

The Practice of Modern Group Psychotherapy: Working with Past Trauma in the Present

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ABSTRACT

Modern Group Psychotherapy offers specific techniques for aiding the pre-oedipal patient to speak, connect, and achieve emotional growth. This article illustrates the use of such therapeutic group tools as joining, mirroring, bridging, contact functioning, the object-oriented question, the insulation barrier, and transient identification, through case vignettes. It demonstrates how such techniques protect fragile egos and assist them on their journey to maturity. Emphasis is placed on the creative components of countertransference as a valuable supplement in patient treatment. The power of the group as an agent for change is portrayed.

Modern Group Psychotherapy (MGP) has established itself as a distinct discipline of group practice. Identified with a unique school of literature and institutional education and training, it is built on the work of Hyman Spotnitz, Louis Ormont, and like-minded "modern analytic" theorists. MGP emphasizes the use of techniques that are particularly designed to work with narcissistic and other pre-oedipal disorders. Its principal objective is to promote healing in the present by filling in maturational gaps, stressing progressive emotional communication, and utilizing the group as the agent of change. MGP accepts the force of past trauma as it is replayed in the here and now of the treatment room. It places critical focus on the utilizing of the concept of immediacy within the group setting as the means of permitting new learning and experience to occur.

This paper presents a brief description of MGP and its methods of application. It attempts to define key terms and offers case examples. It

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draws upon experience of group treatment to illustrate the working assumptions and procedures of the practice, and utilizes patient vignettes to depict the application of MGP techniques taught at the Center for the Advancement of Group Studies, in New York. The aim is to demonstrate the diversity of the uses to which such specific techniques can be applied rather than to define them as a refined theoretical construct.

As modern group therapists, our work concentrates on feelings rather than behavior. We more often respond to the covert communication rather than the open message or stimulus. We accept that for change to take place, intellectual understanding will most often follow the emotional shift. We assume at the outset that our group work is somewhat akin to an image of a table with four legs. The first two are the traditional Freudian base, standing on transference and resistance. Two more are then added for balance: counter-transference and the resolution of the narcissistic defense. Countertransference directly refers to both the objective and subjective states of internal response of the therapist to a group member. The narcissistic defense relates to the manner in which a pre-oedipal patient protects the object at the expense of the self.

What does such a defense mean in operational terms? In the psychosomatic patient, parts of the body are destroyed. In the schizophrenic, the mind is the victim. In the borderline, there is fragmentation and loss of the sense of self. By contrast, in the "nice, normal neurotic," there is only intermittent loss of ego and repetition of self-destructive behavior. These distinctions recognize the role that established psychoanalytic practices have provided and permit the reformulation of those methods of treatment. Our goal is to resolve resistances to change and to remove whatever impedes the path of progressive emotional communication. Faith is thus renewed in the "talking cure," albeit a new form, as the method of choice to heal the wounds of early trauma in the present.

DESCRIPTION OF TERMS

It is useful at this stage to define some of the terms in common use. In the early life of members in group, the tools we use include joining, contact functioning, object-oriented questions, bridging, mirroring, the insulation barrier, and transient identification. Each is designed to keep the fragile ego intact while work is done and the group entity moves forward.

Joining has the analyst respond as if the world is perceived from the same perspective as the patient, thereby protecting the defensive struc-

ture. *Mirroring* accepts the patient's defenses as though one's own, suggesting that similar thoughts, feelings, and/or experiences have been deeply shared. Hence, the analyst attributes to herself the unconscious impulses that are being defended against, externalizing them for the patient, so that they can be more safely explored.

Contact functioning refers to any attempt on the part of the patient, either verbally or nonverbally, to contact the analyst or fellow group members to prompt them to speak. By the analyst following the contact, the patient is able to regulate the degree of stimulation received and frustration to be experienced. According to Rosenthal (1999), this "marked a shift in psychoanalytic practice from interpretation created by the analyst to intervention authorized by the analysand" (p. 138).

The *object-oriented question* is a query delivered in the third person, also serving as protection of the fragile ego. For example, Fred, a fairly new member in the Tuesday night group, has just attacked Jennifer, feeling that she had deliberately criticized his appearance by commenting on his shoes. Jennifer, a long-time member, had several choices of response. What she chose is the specific form of questioning developed for safeguarding both parties in such an exchange; one that had been modeled in the group innumerable times. She turned to Fred and asked, "Where did that come from?" omitting the word "you," as in "Why did you say that?" or "Why are you attacking me?" since the use of the word "you" would have created the sense of an ego attack. At the same time, she safeguarded herself and precluded the need to defend. This type of query would permit Fred to possibly question his own position. He might find himself thinking, "Why did I do that?" or even just taking a breath and pausing a moment in his attack. At a later time in Fred's development that object-oriented question would be rephrased, and Jennifer, as the recipient of the accusation, might direct it toward herself. Now she might say, "Why would I do that?" still protecting Fred's ego, but allowing for external investigation and group discussion.

Bridging is defined by Ormont (1990) as "any technique geared to evoke meaningful talk between group members, and to help them develop emotional connections where they did not exist before." He explains it as "a method of linking members of a group together in feeling and outlook" (p. 4).

Another important concept is that of the *insulation barrier*; that is, the invisible boundary which permits access to only that which can be tolerated by a person's psyche. When a group is working well, this gradually

becomes more flexible, enabling a group member to extend some conscious control over what will be allowed in. Metaphorically, an athletic patient likened the process to that of wearing sports clothing. The material is porous enough for sweat and odor (i.e., the internal bad stuff one wants to get rid of) to be vented, but solid enough to protect from rain or too much heat (the external bad stuff that others might want to inflict).

Transient identifications are fleeting identifications that “serve us as tools to make sense out of other people, to appreciate their emotional states and their intentions” (Ormont, 1999, p. 144). The primary components are empathy and intuition, which when cultivated among group members encourage positive interpersonal relationships.

All these techniques are used in the beginning stages of a patient’s group life. At a later time when stronger connections are carefully being built, emphasis is placed on resolving resistances to intimacy and immediacy, the two important “I’s” of our group work. *Intimacy* in this context deals essentially with the social fabric; it is perhaps best described as the ability to bond. In earlier stages of life, such closeness with the mother is what the infant craves. In a more advanced stage, it is what the adult yearns for in both a love object and in friendships. But for all too many patients, as a result of induced terrors from early traumas tied to “important others,” it is also what is most feared. The creation of safe space is of paramount significance and this is accomplished through the therapeutic contract.

Immediacy is what keeps a person related in the present, the place we strive to create for our group members. It is the place where whatever was and whatever will be can meet in the now. It aids in moving a patient from the past and enables him to see old childhood terrors as the ghosts they are. It helps move him from fantasies of the future with its feelings of anticipatory dread into current group space, where fellow members can actively care for and support the ego struggling to grow.

THE POWER OF THE GROUP

Therapeutic development unfolds in different ways in the group setting. For instance, it was at a weekly meeting of a long-term group that Bobby was sitting sunk into herself and not participating. This was totally out of character. Finally, Tom asked “What’s wrong, Bobby? I’m worried about you.” Usually ebullient, Bobby looked up and said in a tiny voice, “Listen you guys, I don’t even know how to tell you about this. But I have to.” She

turned to me, as if for encouragement. I said, "I'm here." Bobby then told of a nightmarish experience in her own home at the Thanksgiving family dinner gathering where, it turned out, there was considerable suspicion that her 6-year-old daughter had been molested by a relative. Bobby related how the child had succumbed to night terrors in the evening; and how she and her husband had sat and held her and tried to help her speak, despite their own feelings of shock and rage. She described how they had enabled their daughter to share fragments of the horror and how they coped with the child's having been warned "not to tell." Members of the group reacted in a myriad of ways. "I want to kill him," Mary said. "Cutting his balls off is being too nice!" "My heart hurts for you," Carl murmured.

And on it went, with each sharing a reaction. All, that is, but Peter. It was known to the group that Peter had been abused as a child, and during the interactions I had observed careful looks directed toward him. Finally, it came into the room. "I was really afraid to say anything about this because of how it would affect you," Bobby said to him. "I'm okay," Peter replied. "I just don't want to say anything now. Is that all right?" "It's not really," she answered. "But I understand. And what I'm afraid of is that just like you now, in twenty years my daughter won't want to talk to me either because I didn't protect her."

First there was silence. Marty asked me, "Will he be really alright if he doesn't talk now?" I turned back to Peter. "Will you be?" He nodded "Yes." I said to Marty, "Peter nods yes." Then, responding to other needs, talk moved away within the group. Half an hour passed, and suddenly Peter sat up straight in his chair. "I can talk now," he said. "And I have to." He turned to Bobby and crying, burst out with "I only wish I had had a mother like you! A mother who cared enough to sit up with me and help me talk about the terror. A mother who promised to protect me from the beast forever after. A mother who cried because she couldn't take enough care. That's what your daughter will always have." "Thank you," Bobby whispered. "I couldn't have asked for anything more healing than that."

Basically, little more than ego protection had been needed from me. The experience, however, was vibrant and alive for all of us. As Ormont (1996) has written, working in immediacy brought about amelioration by utilizing the power of the group to resolve resistances to intimacy. This is indeed among the key concepts of our work.

Such group work is resistance analysis. We deal with the intrapsychic conflicts that prevent "saying everything," or in some instances saying any-

thing. With the group members we study the external resistances that are manifest as defense mechanisms and which interfere with personal relationships by precluding intimacy. Together, we examine the extended conflicts, which inhibit social connections and community inclusion. There is a strong sense in our work of the regressive pull of unmet needs, and of the need to alter maladaptive behavior through corrective emotional group experiences. We proceed from a strong theoretical base that can be replicated and validated clinically, to reach for an understanding of narcissistic illnesses and early experiences of maturational failures. We observe these failures as each individual reacts in the group and recreates the original object relational patterns. We look for the repetition of early fixations replayed with group members and ourselves. Reparation will often occur as the maturational gap is closed; the defense is then analyzed through the medium of the resistance and worked through. With these preverbal patients, many of whom rely on symbolic communications, we use those specific techniques designed to protect the ego as it attempts to deal with those hidden places of childhood trauma.

THE VALUE OF THE CREATIVE COMPONENTS OF COUNTERTRANSFERENCE

We can teach theory and even group process in classes and through practice, but there is another dimension. Clearly there is a creative life after theory and process. It is most often found in the induced feelings within both the therapist and the other group members. By modeling a questioning curiosity, "What am I feeling now? Where is it coming from? To whom does it belong?" group members begin to develop a sensitivity to the induction. The response may appear in a fleeting image, a remembered song, a pictured scene that too often is discounted or ignored. At the risk of being termed, in Freud's words, "a wild analyst," there is acceptance that beyond the technicalities and beyond the techniques lays the art of psychotherapy. Its etiology, like that of any other art form, is in the creative mind. What I hope to convey is that the heightened use of one's own imagery can be an invaluable tool in the service of the patient.

Such joining with our patients allows us into their worlds. As we do so, our countertransference permits us to make better connections with their feelings. This intimate knowledge, appropriately applied, permits access and utilization in a way that no other analytic tool can.

While at college, I was fortunate in working with the distinguished professor Joseph Campbell. Campbell's own area of expertise was mythol-

ogy and the year that I met him he had just written a remarkable book titled, *The Hero with a Thousand Faces* (1949). He described the hero's journey in three stages: (1) separation, (2) initiation, and (3) return. More specifically, "A hero ventures forth from the world of the common day into a region of super-natural wonder; fabulous forces are there encountered and a decisive victory is won; the hero comes back from the mysterious adventure with the power to bestow boons on his fellow men" (p. 209).

In a very real sense, this is the journey that we as therapists take with our patients. In one group, for instance, as eight patients sit together, eight different worlds are brought into the office and we all in turn enter them. There are the religious feelings of a man who has served his life as a priest. We share the joy of a child discovering that words can change a world. We are part of the orthodox Jewish bride-to-be reflecting on complex marriage customs and caught up in the wonder at the "difference between men and women." We are one with the artist who despairs of ever painting again; understand the exhilaration of the actress who successfully creates her world on Broadway; anguish with the man who has received the diagnosis of AIDS; cry with the mother of the brain-damaged child; and know Othello from inside his skin, as the betrayed husband raves from his seat in the circle. These worlds have all been entered through the doorway of the imagination. Through awareness of the countertransference, the group process repeatedly becomes the catalyst for change. The following vignettes illustrate this.

The Nursery Rhyme Examples

During a session, a patient related what appeared on the surface to be a fairly innocuous conversation with her mother on the phone earlier that day. Although their talk seemed quite harmless, she reported a deep feeling of unease. As she was speaking, what I kept hearing in my head were the words to the child's game, "Ring-around-the-Rosy." What had a nursery rhyme to do with this I wondered, as the group became involved. Mary asked Pat, "When you talk to her, do you feel little? I always do when I speak to my mother." "Oh yes," Pat said. "But I don't know why." "How about my funny feeling?" Don queried, "For me it feels dangerous." Jeri agreed, and shared a memory of a childhood birthday party, where she had become very ill. At one level, I listened to them; at another level, I tried to understand my own inner message. My thinking followed these

lines: nursery rhyme not belonging; my daughter; an allergy attack from sesame; foreign doctor in the hospital saying, "What does Sesame Street have to do with this?" anger when she was so ill; the dangers of childhood; helplessness; hurting; mothering; bad mothering; nothing very useful. And then "the answer" emerged from the group process, complete in itself, as often such insights do.

If it were known where nursery rhymes really came from, they would probably be denied to our children. This one came from the great plague that swept Europe in the Middle Ages. Ring-around-the-Rosy stood for the red-ringed rash that was the first sign of the bubonic plague. It was believed that the illness was carried in the air, and indeed the odors emanating from the dead bodies strengthened the belief. It was further thought that one could be protected by carrying around something to counter the bad smells; a bouquet of dried flowers or pomander. Thus, "a pocket full of posies." The phrase "all fall down," signified people drooping of weakness and ultimately dropping in death. What her mother had really been saying to her was "A plague on your house, for escaping me. You deserve to die." It had not been safe enough for Pat to consciously know this before. Now, supported and joined by fellow group members, as well as with my countertransference associations, she was ready and able to face this difficult part of her history.

I have had many similar experiences. My first such learning experience came during an analytic internship at Long Island College Hospital, when I was working with an individual patient. I was given an autistic child to treat, but without the accompanying diagnosis. All that was clear was that there was this fragile 7-year-old boy alone with me in the room and we were to work it out as best we could. For the next few months we were mirror images of each other; sitting on mats on the floor at opposite ends of a fairly empty room; watching each other and occasionally moving, almost in unison, to shift a leg or an arm. With little else to study during those long minutes, I was extraordinarily aware of my own thoughts, and the majority of them seemed to be about eggs! It took a long while, through the ideas of oral need, of hunger (his and mine), of birth, rebirth, pre birth. It went on and on, until I finally realized that the basic image was Humpty Dumpty. This little boy was not only fragile and emotionally unborn, he had to be protected from any jolts or rough edges at this time, or "all the king's horses and all the king's men" would be of no use in putting him together again.

The Rosebud

Another example included a large, virile looking young man who came to group week after week in such a state of positive narcissistic transference that he, the group, and I, all felt very pleased with ourselves. The only clue to our being in the midst of a status quo resistance was that there had been no success in helping him part the curtain of amnesia that prevented any memory of events in his life before the age of six. Others would speak of early events, share a young memory, and tell how it related to present feelings; Tom would express envy, admiration, and regret. This particular session he came in very quietly, sat down and said, "I had some strange feelings on the way here. They were body sensations, but as if part of me . . . the part below my waist was dead." What he was saying sounded serious, but what I was seeing in my mind's eye was a rosebud. A rosebud? At that point, another group member, Ken, jumped in. "Oh does that ever sound familiar! I remember just when that happened to me." He then recounted a story of being 12, standing before the bathroom mirror admiring an erection, and not being aware that the door was partly ajar. Suddenly he saw his mother looking at him. "I tell you," he went on, "I went limp and died!" It was quiet again and I decided to see if I could get some help in exploring the image. "I wonder why I keep getting a picture of a rosebud?" I murmured. Kathy spoke then, in a wee, small voice. "We haven't talked much lately about sex, and I feel a little embarrassed, but I remember wondering what I looked like 'down there,' and getting a mirror to try and see. It felt strange to see me all pink and soft."

"That's funny," Tom said suddenly. "Now I remember something else that happened before. I did have a memory of when I was very little and was anxious to tell all of you about it but I lost it. Now I have it again. I was lying on the couch in the living room and my father came in. He didn't know I was there at first and he was absolutely nude. Not only that. He had this enormous erection, and I couldn't take my eyes off it. Then he saw me, and hid himself. I thought my eyes would pop out." "I can relate to that," Ken murmured, and others chimed in. Soon a second memory arose for Tom, an even stronger one. It was of being very young, going to the St. George swimming pool with his father and of getting undressed in the men's locker room. "My father had this big hairy tool, and I had this little pink flower bud. That was how I thought of it. I had a little-boy penis, and it would never measure up to his. What was the point of having it at

all?" And so through the use of an image that elicited shared memories, the curtain of "no memory" for Tom was parted.

The Religious One

Still another experience had to do with a patient after a year and a half of treatment. Sam had been a priest for 25 years. However, 4 months after the death of his mother, he had left the priesthood to marry an oriental airline stewardess. This was a man who had known from the age of five what his destiny was and had even known the reason why. His sister had been his father's favorite; his brother his mother's. There was no one for him unless he chose God. He remembered that even when young, the children in the schoolyard had respected his vocation, using no bad language in front of him, and protecting him from locker-room humor. Already he was different.

He had come to group when, after several years of marriage and a child, his wife had left him. Now Sam was all alone—isolated from remaining family, from the church, and from pastoral friends. For that first year and a half, we all suffered together. I dreaded his coming; hoping each time that he would be late or not show up, but we were seldom that fortunate. His customary perch was to sit partly out of the circle and when he did speak, it had only to do with himself. Obsessively and pettily he would repeat the story of the injustices done to him by his wife and I would wish that I were somewhere else. Months passed, and now the obsessions centered on the litany of his loneliness; his sins of having too high standards, of wanting to be forgiving, of using other people because of his wish for perfection, of their misusing and abusing him.

During this time, the group members ran the gamut of response to him. At first there was sympathy, then annoyance. When requests that he "change his tune" were either attacked or passively ignored, the group began to ignore him. Still, he would attempt to relate the week's happenings as a diary of dullness told in a monotone that was colorless and irritating. And like a comma between phrases, he would repeat, "Oh God, Oh God." During this period, I was also obsessed. I felt a need to make up marketing lists when he spoke. Predominant on them were bread and wine. As food and feeding filled my thoughts, it was also clear that a thread in the group's interactions dealt with spirituality. Now the group began to talk about life preservation; often through the medium of the care and feeding of the child within.

Inexplicably, at the same time when Sam spoke, my internal images had to do with wandering through churchyards and graveyards; of grave stones, and grass trying to grow between them. This too was echoed in voices of group members. Funerals and burial plans became a topic of discussion. Religion and what it did or did not provide became a heated topic.

One day, as Sam said for the millionth time in his monologue, "Oh God, Oh God" and a collective group groan responded, a whole series of new sensations began. I saw a picture of Oribus in my mind (the female serpent in the form of a circle, with her tail in her mouth, that some primitive peoples believed was the mother of creation). I felt myself growing larger and large, not in size but in diffusing, almost becoming one with the universe. And then, as he once more whined, "Oh God, Oh God," I heard myself unexpectedly saying, "Yes?" This time there was a collective laugh.

That did it! Sam jumped up from his chair, no longer compliant and dull. He was yelling, "You're right, you bitch. God is a woman . . . a bitch like you and my wife and my mother and the Mother church. A controlling bitch who probably wished I had never been born; who never gave me anything and always kept me powerless." "Sit down," I said sternly and when he took a breath and did, I smiled. "Good for you, Sam," Peter yelled. "Welcome to the group," Doris added with a smile. "It's about time you came alive." That session marked the end of the dullness, the beginning of a real therapeutic alliance and his true entry into the group.

The Electric Trains

In another group session, Miriam was talking with great resentment about her husband's sexual approaches, especially when they occurred at odd times, or in a spontaneous situation. Since her husband had entered therapy at an earlier time for sexual difficulties that had disappeared after the first year of treatment, her annoyance was particularly strange. As she spoke, my mind wandered to Henry, another patient in the group. Henry had often related the story of his father buying him a beautiful set of electric trains, but then not letting him play with them because they were too expensive. Only the father could control the switches, only the father could turn them on and off, and only the father could decide when they would be activated. I decided to turn to him as a consultant. However, there was yet another group member who had a strong issue with control, so I decided to bridge with her. "Pricilla," I said, "I need some

help. Why am I thinking of Henry's trains?" "How odd," she responded. "I've been caught on your heating unit, and whether it's too hot in here or too cold, and if I have the right to change it. I guess it's a question of controls." As we investigated together, the similarities became more apparent. The real issue was indeed one of control. As Henry reiterated, only the father could run the trains and only Miriam could call the sexual shots. Literally both had to be in charge of pressing the on and off buttons. Only then would the train set or the wife be kept in pristine condition, safe from the exploratory and perhaps clumsy and damaging hands of an avid little boy. Making it even worse, in both situations no one was going to be allowed to enjoy anything.

Through the years, as we have all learned, taking our own emotional temperature is the best gauge of the climate of the therapy room. The art in practice, as in theatre, is in the timing: when to simply observe and study, when to investigate with group members, and when to share elements of the induced feelings. The best rule is still to follow where the patient/ group is in the transference. In early negative narcissistic stages, as in the egg story, we only study our feelings. In later, more positive narcissistic stages, we study and then investigate in an object-oriented way—as Freud said in describing how porcupines make love: "very, very carefully!"—as in the rosebud story. In another status quo resistance stage, as in "Oh God," one seeks an intervention based on imagery that would be ego-dystonic, so as to disrupt the symbiotic oneness and begin inching the patient toward an oscillating state between narcissistic and object transference within the group. In the train story, bridging was the key factor in evoking progressive communication. In every example, the combined contributions of group members provided the necessary material for conscious awareness to take place.

THE GROUP AT ITS BEST

A recent group session demonstrates a range of MGT techniques in situ. One of the group members, James, is sitting silently. James is a long-time group member. Tonight's silence is reminiscent of his very early behavior in group when he sat frightened, frozen, and wordless. In fact, for the first few years I thought of him as a granite stone. James had come from a cold, noncommunicative family. When he was 12, he had achieved some popularity at school, and a bit of athletic prowess, which finally brought with it a long yearned-for recognition from his father. Then his father

died suddenly of a heart attack, and, a month later, James' best friend was shot and killed. For James, the world ended. He decided that both deaths were his punishment from God for being "uppity" (his mother's word) with his small successes, and he then proceeded to kill off parts of himself. Somehow he went through high school and a decent university but much of the time he was in a drug or alcohol-induced daze. When he first arrived at my office, he was in recovery, but unemployed, reclusive, and highly anxious.

Through the years of analytic work, much had been achieved. He had become the "barometer of intimacy" in the group, through repeated demonstrations that, as someone moved emotionally closer to another in the group, he would unconsciously step in to deflect them. As this was pointed out, he began to take pride in his sensitivity to the condition, and it became a positive attribute, ego-syntonic and pleasing. In the outside world, he was now vice president of a prestigious bank, and had recently married a woman he loved. So what was going on in this session?

The group was discussing jealousy; first of each other, for certain achievements in their outside lives, and then for progressive movement within group relations. Links were made to feelings of sibling rivalry that were being replicated in the room. And still James was silent. Finally, he muttered in a small voice, "It isn't fair." Someone asked "What isn't fair?" No answer, but he looked at me—a nonverbal contact. I said, "Whoever said anything was fair?" (an object-oriented question). Then James said, in a louder voice, "It just isn't fair!" I turned to one of the women I knew had similar feelings and a certain caring sense for James. "Any idea what this is all about?" I asked (bridging). "Sure," she said and turned to him. "I feel the same way. It's a lousy world when you're even jealous of the people you love. It makes me so mad I could scream." "That's it," James shouted. "I'm tired of being a good boy. It doesn't get you anything. I want to be the one to pillage and rape and be satanic. I want to wave a sword and kill and maim." And then he looked around suddenly, as if afraid that the hand of God would strike him down. But by then the group was with him. Margaret said gleefully, "And we can come with you? It sounds wonderful!" And Richard chimed in, "but could we do it on horseback? Think how great that would be." Again, faces turned toward me as if I were going to be the critical parent. "Thank God," I chortled loudly and deliberately. "Finally, a buccaneer, a swashbuckling pirate. And we can ride across the Russian steppes waving those swords?" (mirroring). There was a sense of ease suddenly in the room; of acceptance of

the aggression, of the wild and bad and the wish to escape and to be what one never was. In a very real way, not only was it all right, but I was with them and maybe even just like them.

James was still shouting but now he had a smile on his face. "It will be all right. I'm not alone, and even if we pillage and rape and loot here, nobody will get hurt. Come on gang." He waved his arm over his head. "For God and country." He paused and then added in a soft voice, "And for our therapist." I remember literally gulping at that point, and then deciding to reinforce the positive aspects. "Sir Galahad, I presume, not Ghengis Khan?" I responded, mixing my metaphors. This opened a group discussion on the characteristics of both men, and which traits belonged to different group members at different times. Finally James turned to me again and asked the last question. "What was so important about Galahad anyway?" I smiled and gave the last answer, remembering Anna Freud's statement that one of our duties is to educate. "His strength was the strength of ten because his heart was pure."

What can be seen here is that, as a result of particular interventions used, the affective state caused by the blocked aggressive drive was released. We saw a regressive pull at work which was then countered by group interaction against the damming up of negative feelings. This was followed by connections being made between group members and cemented in the present. For me, the wonder of this kind of work is the vitality that lives in the room. Everyone comes alive and involved. Shields (1999) offers it as "a subjective guide to creative character change" (p. 387). Ogden (1986) has suggested that the sense of aliveness in the analytic situation may be the best measure of the process. I would agree with both. Indeed, it is an example of the elegance of working in the immediacy and the power of intimate feelings. Collectively, we are able to provide for more of what had been missed in developmental growth, and a "safe house" where dreams, nightmares, fantasies, and daydreams may be shared and explored, again in the present, within the shelter of the group setting.

CONCLUSION

Modern group analytic techniques have helped group members advance toward emotional maturity. They have brought added dimensions to the achievement of immediacy and intimacy in the group's operating procedures. They have to a significant extent placed emphasis on treating the group not the individual. This gathering together of collective treatment

has realized benefits that group members report they have come to cherish. It translates awareness of immediacy and intimacy from abstract concepts into everyday livable realities.

When group procedures work well, there is a ripple effect that grows in power. Members acquire skills in bridging, mirroring, appropriately contacting, and identifying as they relate with increasing trust to fellow members. A dynamic mode begins to move them forward, not at equal speed or with equal ease, but with a feeling of collective accomplishment. Induced feelings surface in the therapist and in the group circle. They are nurtured and called into ever greater use to strengthen egos and resolve resistances to intimacy. This diversity of experience and learning ability brings a highly positive note to MGP procedures. It helps members both as individuals and as integral components of the group to realize feats in the outside world that reflect accomplishments achieved within the microcosm of the treatment room.

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