorous intervention met with some success.

"I've been wanting to talk, but I've been afraid. Thanks for noticing." The member then filled in some biographical data, as did several others who followed. Some of the active members made appreciative and encouraging gestures, but the process ran out of emotional steam, and the group turned to other interactions.

Still, I felt unsatisfied, and curious, and near midpoint in the afternoon, I said: "There seems to be two groups here – the talkers and the nontalkers." That drew the group's eyes to the verbally nonparticipating, and then I felt anxious about scapegoating them by applying peer pressure.

Someone came forth: "In my family, I was always very quiet. At home, I let my mother speak for me until I left for college."

"Who reminds you of your mother?" I asked. My goal was to encourage more individual participation and member-to-member involvement, and also, to introduce transference analysis and intrapsychic exploration in the group setting.

"I don't know . . . maybe anybody who dared to speak."

I had found a useful angle to extend participation: who reminded someone of whom, and why, and how did it feel. I was feeling relaxed and successful, until an attendee broached what seemed like a change of direction:

"If I were running this group, I'd want to know what I did to cause the 'two groups'."

I felt embarrassed, as if accused of not practising what I preach about considering the impact of "me," but the comment was delivered respectfully, and I answered in the same way.

"What do you think I did to cause subgrouping?"

"You like people who talk."

Several members came to my rescue: "Well, he was faced with a new group, of course he wanted people to talk." "He tried to bring people in, he's doing it now [and to the person who posed the challenge], you tried too."

But I thought the comment deserved a fuller consideration and, in thinking about it, I felt inspiration in the question I had posed a few moments earlier: the topic of family relations and intragroup transferences. I shared an insight that felt sudden and intense: "Well, I was the first born in my family, and I maintained my position by doing a lot of talking."

In conducting groups, I do not make a habit of intentionally self-revealing, but here saw no reason to be evasive. Now other people pressed to talk, and we discovered that for the participants of the non-talker subgroup, silence had different meanings and motivations. I kept further introspections to myself.

"This is my first workshop as a member. I did not know what to expect. I never heard of you but I liked the topic [the "3 Rs," see Billow, 2010a]. Since I'm going to start working with drug addicts next month, I thought I better learn about refusing. I'm learning a lot anyway. Am I resisting, rebelling, or refusing? I don't know yet."

"I'm here because my professor is here, and [humorously] she threatened to flunk us if we didn't come. She didn't say we had to talk."

"Yes, me too, we read your papers in her class. They were real good, although I can't say I understood them or this group [laughter]."

I reflected that it takes courage for the students and teachers to mix it up in this group setting, with expanded boundaries and rules of exchange.

A woman spoke up: "I must come out of the closet. I'm the 'mean' teacher. I've been so impressed by your writings, Dr Billow, that I guess I feel intimidated."

I lightened the atmosphere by saying that other people must be a lot less impressed because they seem comfortable calling me "Richard" and challenging me to think about what I've been doing.

More people took chances with themselves in reflecting on the "two groups":

"I was the 'golden boy' in my family. Talking, but not talking too much. I want to be the golden boy in your group. Just me. [Humorously] Am I being it now?"

"I was the second fiddle. I feel like that here, and that's why I haven't revealed myself. I have to think about my responsibility. You welcomed me, several times."

"I was my parents' 'joy', their 'ray of sunshine.' [and with irony] See how I always smile and am seen and not heard."

A young man volunteered: "Maybe I've been Cinderella here, waiting to be invited to the ball. I need to man up, I got my own balls."

We turned to the professor self-described as "mean," who seemed to be crying: "In my family, I was the oldest, and my job was to take care of my siblings, as they arrived, one by one. But I liked it. My parents weren't close, I was afraid of my father and my mother wasn't very warm either. I wanted to have my students here. [Turning to them] I felt you would make me feel safe and secure. Thanks for coming. . . . You all get an A," she said, smiling between visible tears.

One of the members who had tried to shield me from criticism joined in: "I had to protect my mother. She has 'issues' and gets depressed. When you blamed Richard for creating the 'two groups,' I worried that he would fall apart. I'm always worried that my patients are going to fall apart, and then my psychotherapy group that I run. I see that not happening here."

With some sadness, we drew the group process to a close. During the debriefing and evaluation, one of the members complimented me for the day, but wondered: "Could you have achieved the same results if you had stayed out . . . and not worked so hard?"

Discussion

1.   "Me": A fratricidal leader

Cain said to his brother Abel, "Let's go out to the field." And while they were in the field, Cain attacked his brother Abel and killed him. (*Genesis* 4:8)

   It snowed last year too: I made a snowman and my brother knocked it down and I knocked my brother down and then we had tea. (Dylan Thomas, 1954: p. 12)

To illustrate the effect of intersubjective factors on group formation and process, I share some personal thoughts.

Freud (1921, pp. 120–121) traced the development of our inclination to group (gregariousness) to the reaction against the initial envy and aggression an older child experiences to the arrival of a younger sibling – who now is a rival for the leader's

(i.e., the father's) attention. Whereas this hypothesis seems not applicable universally,[4] it may partially explain my own interest in groups and my style of leadership.

I could easily justify my technical approach to the silent members: after all, people unfold at different times, and not always verbally. And besides, some of them had asked questions at the workshop's beginning – and I kept in mind and addressed the questions throughout the morning. However, I came to realize that projection, envy, rivalry, guilt, and reparation were among the emotional elements I utilized – for better and worse – in conducting the workshop. As we know, silent members and subgroups exert power, and may even hold a group hostage, demanding special attention by their very quietness. In terms of my psychology, of which I was not conscious at the time, such individuals represented my younger brother.

I felt envious of the attention he received, and interested in him too. His emotional unavailability was irritating and intriguing, and both stimulated and frustrated my curiosity. I provoked him to respond, teasing, wrestling, socking him when necessary, which was often. In my reflective, adult consciousness, I know (and probably knew as a child) that he wished to isolate himself from any unpleasant intensity of our family. Selective withdrawal seemed to be beyond my emotional capabilities. In my on-going unconsciousness, he was (and is) a rivalrous model of a "better" type of individual, one self-contained and without need.

In the group, the quiet members entered my unconsciousness as rivals too, competing with the talkative ones, which included me, for my attention (as father-leader) and for the group's attention (my "parents"). I could easily express curiosity, fight and embrace the talkative ones. Whether they were friendly or hostile, I knew who they were, and I "liked" them. In terms of infantile narcissism, they were reflections of "me." I resented the quiet ones, the "better than us," who deigned not to participate in the intensity of our group. Caught between deciding to kill or love – ignore or attend to – the quiet ones, I tried both.

2.   The group reveals "me" before I find myself

Self-disclosure is inevitable and continuous in any human interaction. Even classically oriented psychoanalysts, such as Ralph Greenson, have acknowledged that as therapists, "everything we do or say, or don't do or say, from the décor of our office, the magazines in the waiting room, the way we open the door, greet the patient, make interpretations, keep silent, and end the hour, reveals something about our real self and not only our professional self" (1967: p. 91).

Some writers have argued that because the therapist cannot help being self-disclosing, why not consider the opportunity to make explicit that which reveals

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[4] Freud contradicted Trotter's view, stating that man is not a herd animal but a horde animal that seeks and follows a leader to assure mutual protection against siblings and the leader himself. Ethnologists confirm Trotter's hypothesis over Freud's. In studying diverse animal groups, schools of fish, flocks of bids, herds or packs of animal, Lorenz (1952) found little evidence of autocratic authority. At seemingly all levels of the animal hierarchy, instinctive gregariousness manifests as complex inter-relational social behavior (Conacher, 1998: p. 225). Trotter characterized three types of herds: defensive herds, which band together for survival against predators; predatory packs, which coordinate their behavior to secure prey; socialized groups, in which the individual devotes itself to the group, as the bee, ant, or sheep (Conacher, 1998).

oneself to be emotionally involved? Relational therapists reserve the option to gradually and purposefully reveal aspects of themselves, in an attempt to model openness, to propel patients to deal more realistically with the nature and basis of their beliefs, to encourage mutual exploration of interactional dynamics, and to take responsibility for their actions and effects on the other (Blechner, 1996; Ehrenberg 1995; Davies, 1994; Gerson, 1994; Jacobs 1991; Little, 1951; Searles 1979; Winnicott 1949).

The lines between intentional and unintentional self-disclosure are ambiguous and fluctuating. The therapist's behaviors may range from spontaneous exclamation to measured revelation, from those that are seemingly consciously determined to those unconsciously enacted. Levels of meaning, revealed by subtleties in timing, tone, and cadence, may contradict what is verbally spoken (Chused, 1991; McLaughlin, 1991).

When the group therapist utilizes him or herself in an open, spontaneous manner, the therapist may be producing more obvious disclosures, or different types of disclosures, than those that also occur in traditional individual or group technique.

One issue to consider in taking or avoiding the opportunity for self-disclosure is whether it serves to open or close things up, a question that may be answered only retrospectively, and even then without certainty that another way may not have been better (Aron, 1996; Greenberg, 1995). Group members see a therapist-in-action, responding to intense group, subgroup, and dyadic situations. The perspectives are multiple, and members may not be in agreement with each other, and much less with the therapist. Still, the therapist learns about "me" by attending to these various perspectives: listening to the members' expressions in feelings, fantasies, symbols (e.g., metaphors, jokes, dreams), thoughts, behavioral reactions, and reflecting on how he or she impacts the group culture (e.g., as in co-creating the "two groups").

We may directly invite members to share their opinions. I question my work, often asking members what they think I am doing, and why, and could they or I have done it differently, and better. I respect that I do not have full command of how I feel and respond; I cannot and do not want to be a "blank screen." Signs that I "like people who talk" were many and obvious to certain members and not all of them are evident to me now. I am now more acutely aware of the possible differences in enthusiasm in which I invite, meet, and sustain the gaze of various group members, and also, more aware of their visual and bodily reactions to me. My "liking" was co-regulated, encouraged by some (the talkers), and held in abeyance by others (the nontalkers).

In the development of human attachment, a prolonged period of mutual, "eye love" (Beebe and Stern, 1977) between mother and infant occurs, involving not only the visual sense, but also touch, sound, and movement (exteroception-interoception). In this "dance," each partner enjoyably takes into account and makes moment-by-moment adjustments in response to the other's shifts in behaviors (Beebe and Lachmann, 2002; Beebe and Stern, 1977; Stern, 1971; Tronick, 1989).

So, who did what to cause the "two groups"? It was not me alone who decided whom I "danced" with, and when. The therapist cannot expect to be aware and in control of all, or even, many of the group members' varied and variable transferences to the leader, other members, and to the group situation itself. Like the mother, the therapist needs to maintain relaxed but intense interest, empowering the members to seek and avoid engagement, without anxiously "chasing" after them. I believe that even with my inevitable clinical and personal shortcomings, my behaviors of "liking"

were sufficiently well distributed to propel bonding, mutual recognition, and the development of the group's identity. In being (selectively) self-revealing, I took responsibility for "me" – acknowledging and expanding on the group member's insight regarding my contribution in "sucking" (Horowitz, 1983) members into their respective roles. This seemed to encourage members to take responsibility for their "me's" too: discovering in their respective psychologies and personal histories the emotional equipment for the part they played and their influence on others. In our group, the technical decision seemed to have facilitated greater openness among members and furthered the development of group autonomy and cohesiveness.

3.   Emotional co-participation: loving, hating, and being curious in the group

In my view, psychoanalytic treatment is not about cure, but about transforming pain into the richer capacity to "suffer" meaning. To drive change and stimulate creative growth, the therapist needs to provide an on-going sense of security, but also must encourage a breaking down of pre-established and safe emotional attitudes. Leadership entails aiding the group and its members to tolerate, communicate, and eventually integrate a wide range of emerging, contradictory, and intense feelings.

However, often our group members come to treatment to be relieved of pain, and they initially may display little tolerance for increasing the range of felt feelings, or for understanding and integrating them in their communications to others. It is often left to the therapist to suffer mental pain, to think about the feelings of the group, including one's own, and those operative and those denied. Hypothetically, our emotions derive from basic affects, drives, or "instincts," involved in loving (attachment or bonding), expressing frustration-aggression (hating), and exercising curiosity.[5] While these affects are basic, they do not operate in pure form. Like everyone else, it is difficult for the therapist to "know" what he or she feels, or "really feels." Feelings hide behind their opposites, and defense mechanisms of denial, dissociation, reaction formation, and projection are to be expected, particularly in situations of anxiety and conflict.

I function as leader with a sense of anxiety, co-existing with confidence, that something unknown about myself will emerge, and that I will learn and grow from each group session. I attempt to monitor my affects, and to be open to the feedback from others. How loving and empathic do I feel? How frustrated, impatient, angry, or hateful do I feel? How interested am I in myself and in the group? How am I utilizing these affects to link up with the members and with the group as a whole? Thinking about my affects brings some self-awareness to the therapeutic reality of the group, as I experience it.

In the group under discussion, one simple sentence jarred me out of any complacent fantasy being in full command of how I felt and what I was doing. "You like people who talk." My "not nice" feelings were exposed, and I felt guilty, personally and professionally deficient. For the group member was implying that I did not like

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[5] Bion (1962) provided a shorthand, *L*, *H*, and *K*, respectively, the drive to love, to hate, and to know about.

people who did not talk (H), and did not embrace them with full curiosity (K). The communication had a ring of truth, and "suffering" the meaning-making process provided access to my love and compassion (L) towards these same members, my brother, and myself as well.

I had believed I was working with professional ease and competence, eliciting involvement from a significant segment of the attendees. I do not think too many observers would disagree with this perspective. But other perspectives jarred me out of any tendency to rest secure in my relative comfort zone: "You like people who talk;" "If I were running this group, I'd want to know what I did to cause the 'two groups';" "Could you have achieved the same results if you had stayed out?"

I cannot say I found these remarks to be pleasant – but they were on point and deserved to be respected as legitimate responses to "me" and my impact, and not prematurely interpreted as "transference," "resistance," an expression of a *"basic assumption,"* and so forth. In terms of my functioning as a clinician, I had to re-evaluate my feelings, technical actions, and even, my very way of "being."

Freud counseled the analyst: "It must not be forgotten that the things one hears are for the most part things whose meaning is only recognized later on" (Freud, 1912: p. 112). I could only understand my feelings about what I was experiencing some of the time, and my understanding was partial. Most difficult to sort out and bring to meaning were probably the very reactions that had the most "causal" influence on the group!

Becoming aware of avoided feelings allows the therapist some control over expressing them, and to function with fuller emotional co-participation. I did not wish to banish my negative feelings towards the non-talkers, but I wanted to know where they came from, and how they affected my group relationships. Then I would be able to use a fuller array of feelings, and with greater clinical acumen.

Racker (1968) suggested that a neglected aspect of the Oedipus complex was the analyst's wish to be master or king, not only of other people, but also of one's own unconscious. The best the therapist can do is to eradicate, as much as he or she can, not anxieties, resistances, wishes, and fears, but their repression. In being receptive to the infantile, primitive, and neurotic aspects of one's own personality, the therapist may more fully experience one's own experience, and this is, I believe, the precondition that allows the therapist to help the group members do the same.

We are humbled by the awareness that our words and actions are partially derivatives of an unfolding (and evolving) conscious/nonconsciousness, and that we cannot fully understand ourselves before or even after we communicate. Authentic communications represent the therapist's most profound insights and powerful intentions. Yet, they remain only "best guesses" of emotional truth – what we feel, think, and decide is appropriate to express – to be reevaluated and revised as we continue to participate in here-and-now clinical experience.

4.   Activity level of the relational group therapist

Of all the comments, questions, criticisms directed to me during our six-hour group, one rankles my retrospections: "Could you have gotten the same results if you had stayed out and not worked so hard?" I heard my mother's voice behind the question: "Why can't you behave like your brother!" Who was this questioner, I wondered, a

junior colleague or critical competitor, friend or foe? Given my emotional involvement with my family of origin, I could not be sure of the accuracy of my judgment, then, or now. As much as I hated the comment and the commentator, I took it and him as sincerely curious, and I respectfully replied that my way of working was something he and other people could think about. The nineteenth century poet, William Blake, penned these cautionary lines:

> The questioner, who sits so sly,
> Shall never know how to reply.
> He who replies to words of doubt
> Doth put the light of knowledge out.
> William Blake, *Auguries of Innocence*

I did not wish to intellectually reduce the experience and provide premature closure. Besides, a didactic rationale would have felt defensive. But here I will offer my point of view, which puts the "me," the group leader or therapist's experience, as a center of action. The major group theorists have described groups as organic entities, evolving through stages, rebounding from one defensive position to another in accordance with developmental conflicts consequent to group membership. According to their theories, successful groups depend on the therapist's effective performance in pretherapy tasks such as patient selection, composition and preparation, and in negotiating the novice group through its formative stages of boundary formation, structuring, resistance, and goal direction. It follows that the mature group more often treats itself, coming to appreciate the therapist as a consultant rather than as the continuing mesmerizer of transference (Agazarian, 1997; Ettin, 1992; Foulkes and Anthony, 1957; Rutan and Stone, 2001).

The founder of the Group Analytic movement, Foulkes, wrote that the group therapist "does not step down but lets the group, in steps and stages, bring him down to earth. . . . [the group] replaces the leader's authority" (Foulkes, 1964: p. 61). Along this line of thinking, Yalom presented the maxim: "Unlike the individual therapist, the group therapist does not have to be the axle of therapy. In part, you are midwife to the group: you must set a therapeutic process in motion and take care not to interfere with that process by insisting on your centrality" (Yalom, 1995: p. 216).

In my opinion, while the classic contributions in theory and in descriptive phenomenology are fundamentals of every group therapist's thinking and practice, the emphasis on member-inspired dynamics seriously underplays the enduring role of the therapist, most particularly, the authority of the therapist's evolving psychology on what occurs and does not occur in group. The therapist remains the figure of inspiration, and the most important member of any group, no matter its focus or duration. Therapist-influenced dynamics supersede the clinician's theoretical or technical orientation, and we sometimes achieve more, or less, in our practise than what we preach. Our amiable, sincere, and patient efforts to reach the group count for a lot, and we fumble and are forgiven for our fumbling more than we know. No school of thought owns exclusive or automatic rights to empathy, or to understanding of the self and others. In our striving for depth, clinicians of all theoretical persuasions may miss what is timely and most relevant.

Whereas the focus of this chapter is on the leader or therapist's affects, thought, and clinical behavior, and their influence on the group, subgroup, and individual members, I appreciate that change flows not only from the efforts of that individual. A restrictive focus on the leader, or for that matter, any predetermined theoretical-technical orientation, neglects other important group, subgroup, and intrapersonal factors, other ways in which experience may be generated and understood.

Indeed, although I conceptualize leader or therapist-inspired dynamics as a prevailing influence behind group interactions, I appreciate that the force of these dynamics are modulated by the nature of the group situation. Transferences (and countertransferences) and other intersubjective interactions are multiple in group, and may be directed to individuals other than the leader of course, to dyads, subgroups and the whole group (as in the case example). Leader or therapist-specific transferences are also deflected onto the group and its members, where their diverse manifestations may be understood and eventually interpreted.

Members and leaders derive benefit from multiple factors of group participation; each group is unique and its constituents provide a wide range of interpersonal options and therapeutic effects. Important, too, are cultural, ethnic, and political factors that contribute to the group's organization, functioning, and goals (Hopper, 2003).

We may think about the question: "Could you have achieved the same results if . . .?" without concluding that there is one way, or a best way. Each group leader or therapist plays his or her own music, as well as captures a particular version of the music of others. While some notes resound forcefully, others remain faint, distant, or unheard, and they wait for their development on other occasions, with other players from within and without the group.

I believe it is important to interact spontaneously and maintain a down-to-earth manner. After all, we want this type of verbal behavior from our group members. The inexpressive leader appears self-absorbed, an artifact that calls attention to itself. The infrequency of this type of leader's interventions augments their strength and tendency to sound oracular. It is quite possible that the technique of minimalist intervention derives from the classical model of psychoanalysis, in which, theoretically, interpretations are reserved to associative blocks connected to transference (Halton, 1999).

I share my thinking often, even when it may not be entirely welcomed. While I do not rush to make judgments and form conclusions, I value the interpretative mode in group as well as in individual analysis, which may be addressed to the group-as-a-whole, subgroups, or individuals. An intervention does not become a "group interpretation" because it is given in the form "we," "all of us," or "the group seems to believe that." Neither does it become an individual interpretation because it is directed to and concerned with any particular individual (Foulkes 1964: p. 163). An interpretation directed to the group may not be experienced as applying to all the members, and certainly, no therapist can be certain that the interpretation does apply to all, or reaches each member equally or in the same spirit. And on the other hand, interventions directed to an individual or subgroup are witnessed by the group at large, and are reflected upon and integrated by the entire membership to varying degrees.

I believe that there are no clear demarcations between interpretation and other forms of interventions. As do most contemporary therapists, I keep in mind the

members and the group's developmental and on-going needs, and accept the legitimacy of noninterpretative activity involved in symbolic play and certain other forms of enactments.

Being "active" and "leader-focused" may eventuate in being attentively quiet. Bion wrote about nonverbal containment: how the therapist's capacity for "reverie" (dream-like, internal free-association), patience, and inner security communicate something crucially important, even curative, furthering the group members' capacity to tolerate powerful affects and develop emotional thoughts. Such introspective activity relating to self-other containment is particularly important when the therapist or leader feels a rising tide of anger and disappointment – whether emanating from the self or membership.

A group therapist's respectful silence or brief appreciative acknowledgment in the face of an apprehensive member's challenge or overt hostility may be a powerful, even decisive intervention. Conversely, verbal formulations that reach into the realm of unconscious phenomena, involving constellations of fantasy, desire, anxiety, character, and defense, rightly may be valued for their effort and concern as much as for their acuity and depth.

This brings us to the question of "truth," the accuracy of the therapist's interpretative thoughts and interventions. Group leadership involves holding the tension of truth as best as one understands it, and deciding how, when, and how much to convey, and to whom. Values and practical considerations exist in tension. We rarely live up to the "should books" provided by theorists and writers such as myself. To lead well, we must live with inconsistency and paradox, attempt to find balance without definitive solutions, and accept the nonexistence of the perfect option, flawlessly applied. Growth remains possible and likely, if the leader remains thoughtful, invitational to feedback, and self-critical as to what is achieved.

I have offered my opinion: groups – small and large – intuit their therapist or leader's orientation, both technical and personal, and to some extent respond accordingly. As in this example drawn from an experiential workshop but applicable to psychotherapy groups, members adapt to the leader's personality characteristics – and vice-versa. When groups function constructively, participants learn from each other how to tolerate difference, and also, to come together to function as a working unit. They negotiate, compromise, and "match up" to assure efficacy.

I attempt to be personable, maintain a light touch, and not function as a mysterious figure, invulnerable to feeling or feedback, or a "know-it-all." When I am confused or unsure, which is often, I may seek clarity from other group members, although I do not necessarily agree with or follow their guidelines. In the group under discussion, I asked for help, and achieved insight, which inspired me to develop the thoughts in this chapter. And also, I received several jolts of pain; their effects linger.

Concluding Remarks

The leader or therapist's subjectivity – the complex of basic affects, feelings, thoughts, fantasies, many of which remain out of awareness – affect how we comport ourselves, how we relate to our groups, and how they relate to us. Using myself as an example,

I have illustrated how unresolved Oedipal and sibling dynamics were involved in my perceptions, theory, and technique – perhaps in every micro-action and interaction that comprised the group experience.

The variety and flexibility of the group leader or therapist's activity, internal and interpersonal, exposes the qualities of care and establishes authenticity (Billow, 2010b, 2010c). Through his or her behavior, the group leader or therapist defines the working group culture: how group relationships and experiences are to be regarded, and the emotional depth to which exchanges may be considered.

The technical focus may be *intrapersonal,* concentrating on the individual, *transactional* or *interpersonal,* concentrating on the subgroups and dyads, *group-as-a-whole,* concentrating on group dynamics (Parloff, 1968), or more likely, an eclectic mix of the three approaches. The clinician's basic patternings of subjective experience influences, often determines, not only the focus, but also the group's depth of functioning, even the particular process and contents of the session.

All psychoanalytic psychotherapy is grounded on Freud's belief that the understanding of others is based on self-understanding. However, self-understanding is an evolving, affective process, stimulating strong and often painful emotions that influence and are influenced by others. Self-awareness remains tentative and uncertain, and is revised according to the shifting currents of present-day reality. Inspection, introspection, retrospection, the longevity and stability of a group, these factors do not vouchsafe objectivity or inoculate therapists from the tendency to rationalize who we are, how we feel, and what we are doing.

We cannot be sure of all the factors that drove the process of the group under discussion, the accuracy of my evaluations of the interactional dynamics, or even the emotional realities that I have described. The leader or therapist cannot neatly separate self from others and from the group at large. Emotional reality is not a concrete, unchanging something, from which truth can be derived with certainty or finality, but an ever-incomplete process of becoming. The group leader and member's communications are intersubjectively constructed; their intent and effect remains highly personal, and no final, or even fully objective, assessment is possible.

Whatever the leader or therapist is attending to, he or she is also reflecting upon and revealing oneself, influencing other members – and you, the reader – in this process. Contemplating one's evolving mental relationship to the group, and its influence on the group, brings layers of meaning to the here-and-now clinical situation, however conceptualized. All benefit from a group leader or therapist unequivocally involved in "me," in personal discovery and growth.

References and Bibliography

Agazarian, Y. M. (1997). *Systems-centered therapy for groups.* New York: Guilford.

Aron, L. (1996). *A meeting of minds: mutuality in psychoanalysis.* Hillsdale, New Jersey: The Analytic Press.

Beebe, B., & Lachmann, F. (2002). *Infant research and adult treatment: co-constructing interactions.* Hillsdale, New Jersey: The Analytic Press.

Beebe, B., & Stern, D. N. (1977). Engagement-disengagement and early object experiences. In N. Freedman & S. Grand, (Eds.), *Communicative structures and psychic structures* (pp. 35–55). New York: Plenum Press.

Billow, R. M. (2003). *Relational group psychotherapy: From basic assumptions to passion.* London & Philadelphia: Jessica Kingsley Publishers.

Billow, R. M. (2010a). *Resistance, rebellion and refusal in groups: The 3 Rs.* London: Karnac.

Billow, R. M. (2010b). Modes of therapeutic engagement: Part I: Diplomacy and integrity. *International Journal of Group Psychotherapy, 60,* 1–28.

Billow, R. M. (2010c). Modes of therapeutic engagement: Part II: Sincerity and authenticity. *International Journal of Group Psychotherapy, 60,* 29–58.

Bion, W. R. (1961). *Experiences in groups.* London: Tavistock.

Bion, W. R. (1962). *Learning from experience.* London: Heinemann. Reprinted in 1977: *Seven servants: Four works by Wilfred R. Bion.* New York: Aronson.

Bion, W. R. (1963). *Elements of psycho-analysis.* London: Heinemann. Reprinted in 1977: *Seven servants: Four works by Wilfred R. Bion.* New York: Aronson.

Bion, W. R. (1965). *Transformations.* London: Heinemann. Reprinted in 1977: *Seven servants: Four works by Wilfred R. Bion.* New York: Aronson.

Bion, W. R. (1970). *Attention and Interpretation.* London: Tavistock. Reprinted in 1977: *Seven servants: Four works by Wilfred R. Bion.* New York: Aronson.

Blechner, M. (1996). Psychoanalysis in and out of the closet. In B. Gerson (Ed.), *The therapist as a person.* Hillsdale, New Jersey: Analytic Press.

Boesky, D. (2000). Affect, language, and communication. *International Journal of Psychoanalysis, 81,* 257–262.

Caper, R. (1997). A mind of one's own. *International Journal of Psychoanalysis, 78,* 265–278.

Chused, J. (1991). The evocative power of enactments. *Journal of the American Psychoanalytic Association, 39,* 615–640.

Chused, J. (1992). The patient's perception of the analyst. *Psychoanalytic Quarterly, 63,* 161–184.

Conacher, G. N. (1998). Disorders of mythopoiesis. *Journal of the Royal Society of Medicine, 91,* 225–228.

Davies, J. (1994). Love in the afternoon: A relational reconsideration of desire and dread in the countertransference. *Psychoanalytic Dialogues, 44,* 155–170.

Dickinson, E. (1960). Tell all the truth but tell it slant. In: Thomas H. Johnson (Ed.), *The complete poems of Emily Dickinson.* Boston: Little, Brown.

Ehrenberg, D. B. (1995). Self-disclosure: Therapeutic tool or indulgence? *Contemporary Psychoanalysis, 31,* 213–228.

Ettin, M. (1992). *Foundations and applications of group psychotherapy.* Boston: Allyn & Bacon.

Fonagy, P., & Target, M. (1998) Mentalization and the changing aims of child psychoanalysis. *Psychoanalytic Dialogues, 8,* 87–114.

Foulkes, S. H. & Anthony, E. J. (1957). *Group psychotherapy.* New York: Penguin.

Freud, S. (1912) The dynamics of transference. *Standard edition, 12.*

Freud, S. (1921) *Group psychology and the analysis of the ego. Standard edition, 18,* 67–144.

Friedman, L. (1997). Classics revisited: Heinrich Racker's *Transference and countertransference.* Panel held at the Spring Meeting of the American Psychoanalytic Association. L. Friedman (Chair), Los Angeles, May 3, 1996. Also, *Journal of the American Psychoanalytic Association, 45,* 1253–1259.

Gerson, B. (1994). An analyst's pregnancy loss and its effects on treatment: Disruption and growth. *Psychoanalytic Dialogues, 4,* 1–17.

Gill, M. M. (1994). *Psychoanalysis in transition.* Hillsdale, New Jersey: Analytic Press.

Greenberg, J. (1995). Self-disclosure: Is it psychoanalytic? *Contemporary Psychoanalysis, 31,* 193–205.

Greenson, R. (1967). *The Technique and Practice of Psychoanalysis.* New York: International Univesities Press.

Halton, M. (1999). Bion, Foulkes and the Oedipal situation. In C. Oakley (Ed.), *What is a group? A new look at theory in practice.* London: Rebus.

Hoffman, I. Z. (1996). The intimate and ironic authority of the psychoanalyst's presence. *Psychoanalytic Quarterly, 65,* 102–136.

Hopper, E. (2003). *The social unconscious. Selected papers.* London: Jessica Kingsley.

Horowitz, L. (1983). Projective identification in dyads and groups. *International Journal of Group Psychotherapy, 33,* 259–279.

Jacobs, T. (1991). *The Use of the Self: Countertransference and Communication in the Analytic Situation.* Madison, Connecticut: International Universities Press.

Little, M. (1951). Counter-transference and the patient's response to it. *International Journal of Psychoanalysis, 32,* 32–40.

Lorenz, K. (1952). *King Solomon's Ring.* New York: Thomas Y. Crowell.

McLaughlin, J. (1991). Clinical and theoretical aspects of enactment. *Journal of the American Psychoanalytic Association, 29,* 595–614.

Ormont, L. R. (1992). *The group therapy experience.* New York: St. Martins.

Parloff, M. (1968). Analytic group therapy. In J. Marmor (Ed.), *Modern Psychoanalysis.* New York: Basic Books.

Racker, H. (1968). *Transference and countertransference.* Madison: Connecticut: International Universities Press.

Reik, T. (1983). (Original work published 1948). *Listening with the Third Ear.* New York: Farrar, Straus & Giroux Paperbacks.

Renik, O. (1993). Analytic interaction: Conceptualizing technique in light of the analyst's irreducible subjectivity. *Psychoanalytic Quarterly, 62,* 553–571.

Rutan, J. S., & Stone, W. (2001). *Psychodynamic group therapy* (3rd ed). New York: Guilford Press.

Searles, H. (1979). *Countertransference and related subjects.* New York: International Universities Press.

Spezzano, C. (1996). The three faces of two-person psychology: Development, ontology, and epistemology. *Psychoanalytic Dialogues, 6,* 599–621.

Stern, D. N. (1971). A microanalysis of mother-infant interaction. *Journal of the American Academy of Child Psychiatry, 10,* 501–517.

Thomas, D. (1954). *A child's christmas in Wales.* New York: New Directions.

Tronick, E. (1989). Emotions and emotional communication in infants. *American Psychologist, 44,* 112–119.

Trotter, W. (1953) *Instincts of the herd in peace and war, 1916–1919.* London: Oxford University Press.

Winnicott, D. W. (1949). Hate in the countertransference. *International Journal of Psychoanalysis, 30,* 69–75.

Yalom, I. (1995). *The theory and practice of group psychotherapy* (4th ed.). New York: Basic Books.

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