

Meeting Maturation Needs in Modern *Group Analysis*: A Schema for Personality Integration and Interpersonal Effectiveness

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Modern Group Analysis is an outgrowth of the pioneering work of Dr Hyman Spotnitz. He began developing modern psychoanalysis and psychoanalytic group therapy in the mid-1940s and 1950s. Spotnitz's work centered on developing a new psychotherapeutic method for the treatment of narcissistic disorders, starting with schizophrenia and borderline conditions. Modern Psychoanalysis is a theory of technique that places an emphasis on joining and reflective techniques in the engagement of patients who are walled off from interpersonal experience. People previously thought to be untreatable have been helped to live more comfortably with themselves and others.

Spotnitz was also one of the first psychoanalysts to advocate the use of groups and to promote combined (one therapist treats the patient in individual and group) and conjoint treatment (two therapists treat the patient in individual and group). His approach to group treatment, also originally developed with schizophrenic clients, emphasized the therapist's use of his or her feelings induced by the group and is an early proponent of using countertransference feelings in formulating interventions. One of Spotnitz's students, Louis R. Ormont, PhD., expanded on the theory and practice of group treatment and placed the emphasis on the group's curative effect, the healing power of relationships that develop member to member and member to leader, and the leader's emotional availability and engagement in meeting maturational needs and resolving resistance. This chapter will highlight how the group's culture is organized and developed so that a member's maturational needs can be met in a way that leads to personality integration and maturation.

Generally, patients who enter group treatment have a desire to acquire a greater degree of emotional freedom and interpersonal availability. In Modern Group Psychoanalysis we have the unique opportunity to help our patients and ourselves become better acquainted with the full spectrum of emotions and in the process learn

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how to best utilize feelings in relationships. As Ormont (1999) said, "Those who are effective in group are effective in life."

The process begins with the screening interview where we meet our prospective patient for the first time. Our experience from that moment on becomes a series of rich opportunities for modeling immediacy and interpersonal availability. I define immediacy and interpersonal availability to mean: *the individual's ability to know what he is feeling in the moment, to know why he is feeling that way, and to be able to use his feelings effectively in the service of living.* To arrive at this ability requires maturity.

Clinical Illustration

A patient arrived in my office for a screening interview in preparation for joining a group. As he walked from the waiting room, he was munching on an apple. As soon as he took a seat on the couch he reached into the paper bag he was carrying and proffered an apple. I took the apple without saying a word and bit into it, with my mother's voice in my head warning, "Never take candy from a stranger." I felt frightened, nevertheless I began to eat the apple, not knowing exactly why but, sensing that I was being invited by this prospective patient into a relationship and that my actions constituted entry into his world. I felt a guarded affection for him as he told his life story and convinced me that he was in need of much more attention than he could get in a group. We agreed to begin individual therapy in preparation for entering a group. Many months later, when we revisited our first encounter, the patient explained that the apple, a symbol from the bible story of Adam and Eve and the tree of knowledge, represented his hope that he would find self-understanding in his work with me. By joining this man, without questioning the offer of the apple, he said, I opened a door that allowed him to step into treatment.

In group treatment there is great opportunity to develop into a mature person by having your maturational needs met and by developing a greater capacity to *know, regulate and utilize your feeling life* (Maroda, 1991). As Spotnitz (1976) delineated, each of us has maturational needs that require attention and satisfaction in order for us to move through the developmental stages and have our character grow and become better integrated. One definition of a mature person is someone who knows what she wants and knows how to get it (Laqueria, 1983). Needless to say, no one gets all of her maturational needs met in a timely and helpful way; we all arrive in young adulthood with maturational deficiencies. Some of our needs were met too vigorously or weakly while others went unattended, resulting in a personality in need of development. Add to this mix, the functional and dysfunctional method and style of relating that we absorb in our formative years and the result is that for most young adults there will be some aspects of intimate life that are difficult to tolerate. For example, patients often describe an unwillingness to deal with conflict and the feelings associated with it such as frustration and anger. One patient summed it up when

he said, "If the other person causes me too much grief, I just get rid of 'em!" This response to interpersonal tension worked for this patient until he grew lonely enough to want a more flexible approach in resolving interpersonal conflicts.

Expanding the Emotional Range

Patients who are new to treatment often say that they are unwilling to tolerate "bad or negative feelings." This means they have a system for living that places a priority on staying in close contact with their "good or positive feelings" at the expense of any feeling state that might cause discomfort. Countless people suffer because of an inability to metabolize and tolerate what they refer to as their negative feelings: frustration, anxiety, sadness, rage, fear, shame, and hate resulting in a broad population who are addicted to the pursuit of feelings associated with pleasure. This comes at an enormously high price on an intra-psychic, interpersonal and societal level.

As modern analysts we embrace an all-inclusive attitude toward feelings and suggest that all feelings are positive, all feelings are a welcomed event in psychic life and treated as primitive messages from your psyche to you, raw data that the mind makes available for negotiating life as it unfolds. We work with a paradigm that shifts the emphasis from good or bad feelings to helpful or unhelpful. For example, it might not feel good to be anxious on the way to an interview for a new job, but if you can respect the anxiety, it might be helpful in guiding you through the process, alerting you to events more acutely as they unfold. Within the experience of the anxiety, there is likely some useful information that can contribute to a desired outcome (Lichtenberg, 1989).

In group, we study the members resistance to engaging each other in progressive emotional communication, that kind of communication that helps the group know them as individuals and helps them know the other members' more intimately. To do this requires a working knowledge of one's feeling life and as the leader works to develop the group's culture he delineates the difference between self-feelings and object-feelings.

Self-feelings include: **Frustrated, Sad, Anxious, Happy, Frightened, Ashamed, Guilty, Jealous, Hurt, Envious, Angry, Enraged.**

Object feeling or feelings directed toward another person: **Love, Hate, Affection, Anger, Sexual Excitement.**

And finally we distinguish between Feelings and States of Mind: all of the above and: **Disgusted, Exhausted, Identified, Cautious, Confused, Suspicious, Confident, Mischievous, Depressed, Smug, Overwhelmed, Hopeful, Surprised, Grateful, Admiring, Shocked, Shy, Bored, Protective, Distracted, Disappointed, Lost.**

For example, if someone said, "I feel disappointed in you," he is not actually talking about his feelings, he is reporting a state of mind usually with the intention of inducing guilt and controlling the other person. If the person said, "I'm hurt and frightened by what you said and angry with you for not considering me!" the communication is clear and the other person is in a better position to respond emotionally. When someone says, "I'm frustrated," she is actually reporting on her condition, and a more complete communication would be, "I'm frustrated and angry with you." We also highlight the difference between thinking and feeling, so that when someone says, "I feel you're doing that just to get back at your mother," she is actually reporting a thought. A statement with a feeling and a thought would be, "I'm sad and angry with you for doing that to your mother, it looks like you're trying to get back at her." As the members struggle with the finer points of progressive emotional communication, resistance to many feelings and thoughts emerge. The group then sets itself to the task of exploring these objections, to thinking anything and saying what might draw them into closer emotional contact. This puts group members at greater risk, but makes them more accessible to learning about unconscious process and opportunities for meeting life as it presents.

A similar approach is taken by the Modern group leader when resistance is encountered. Rather than labeling resistance as bad and something to overcome, we adopt a positive view of resistance as: the best adjustment the patient was able to make to life given the nature of their experience. Resistance to cooperation with the group contract is the royal road to understanding the unmet needs that the patient has brought to treatment. The five elements of the contract include:

1. Arrive on time.
2. Take up one portion of the total talking time.
3. Avoid socializing with group members outside the treatment room.
4. Pay on time.
5. Maintain confidentiality.

Ormont called these the "parameters of progress," since over time members will resist cooperating and provide a chance to study their particular way of relating. How they resist cooperation is key to understanding their personality difficulties. For example, a patient repeatedly brought a check for his monthly fee that underpaid by one session. As the leader and group members explored his resistance, "to pay at the last session of the month and to pay the correct amount," they discovered that the patient was quietly busy, grading each session for its utility, and deciding whether or not he'd pay the full fee. He was the product of demanding, judgmental parenting and frequently would have his allowance reduced for minor infractions at home and school. He was applying the same strict measures for performance to the group's leader, grading his performance and withholding money as a form of protest over what he deemed insufficient. With the help of the group, the patient was encouraged to verbalize his displeasure in the session as he was aware of it and as close to the event as possible. For him, the verbal pathway of expression was less developed than the acting out pathway (Zeisel, 2009) and this episode set him on a course that was designed to strengthen his verbal expressive ability.

As the process in group progresses, the leader and members develop a road map of each individual's maturational requirements so that anyone at any given moment

in the treatment process can provide what was missing from the patient's original experience and thereby contribute to personality integration. Setting aside any genetic contribution, people made them who they are and people can help them learn to feel differently about themselves. As Cody Marsh said, "By the crowd were they broken, by the crowd they shall be healed."

The Role of Feelings in Everyday Life

In any close relationship conflict is inevitable. It is as regular as the tides. The laws that govern nature apply to human nature as well. No organism can expand endlessly. At a cellular level a nerve fires but then requires a period of rest before firing again. As in nature, where the sun comes up and the sun goes down, flowers bloom in daylight and contract and close at nightfall, relationships are subject to an endless cycle of expansions and contractions. No matter how loving a relationship may be, it is likely that every seventy-two hours some tension will arise and lead to conflict. Love alone will not make for a lasting, dynamic relationship. Most young adults are poorly equipped to negotiate the rigors of an emotionally intimate life. The high divorce rate in Western civilization is testimony to the fact that we do a poor job preparing people for the rigors of connected life. We are highly organized when it comes to educating students cognitively but we do little to provide an emotional education. Group treatment is an excellent vehicle for educating people about their emotions and many people can benefit from the experience. This is primarily because group therapy is an excellent venue for the experience of love and hate to emerge (Levine, R. 2001), so the members can learn to negotiate a full spectrum of emotions that accompany being intimate with other people.

The process in group lends itself to an exploration of how relationships are formed and maintained over time, so that the members get to learn cognitively and experientially what is helpful or unhelpful in getting along with others. For example, group is an environment in which conflict develops (Yalom, 1970: p. 168) given the fact that time is limited (usually one meeting a week for an hour and a half) and the experience is shared by a number of others who also want to be heard. Moreover, there is an agreement to limit contact to the group session. The process is further complicated by the inevitable experience of transference, where group members find in other members the character traits of people who are most important to them in their life outside the treatment room. Thus, conditions are ripe for conflict to erupt. As this happens, members get to see, hear and experience behaviors, some adaptive, others maladaptive, making for an emotionally rich environment. A patient said it best when he said, "I didn't know that there was an alternative to developing a stomach ache when someone got me angry!"

Clinical Illustration

Susan, an attractive 38-year-old woman, arrived in group with the following request: "I want you all to help me know why I'm so fucked up, why I haven't been able to do what my two younger sisters have been able to do, marry and have kids!" With that statement, the group members were invited into a thera-

peutic function, namely to help Susan understand the parts of herself that discourage relationships and ward off intimate emotional contact. In the weeks following, Susan told the group some of her history that highlighted her combative relationship with her father, a brainy engineer, and her emotionally withdrawn mother, who worked as a librarian. During these sessions I took note of the fact that Susan never made eye contact with me and avoided including me as she addressed the group. She also began to quietly study how emotional business was conducted in the group, occasionally asking for clarification from group members about why they said what they did to each other.

In the eighth session, after I intervened in a conflict between two other group members, Susan said in a challenging tone, "What makes you the final arbiter of what just happened between Jack and Gretchen?" My "understanding" and "delivery" of what transpired had aroused a strong reaction in Susan. I felt my pulse quicken in response to the combative tone Susan assumed and I thought to myself, "This is a measure of what we're dealing with." Sensing conflict that I thought would be unhelpful to the new, tentative relationship we had, I decided to bridge to a veteran group member, Rachel, and ask, "When Susan addressed me, what did she want me to feel?" Rachel had worked very hard over the course of several years to better understand her own aggressive response to men; she was well acquainted with the scene that was unfolding. She turned to Susan and said, "Sounds like you want Elliot to feel scared and doubtful about his ability to lead this group." "That's just not true!" Susan exclaimed, "Why would I give a shit about his ability to lead this group, he looks like he's doing just fine?" Susan's stridency caught the attention of several members and so began a process that linked Susan's internal agitation to her behavior. As simple as it seemed, this was new information for this bright, high-achieving woman who had very little understanding of her impact on people. She had adopted, in spite of her best efforts, her father's interpersonal density and combative stance.

Subsequently, Susan garnered a lot of recognition when she spoke directly and candidly to other members of the group, particularly when there was tension in the room. On one occasion, a man was monopolizing the time in a way that the group had grown tolerant of even though it was clearly irritating. Suddenly, Susan spoke up and voiced her irritation and displeasure and said that we seemed not to be helping him once again in a tone that was simultaneously interested, sympathetic and irritated. A few people acknowledged Susan for saying what they felt they couldn't say and for saying it with compassion. This kind of emotional nourishment agreed with Susan, who had never felt recognized in a family in which all interpersonal resources were consumed by her father.

Therapist Commentary: This process repeated itself many times and as it did Susan's maturational need for recognition as a person who had something of value to contribute began to be satisfied. At work, Susan began to assert herself in meetings in a way that garnered more respect and responsibility. Although she worked hard to avoid me, her transference to me found a way

to assert itself in group. As we explored the process between us it became apparent that I had assumed the role of her “all-knowing father.” Every time we entered this realm of exploration it exposed her conflict with men. This was a process that got repeated many times over the next two years. Each exchange helped us understand how determined Susan was to, “never submit to a man,” in spite of her yearning for an intimate relationship with a man. Gradually, the group helped Susan develop a keen awareness of her sensitivity to frustration and the anger that ensued. She saw how others managed their angry feelings, how they found language to discharge tension in a way that engaged rather than enraged, and slowly her ability to talk in the thick of conflict increased. In a parallel process in individual treatment with me, she got to examine her failed relationships from the past and slowly relinquish her grip on these missed opportunities. This, along with encouragement from group, set Susan on a new course of engagement with men and women where her new found skills are beginning to meet with success.

The Group's Culture

In a Modern Analytic group the leader works to establish a culture that values the contributions of the members. We avoid making the group a leader-centric experience, so that knowledge flows from anyone to anyone in the process. Informally, the leader identifies unique skills in the participants, in a subtle process of empowerment. Ultimately this contributes to the healing in group, as members learn about their value to each other as emotionally resonant people.

For example, someone might be expert in identifying the meaning of non-verbal gestures or body language, another might be sensitive to aggression while someone else might be superb at labeling sarcasm when she hears it. This orientation puts the members at the center of the experience and, while the leader plays a crucial role in facilitating the process and lending himself to resolving transference issues with members, in the end it is largely the members who heal each other. We work to create a culture in group treatment in which all feelings are welcome and available to the crucible of learning and relearning. As members hear new ideas and experience new feelings for each other, the negative introjects, those voices from the past that inhabit the mind, are slowly moved to the side making way for introject substitution whereby we incorporate the ideas and feelings that group members have for each other leading to a better integrated personality (Leibenberg, 2009).

The emphasis is on emotional experience not interpretation, exploration not explanation. It is through the process of repeated exposure to *emotional interactions* that members of the group learn to feel and think in new ways about themselves, expand their capacity to tolerate a wide range of emotions and learn more adaptive and appropriate ways of discharging tension (Zeisel, 2009).

The emphasis on the members as healers has three other functions. First, it conveys to them that their participation, week in week out, is crucial to the process of treatment and that it is their relationship to one another that will heal them. Second, it has an ego reinforcing effect and strengthens the member's idea about himself and his ability to observe, identify and talk about his feelings in a way that is valued. Third, it allows the leader to ally himself with the unconscious ego of the patient and contributes to the building of a therapeutic alliance; the leader is less of an irritant and more of an ally.

Attraction and Sexual Feelings in Group

Over time, the members learn that while conflicts from their life outside can be enlightening, the more compelling experience resides in the ever unfolding group room as relationships get formed and maintained (Ormont, 2003). As difficult as it is for some members in group to tolerate their aggressive feelings, it is often the case that members have difficulty accepting recognition, affection and sexual interest as it is expressed towards them. A member who arrived with a distorted sense of self can be helped to develop new ideas and feelings about himself provided that there is sufficient emotional nutrition available in the group process (Zeisel, 2009).

For this emotional activity to flourish, we rely on the contract with each incoming patient that includes two provisions that work to ensure that all of the emotional activity will be conducted in the presence of the entire group and that it will be limited to talking. All of our patients agree not to socialize outside the treatment with fellow group members and while in session, nothing is acted out, only words are used, no one leaves their seat. With these agreements in place the stage is set for interpersonal exploration of an intimate nature that is not invited in polite society. In group you will hear and experience exchanges that might take place between intimates, more often than not these days recalling exchanges on the internet, but with the added advantage of resistance analysis in real time. So that when an interaction grows close and sexual and arouses resistance, it can be explored and yield new information about the character of the participants. In group we have the advantage of moving reported experience into *in vivo* experience making for a rich exploratory process.

Clinical Illustration

The group, ongoing for several years, has been engaged in this session since its opening phase, in a series of information exchanges whereby members report on some issue from life outside the room. One member lets the group know how helpful their recommendation was in resolving a conflict with a supervisor at work, while another told of some minimal progress in a mediated divorce process that had been stalled for months. The emotional attention shifted suddenly, when Jeff turned to Lois and told her he is feeling a lot of affection for

her. Lois seemed pleased with his approach and sat up in her chair as if to better receive what was coming. Jeff then said that the exchange they had the week before, in which Lois declared how attractive she found Jeff, how masculine he was and how effective he had been in resolving a problem with another member of the group, left him with an enhanced sense of himself. In fact, Jeff went on, "I think you helped me land a new job this week, I had a terrific interview on Wednesday!" Lois looked at Jeff and said, "Well I'm glad I had a good effect on you." Jeff then launched into a description of his interview and the manner in which he conducted himself, highlighting how he remained present focused with his potential employer, bantered and responded to hypothetical problems that had been posed. However, the irony was that he was not present with Lois and left his initial connection with her at the "speed of psychological light." I felt sad and just as I was noting this in my mind, a groan could be heard from the left side of the room. Judy said, "Ooogh, Jeff I'm really glad you had a good interview but, I hate it when you speak to a woman like you just did to Lois. What does anything have to do with her! It's all about what she said that made you feel good and do well in your interview." Jeff looked stung and blanched as he took Judy's words in. He responded with anger and defensiveness and accused Judy of raining on his parade and behaving just like his sister who was always competing with him. A couple of other members chimed in, in an effort to reach Jeff in his agitated state. The effect was soothing and gave Jeff some psychological breathing room from which he could better assess what was being said to him. Slowly, Jeff could see that while he was feeling affection for Lois he wasn't free to tell her what it was specifically about her character that had such a nutritive effect on him. What he could do was tell her the effect she had on him and how useful it had been. Once again Jeff's self-absorption trumped his interest in another person, an issue we've been working on for several months. Jeff, a determined man, said, "Well, ok, I can see that now, let me try again." He turned toward Lois and with a faint smile and affection in his voice he said, "You are a very generous and beautiful woman. I love your energy, your sense of humor and being around you, what's difficult in life seems more manageable and your presence in my life made my interview this week more manageable." Lois smiled and said, "Well, I think you're a terrific man, I'm loving your flexibility at the moment, the way you shifted and could make room for seeing new possibilities between us." The sexual tension in the room was available for all to feel. Jeff looked pleased by her words and said, "I find you very attractive, I've always loved how you welcome attention from people in group." Lois smiled and said, "I think you're sexy and I'd go to bed with you in an instant!" Jeff looked delighted for a second and then grew uncomfortable and squirmed in his seat. He said, "Well what about we have a date first?" With those words the tension that connected them dissipated as if someone had pricked an inflated balloon. Lois responded with some disappointment in her voice and became slightly self-attacking when she said in an agitated voice to the group at large, "Did I go too far, too fast?" A resounding chorus of "NO" helped Lois to see that Jeff put the brakes on their engagement; they

urged her back into contact with him. "Ok then," she said, "I can go slower if that's what's needed, where would you like to go on our date?" This led to an exchange that Jeff was able to participate in and as they elaborated on the details, Jeff's resistance to being vulnerable became more apparent. Lois said, "Well, I'd want to feed you some dessert on my spoon." Jeff's voice tensed as he said, "That sounds nice." His words lacked energy and sounded hollow.

I intervened and asked, "What happened Jeff, where did you go?" He looked down at the rug and in a muffled voice said, "I just can't take it, beyond a certain point I get scared." "What scared you?" I asked with interest, "What's so scary about Lois at the moment?" "It's not Lois, it's all women, I just get frightened that I'm going to be either criticized or left in some way that I can't bear," he said in a plaintive way. "What's your objection to being criticized or left? What feeling don't you want to experience?" I asked with genuine interest. "What do you mean!," he exclaimed, "Who wants to be ridiculed or left?!" "Nobody," I said, "But we know from experience that when people get to talking, they can end up feeling hurt or sad and then angry, you have an objection to any of those feelings?" I can see Jeff soften slightly as he said, "So you mean all I have to do is be open to pain and then I'll be able to go further with women?" "Exactly, all you have to do is be open to whatever unfolds as you're interacting with Lois or anyone else for that matter. You stay receptive and watch where it takes you. You can't go wrong. With Lois, if you tell her you're having trouble staying present, you're going to get interest." Lois chimed in, "He's right about that, I'm very loyal and determined." "Ok, I get it," Jeff said smiling and the group shifted its attention to another member who had asked for time to speak.

In this example, it is apparent that the group culture allowed for an emotionally laden exchange to take place in the safety of the circle. The group is contending with its resistance to the reproduction constellation – forces that make themselves felt in desires for sexual congress and procreativity (Spotnitz, 1976). Jeff is the "carrier" of the group's resistance; his narcissism and need for meaningful human connection are apparent. His bungled effort to recognize and stay in emotional contact with his group compatriot, Lois, led to an exploration of need and desire that everyone in the group could identify with. There was an empathic break in their relationship and with the help of the group, Jeff and Lois were able to re-engage after their connection faltered. Lois' availability to people and her determination to have more, bumped up against an old part of her that is afraid of being seen as "too aggressive." As soon as Jeff withdrew she quickly moved in the direction of self-attack and worried that she was responsible for the break in the contact. However, this time her mind was free to consider her contributions to the stalemate and with a gentle nudge from the group which had learned their way around her character, Lois was free to forsake the tortured experience of seeing herself as wrong or bad, in favor of being self-accepting. The energy that would have been devoted to self-attack became available for Lois to

redirect toward Jeff. This is a theme in the lives of a number of members in the group and each of them was bolstered and encouraged by her new found freedom.

The evolution of the exchange, gave the group a deeper look at Jeff's primary objection to progress namely, he doesn't want to feel hurt or sad and angry with anyone; he's had more than enough of that for one lifetime. This resistance is shared by several other members of the group. Nevertheless, he is determined to expand his experience with people and to his credit he allowed me to work with his resistance in an exchange that named the obstacles to progress and enlisted an observing part of his mind in the ongoing study of the problem. The goal is not for Jeff to change his behavior, but to get intimately acquainted with the internal operation of his resistant pattern. We want Jeff to have greater access to his observing ego, that part of the ego that is separate from the interaction and available for observation and learning. For Jeff, this constitutes a break from the past and his commitment to see himself as flawed beyond repair (negative introjects); his allegiance to depression was momentarily suspended while new ideas and sensations became available to him (introject substitution). *It is the combination of experiential learning and cognitive learning that made this episode into the healing experience that it was for Jeff and for all of the members who identified with him. He got to have a new emotional experience and that, combined with a new understanding of his internal dynamics, will set the stage for consolidation of this learning into his character.* This kind of experience accrues over time and contributes to an expanded sense of self and a willingness to face life as it unfolds, no matter how difficult.

The Preparation of the Therapist

For the group to be willing to face what is challenging in human interaction, the therapist must first become a master of his own process. He must be a flexible communicator who can model emotional availability and expressiveness. As Martin Grotjahn said, "The therapist must be a man who has experienced life to the fullest or at least is willing to do so. He may be young or old but he must have the courage to experience life on many levels; he must know how it feels to be alive. He must have known fear and anxiety, mastery and dependency, and he must not be afraid to love, nor be a stranger to hate. An analyst should look back on his lifestyle as a proud expression of a lifelong creative effort. He may as well consider himself his own favorite patient – one who has to learn as long as he lives" (Grotjahn, 1977: p. 213). A difficult task to master. However, when viewed as the work of a lifetime, the analyst's job is enviable. Others (Hoffman, 1983, Rosenthal, 1987: p.105; Wolf, 1975) have suggested that the analyst is in a position to learn from his patients. It is therefore likely that through a lifetime of exposure to group process, the group leader will have some of his own maturational needs met as well. The analyst occupies a key position in the group process, and while he strives to lead he must also help the members feel that he is one of them, too. If the leader listens attentively to what his patients say about him, he is likely to expand his understanding of his craft and himself (Ormont, 1992: p. 51, 190; Wolf, 1975: p. 12).

Another critical function that the leader assumes is to operate within the process as an emotionally responsive person who is himself free to live in the moment,

demonstrating what living with freedom feels, sounds and looks like. Recent research into the phenomenon of mirror neurons suggests that in establishing the tone for how relationships can be lived, the analyst sets in motion a process of contagion and before long members are attempting to contact one another with new freedom (Schoore, 1994). And, when resistance to new experience appears, they are encouraged to explore the obstacles that have been erected. If the analyst hides his affect life, the group members will do so as well. We all learn from watching and participating in the development of relationships in the group as well as from observing the resolution of conflicts that inevitably arise member to member and member to leader. *If he is going to succeed, the leader's capacity for tolerating charged feeling states must expand over the course of his career.* This will aid him in facing the challenge of the group process, where the intense expression of emotion is commonplace. *How to be present emotionally without being activated by his countertransference resistances (resistances that derive from something in the leader's life) is a key component of skilled leadership.* The interpersonal and intra-psychic pressure that the group leader must tolerate is sizable. The conscious and unconscious forces that we contend with are considerable and their impact is sometimes unknown.

The benefits of leading multiple groups each week should be seen as a supplement to the leader's own treatment and supervision and not a substitute. Any process that contributes to flushing our psychic systems clean is bound to contribute to more psychic availability over time. Through the study of patients, we have come to know that the safest way to discharge tension is by exercising our verbal pathway of expression; talking helps. The alternative is to encourage the visceral pathway to dominate and lead to somatization, or the acting out pathway, which may be momentarily gratifying but have devastating consequences. Freud's patient Anna O called it "chimney sweeping." Or as someone else said, "If you put a cat in the kitchen to catch a mouse, you can't expect it to ignore the rat in the cellar." Through the work with patients there is the potential for a build-up of toxic psychic waste that can be readily attended to by participating in a group treatment or supervision. I am an advocate of lifelong treatment, supervision and training for anyone working with unconscious material and intersubjective experience in a therapeutic matrix. Choosing to do so will preserve and maintain your psychic apparatus and contribute to a more robust career and help you avoid compassion fatigue. Along with regular physical exercise, a healthy diet and some spiritual practice that could take a variety of forms like painting, meditation or church, group is the key to a long and satisfying practice.

Our own group process is also one of the ways we learn best how to deal with the variety of people we encounter in our work. Through parallel process and the group's unconscious experience light is shed on dark corners of complex interactions that make group treatment challenging and exciting. To master the craft of group leadership requires a prolonged immersion in cognitive and experiential learning. Group treatment and supervision is the best place to accomplish this. How many times have you been in a situation that you find dense and impossible to contend with that someone in the group has clarity about. And, in addition to the considerable body of written work in our field there is a great oral tradition to our learning and teaching. I cannot count the times in group that I have been helped to develop an understanding of a patient or sub-group and an intervention that addressed a

thorny resistance or complicated interaction. Gradually, we incorporate these experiences, and if successful, we end up with three ready sources that can be turned to at moments of heightened tension in group process for consultation. The first is your analyst's voice, the second is the voice of your group analyst (sometimes the same person) and the third is the sum of all of the people you have ever been in group with, either as co-members or patients you have worked with. Something you experienced in the past will remind you of the challenge you are facing at the moment and where there were no words, suddenly you will find a phrase or an understanding that addresses the issue at hand. As my colleague Dr Leslie Rosenthal said, "My groups dragged me into mental health!"

References and Bibliography

- Grotjahn, M. (1975). Growth experiences in the leader. In Z. Liff (Ed.), *The leader in the group*, (p. 148). New York: Jason Aronson.
- Grotjahn, M. (1977). *Art and technique of analytic group therapy*. New York: Jason Aronson.
- Laquercia, T. (personal communication, 1983).
- Leibenberg, B. (2008). *Address to the Fellows of the American Group Psychotherapy Association*, Washington, D.C.
- Levine, R. (2007). Treating idealized hope and hopelessness. *International Journal of Group Psychotherapy*, 57(3), 297–315.
- Lichtenberg, J. D. (1989). *Psychoanalysis and motivation*. Hillsdale, New Jersey: The Analytic Press.
- Maroda K. (1991). Motivations for treatment: The pursuit of transformation. In K. Maroda (Ed.), *The power of countertransference*. John Wiley & Sons.
- Ormont, L. R. (personal communication, 1988).
- Ormont, L. R. (1992). *The group therapy experience*. New York: St. Martin's Press.
- Ormont, L. R. (1996). Bringing life into the group experience: The power of immediacy. In L. Blanco Furgeri (Ed.), *The technique of group treatment* (p. 355). Madison, Connecticut: Psychosocial Press.
- Ormont, L. R. (personal communication, 1999).
- Ormont, L. R. (personal communication, 2003).
- Rosenthal, L (1987). *Resolving resistance in group psychotherapy*. Northvale, New Jersey: Jason Aronson.
- Schore, A. N. (1994). *Affect regulation and the origin of the self – the neurobiology of emotional development*. Hillsdale, New Jersey: Lawrence Erlbaum Associates Publishers.
- Spotnitz, H. (1976). *The psychotherapy of pre-oedipal disorders*. New York: Jason Aronson
- Wolf, A. (1975). The role of the leader in the advanced and terminal phases of group psychotherapy. In Z. Liff (Ed.), *The Leader in the group* (p. 12). New York: Jason Aronson.
- Yalom, I. (1970). *The theory and practice of group psychotherapy*. New York: Basic Books Inc.
- Zeisel, E. M. (2009). Affect education and the development of the interpersonal ego in modern group analysis, *International Journal of Group Psychotherapy*, 59(3).

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