

Chapter XIV: SYMPOSIUM—SPECIAL TECHNIQUES FOR EFFECTING CHANGE IN ANALYTIC GROUP THERAPY

Editors' Summary: The following papers were presented at the Seventeenth Annual Three Day Workshop in Analytic Group Therapy sponsored by the Group Therapy Department of the Postgraduate Center for Mental Health in April of 1976.

Each panelist was asked to respond to the following request:

- (a) Present a brief clinical vignette in which you or a group member intervened in a way you feel effectively produced changes either in individual group members or in the entire group.
- (b) State your opinion as to what made this intervention helpful.
- (c) Relate the described intervention (or series of interventions) to your views of what really makes for change in group therapy.

CONSCIOUS COUNTER-TRANSFERENCE AS A GUIDE TO DREDGING FOR AFFECT

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Several basic assumptions of Crisis Mobilization Therapy (C.M.T.) must be listed and briefly explained to make the following discussion comprehensible. Psychologically a crisis is the point at which a person experiences a feeling with maximum tolerable intensity. Crises are not mobilized in real-life situations but only within the therapeutic setting, and a variety of provocative and evocative techniques, some unique to C.M.T., are used to elicit such intense feeling states. One such technique involves the use of language in a basically different form than usual, not for free associating nor for the conveying of thoughts or feelings, but for the direct elicitation of specific affects. This technique, which I call "dredging for affect," has a unique value in its ability to elicit specific, rather than generalized, affects.

C.M.T. postulates that it is not enough to make the unconscious conscious if real personality change is to occur, and that the return of the repressed is only the first step in the required process. For characterologic changes to occur it is necessary to work-through and resolve early pre-verbal hungers and rages which are universally present, at least in mild form, since they are direct concomitants of being separated from an ever-present, nurturant mother at the time of birth. Lack of resolution of this separation and hopeless, desperate efforts to re-unite with such a mother give rise to most depressions and to other forms of mental illness. The successful resolution of this basic problem constitutes the cure at which psychotherapy, in the form of C.M.T., aims.

Since pre-verbal hunger and rage originate in a period when ego differentiation is at a primitive level of development, before conscious memory or symbolic representations exist as such, it can be resolved only on a tissue basis. For psychotherapy to be effective, patients must, therefore, be involved with sufficient intensity to alter basic physiologic patterns, and thus tissue reactions. Understanding and intellectual comprehension are necessary for eventual integration, but the physiologic changes must first be experienced directly. When comprehension and understanding occur earlier, they are usually manifestations of a resistance to change. The special techniques of C.M.T. are designed to bring about psychologic stimulations of sufficient intensity to involve physiologic parameters.

The uninterrupted continuation of the process of working-through under such trying circumstances requires that a very solid and viable therapeutic alliance exist between patient and therapist. The therapeutic contract and the personality of C.M.T. therapists must facilitate the formation and fostering of such a therapeutic alliance. C.M.T. cannot be practiced by therapists who are not themselves reasonably conflict-free. Only such persons can comfortably work with all feelings and not shy away from doing so at the highest tolerable intensity. It is even more essential for the therapist in C.M.T. to have resolved his or her own internal conflicts than it is in psychoanalysis, if a successful result is to be achieved.

Counter-transference was originally regarded as an interference in the psychotherapeutic process, and so it is when it represents an unconscious distortion on the part of the therapist who experiences the patient, at least temporarily, as someone else. It is probably useful to coin the term "conscious counter-transference" to designate fleeting distortions based on early life experiences that a therapist is capable of recognizing by himself almost instantly. Such a situation usually exists only after a successful completion of psychotherapy. Individuals in such situations are no longer swayed by, nor are they at the mercy of such feelings. Instead, they are aware of the origins of their temporary distortions, able to master such situations without undue difficulties and they may even enjoy such feelings as sentimental and nostalgic memories from their past.

When counter-transference feelings are consciously experienced it is obviously not necessary to guard against the possibility of acting-out. On the contrary, such feelings are useful in expanding consciousness and can serve as guides for intuitively understanding hidden aspects of a patient's behavior.

Martin is an unmarried, young man in his late twenties, the oldest in a sibship of two, with a sister two years younger. He is in the middle phase of therapy, having worked for three years with his fear and rage at allegedly being always

"short-changed." His sister was always preferred, he claimed, and she always "got it all." The gross psychosomatic symptoms with which he came to therapy have largely disappeared. He began to relate to members of the opposite sex in a more mature manner, and to consider himself finally ready to get married. The closer Martin got to this momentous event in his life, the more he began acting-out, for he discovered that his prospective bride was much more willing to gratify his infantile wishes than the therapist was. An urgent intervention was necessary, and I asked him to meet with me for fifteen or twenty minutes early on Sunday afternoon, to which he agreed.

Martin arrived irritated and pouting. He was angry at "having to" spend some of his time in my office on such a beautiful, bright Sunday afternoon, when he "could have done more enjoyable things" for himself.

I experienced a surge of anger within me, and immediately connected these feelings with my own past experience. I, myself, am the older in a sibship of two, and at one point in my life was very hurt and angry at my brother and at my mother, who, I felt, indulged my sibling who often acted like a spoiled brat. I then told Martin, somewhat angrily, that I was not willing to continue working with him at that moment unless he thanked me first for being there, with him and for him. After all, I, too, was willing to take time out of my beautiful and bright Sunday for this purpose.

Martin was flabbergasted, not expecting this most unusual reaction. It was my own decision after all to be there, said he, and, furthermore, he was paying me my usual fee. My request was evidence of my own craziness, he claimed. I told him that, indeed, he was paying me, but that my income is large enough for me not to have to earn those additional few dollars. Indeed, I normally do not expect to be thanked for selling my time, yet I offered to sell it to him when it was inconvenient for me, not because of his few piddly dollars, but because I believed he needed it. The fact that he was paying me did not automatically give him the right to abuse me, I said.

This was a most unusual exchange between us since on other occasions I encourage my patients to experience all their feelings within the transference, and he was taken aback and became quiet and thoughtful. A few minutes later he thanked me, not out of fear but because suddenly the extent of his self indulgence became obvious to him. He had no further difficulties seeing how he was using the prospective marriage as a means for defeating himself in therapy.

Martin related this episode and discussed his relationship with his sister in a group session the next day, and his life-long attitude of self pity surfaced again as he complained that "everything I ever got, I had to work for myself." I asked him to stop and suggested that he go around the room, making eye-contact and repeating in front of each person that same sentence. He did. "Everything I ever got, I had to work for myself." said he, again and again. His complaining voice became less complaining as he went around, and it changed dramatically when he stopped in front of Allan, another young man in the group of approximately the same age. Al, like Martin, also felt "short-changed," and he, too, had already worked-through the oedipal meanings of this complaint. Both were beginning to work in earnest on their pre-verbal, early needs. Al competed with Martin in "sucking" from the group. Indeed, he was the "super-suck" of the group, and Martin was often jealous of his capacity to command the attention of the

therapist and of other group members with his alleged needs which expressed themselves in the form of various symptoms. I asked Martin if he would repeat the sentence three times in front of Allan, which he did. His entire posture and voice changed. He put his left hand on his hip, pointed the index finger of his right hand straight at Allan's face and told him, "Listen, you, I want you to know that everything I got, I had to work for myself." He said it louder, clearer and more assertively, and he did not stop after three times. He stood taller, physically, and it was obvious that he was filled with a sense of pride at his achievements.

The format of this symposium does not permit a full discussion of all aspects of this clinical vignette. It proved useful as a beginning point for further working-through, both for Martin and for Allan, but it was also helpful to several other group members who were deeply involved empathically since their current struggles could be tied in with the one they were just experiencing. My own experience with Martin on the previous day made me more aware of his tendency to be self-indulgent and (so guided) I suggested to him to do what he did. Martin was apparently ready to take another step in his struggle for self-sufficiency, a struggle in which one part of him had steadfastly been defeating the other.

Individuals and societies may not like the status quo in which they find themselves, yet they generally prefer it to change, since the latter always involves not only work but usually also taking frightening risks and the possible loss of the sense of security. Consider an individual struggling with a snooze alarm-clock very early in the morning, as he is rudely reminded every few minutes of the call of reality, while wishing to enjoy a little more sleep and the cozy warmth of bed, rather than stepping into the cold of morning. Waking up is a gradual process extending over time and at first totally resisted. Only gradually does reality push itself, as it were, into consciousness. The temptation to turn the damned alarm-clock off is usually resisted, as the guarding super-ego nudges the slumbering and drifting ego to overcome the impulse to remain undisturbed.

Repeated intrusions on the part of the alarm-clock are necessary before behavior change occurs, especially when a person is very tired and experiences himself as lacking in energy. The force necessary to overcome the status quo of the sleeping state is directly related to the strength of the wish to remain undisturbed. This is also true in a more general sense, and suggests how great and persistent the push to reverse basic character traits must be.

Crisis Mobilization Therapy was developed precisely because present-day psychotherapies, including psychoanalysis, do not sufficiently appreciate the magnitude of the force that is required to overcome life-long characteristics of a person and have failed to develop means and techniques for applying the necessary pressure.