8 The Therapeutic Work of the Group
Finding the Self through Finding the Other

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As psychoanalytic paradigms continue to shift toward a relational/intersubjective perspective, the meaning of these theoretical shifts is worthy of a deeper exploration. When it comes to thinking about the interactions among group psychotherapy members, the potential implications of such engagements are both fascinating and informative about the very essence of therapy and the meaning of a well-analyzed life. That is, is the goal of psychoanalysis and psychotherapy in its myriad forms simply an effort to improve the quality of life, decreasing pain and suffering? Or, as we recognize our embeddedness within intersubjective relational experiencing, does our goal of treatment also expand? With the awareness of our inevitable embeddedness, do we not also keep in mind the other, our impact on them, as well as theirs on us? And with this increased awareness of the other, do we not have to consider in a deeper way their subjectivity? Does our desire to be aware of the other as subject include the possibility that we set aside, for a time, a focus on ourselves to maintain a focus on them? Benjamin's (1995) theoretical perspective postulates that mutual recognition in which each person can become aware of and recognize the subjectivity of another, if only fleetingly at times, is a goal of growth. I am suggesting that at times it may be both desirable and necessary to place the other first. This is not an impossible task. We often do it intuitively when we care for infants and young children, for example. But what if, as Orange (2009) suggests, we examine more closely the idea of individuality, moving beyond that to a more powerful recognition of the other? The emphasis on individual growth is a western one, fairly recently embraced and yet very much embedded in western cultures. Therefore, the idea of placing the other in the unique position of coming first, before us, bears closer examination. A therapy group is a good venue for considering such ideas.

In this chapter I will present a case of an unfolding traumatic process in an ongoing therapy group. I will then explore the case and offer a theoretical position that is informed by the process in this group, leading me to propose a reconsideration of some of the work and the goals of group psychotherapy. While the case will present many opportunities for further exploration, members will also benefit from learning from the actual experience.
Further exploration of trauma, grief, mourning, and loss and the healing process within the group, my primary focus will be on how group members self-define as well as define the meaning of their engagement with others, particularly in light of unfolding trauma within the group. I will also attempt to explore and further develop some ideas about an inherent altruism that can emerge within the group, perhaps particularly when the members experience shared trauma. I would like to suggest that many unexpected life experiences can be transformative and it is the actual experience of being available to another human being as well as being supported by others that can be most transformative. It is the capacity to transcend painful experience, aided by the other, that can move us forward as social beings. Transcending the immediacy of one’s own needs in order to protect the integrity of the group is an oft-repeated process in a functional therapy group. The group provides an arena unlike any other therapeutic experience. It is here that one has the opportunity to move beyond the illusion of unique individuality to embracing the intersubjective context. Assisted by advances in theoretical thinking about intersubjectivity as well as advances in the neurosciences and infant and attachment research, we have ample evidence of the co-construction of all human interactions. Although the authors of these theoretical perspectives do not necessarily address group behavior, their findings do not seem unusual to group therapists, who witness co-constructed behavior in every group setting as well as in the group as a whole. The language of intersubjectivity has now been incorporated into the group treatment field (Grossmark, 2007; Harwood, 1998; Segalla, 1996), and it is changing the landscape of group treatment.

Intersubjectivity theory as well as neuroscience and attachment research confirms for us that to focus solely on the individual is indeed an illusion. Appreciating the implications of intersubjectivity, both in psychoanalysis and in life in general, calls into question the goal of treatment itself. When a person comes to therapy to heal the self and works on that, even with a therapist who is aware of the newest findings in the field, what is it that we as therapists actually hope to accomplish? We can try to “fill in” the deficits of childhood, providing selfobject experiences to our patients. We can identify defenses in the search for the truth hidden by repression. We can explore the immediacy of our engagement, stressing the mutual influence field between us. In the intensity of these one-to-one encounters we learn a great deal about transference and countertransference, co-creation, enactments, empathic ruptures, and all of the other creative avenues we travel in our attempts to help heal our patients. It is not, however, until we remove ourselves from a focus on the individual or the dyad and move to engagement with a larger world that we can truly accomplish the therapeutic task. Although this is a strong statement, I believe it captures the ongoing dilemma of individual treatment. I have observed over an extended period of time that when I place
a patient in a group after an extensive individual treatment, I often see aspects of that person which never emerged in the individual work. It was this observation, made in the 1980s, that convinced and encouraged me to pursue my group work. It is this contextualization of treatment in a larger social context that demands reexamination and ideas of individuality that continue to interest me.

Expansion of Empathy

Thus, group therapy allows for a broader focus, moving beyond the individual or dyad to something larger than the self. It is in groups that a deeper awareness and appreciation of the other as subject occurs. It is here that we may begin to explore engagements that go beyond the immediacy of dyadic treatment. One outcome I have found to be primary is an expanded capacity to truly apprehend the other, and in some instances consider the other as primary. This, like the mother’s attunement to her infant, is accomplished by empathic engagement with the other and also carries with it the expectation of empathy from that other. J. D. Lichtenberg, F. M. Lachmann, and J. L. Fosshage (personal communication, 2005) suggest that empathy has two components:

First is recognition of and resonance with the child’s affect and second is forming an inference about the child’s state of mind, desires and intentions. That is, empathy involves the person’s both apprehending the affect and drawing inferences about the state of mind of another.

This important observation, one that clarifies empathy and moves it further from sympathy, is a useful addition to our thinking. In the group, learning to be empathic to the other in the way just described is a basic essential aspect of the therapeutic process. The implications of this perspective may also lead to a reexamination of group goals. Where does empathy take us, and does group therapy offer a unique setting in which to consider a move to a focus that goes beyond the self to one in which finding the other is primary? Perhaps finding the other through empathy and compassion is the way to find the self.

In considering an expansion of this capacity, Orange (2006) suggests that “[c]ompassion can be an emergent property of well-attuned relational fields or systems, just as hostility and contempt seem as if naturally to characterize others” (p. 5). She points out that the etymological root of compassion means “suffering with,” stating that

the capacity to share the suffering of another, a more relational version of what I once called the psychoanalytic function of witness (Orange, 1995) can gradually restore to the shattered, alien-feeling.
frozen, lost, dehumanized other a sense of belonging to the human community.

Orange points out that “the philosopher, Gadamer (1975), views compassion as an ‘undergoing’ the situation with the other. This process is an extension of empathy and conveys to the patient that the therapist views his experience as worthy” (p. 9).

Patients often enter group with little grasp of either empathy or compassion. Compassion, a suffering with, requires the capacity to move beyond their own self-interest to a capacity for empathy, which Kohut (1984) points out can be used for good or ill. The capacity for compassion can be a significant sign of growth for a group and its individual members.

Orange points out that though compassion is the center of the Buddhist tradition, it locates its view on the universal rather than on a particular individual, whereas its focus is on the suffering of the one. She sees her psychoanalytic model as embodying an intense interest “in the suffering of the ‘one who suffers’” (p. 18).

I, however, do include this Buddhist focus in my thinking about group and also include meditation as part of my therapy groups (2003). An additional influence on my thinking comes from the Buddhist devotional form called metta. This eastern philosophy supports the idea of tending to others—a primary goal. I suggest, of group therapy. Metta is defined in this tradition as “the strong wish for the welfare and happiness of others. Essentially metta is an altruistic attitude of love and friendliness as distinguished from mere amiability based on self-interest. Metta is indeed a universal, unselfish and all embracing love” (Buddharakkhita, 1998, p. 1). As Buddhakaraka states,

To promote one’s self-interest is a primordial motivation of human nature. When this urge is transformed into the desire to promote the interest and happiness of others, not only is the basic urge of self-seeking overcome, but the mind becomes universal by identifying its own interest with the interest of all.

(p. 2)

This philosophy is supported by meditation practice, which moves one from focus on the self, with an effort being made to move from “hatred, resentment . . . impatience, pride and arrogance” (p. 12). This move away from self-denigration to love begins the process of love for and understanding for others. It is a focus that ultimately evolves to a position of universal love in which there is “a profound feeling of good will, sympathy and kindness promoting the happiness and well-being of others” (p. 14). Compassion can be seen as an expansion of the capacity for empathy, which can then be transformed into a capacity for some
more universal experience of love. In this tradition, one can move from attaining self-love to love for others.

We can compare this to the developmental process in a group. Members begin with themselves and their stories. Gradually they become involved in the stories of others. There is increased engagement as members co-create the unfolding group story. Every group has its own themes, which emerge as the group grows developmentally. As group action evolves over time and enactments of all kinds occur, there is greater and greater recognition of others, with their separate subjectivities. It is in the developmental process that the group moves over and over again into a position of true recognition of the other. The attainment of this position is immensely gratifying. It is a process that must repeat itself over and over again as members come to appreciate the fluidity of interpersonal experience. I see increased resilience as well as deepening respect for the subjectivities of the other members. There is a movement from self-centeredness to care and concern for the other. The universality of this perspective is embedded in religion, both eastern and western. It is also an inherent part of western psychologies. Though in psychology we tend to focus on individuals and the inherent difficulties of their lives, we perhaps do not explore deeply enough how our patients are in relation with the rest of their worlds. We hear so much about their lives, entering their worlds of experience, but do we really know how they are conducting themselves in the larger world, and I wonder, are we, in fact, insuring a self-centered life in these people? We can become more curious about how they translate their insights and growth from within the dyad of therapist and patient into the larger contexts of their lives. In the lived experiences between therapist or analyst and patient we see considerable growth in awareness with greater capacity for, in Benjamin’s language, “mutual recognition.” We can make assumptions that this capacity for mutual recognition can also grow outside the therapeutic relationship—that the patient has gained, through endless repetitions with the therapist, a sense that mutual recognition must be achieved again and again. This is the goal of the work that occurs within the group setting. It is often revealing to place someone in group therapy after a period of intensive individual work and find that the gains seen in the safety of the dyad are less apparent in the group. Going beyond the relationship with the therapist is a more complicated issue, particularly when the patient must confront old patterns over and over, as with a spouse, partner, or friend, as well as work associates. As we will see in the case material, the actions moved developmentally through a series of traumatic events to the fruition of experiences of mutual recognition with a great emphasis on a desire to be available for the other.

But, as metta suggests, this is not enough. In our appreciation of the inevitability of intersubjectivity and our awareness of our embeddedness with others, we fall short of a larger goal. It is here that the ethics of our
work needs further exploration. Is it enough to simply help our patients grow to greater selfhood with the inherent assumption that if they become more “whole” they will do better in the world? Or should our expectations be expanded? Should we take a more radical stance that may advance our patients in their daily lives as beings who have a keen awareness and respect for the other?

Finding the Other

Group therapy aids us in moving beyond our idea of individuality and moves us to the “unique and privileged place of putting the other first” (Orange, 2009, p. 8): thus, a dialectic in which there is a focus on the self as well as a focus on the other emerges. I will present a clinical example from one of my therapy groups and then explore the vignette through the lens of Orange’s paper “The Face of the Other: Beyond Individuality in Psychoanalysis and Psychotherapy” (2009) and also through the lens of self-psychological, relational, and Buddhist thought. My wish is to consider, as primary, a reconsideration of possible goals of group as well as individual treatment. My aim is to further our consideration of the idea of unique individuality.

Case Material

Josh entered a therapy group composed of five members that had a long uninterrupted history. All the members agreed that it was time to expand the group by one or two members. My co-therapist and I interviewed Josh and thought he would be a good addition to this maturing group, whose members had explored their histories at considerable length and had achieved significant growth both within the group and within their lives with others. The group was closely connected, and members were resilient enough to feel optimistic about adding a member. Josh seemed a likely candidate for this particular group because he had had considerable individual therapy prior to entering group and, in our consultations, appeared capable of grasping psychological material. He was, however, in individual therapy with another therapist. This posed a potential dilemma for us. We had seen all the other members in a combined treatment model. However, in our long history as co-therapists we had achieved success with participants who were seeing another therapist. We never added members to our groups who were not in concurrent treatment.

His initial 6 months were relatively uneventful, with efforts made by all of us to include Josh in the ongoing dialogue. He seemed to be feeling the need to share his painful history with the group, stating that he was sure he would be rejected when they actually heard his story. His guilt-ridden position was that he was a bad person, comparing himself to a notorious public criminal responsible for chaos in a Third World country. This
information was delivered in a bland manner, but it was evident from his tense body language that his words carried an important message to the group. Although the members were clearly engaged and curious about these references, they sensed his reluctance and so assured him that they would be interested in hearing his story only when he felt he could tell it. Though he remained silent about his history, when he did speak to others about their issues he was quite helpful, offering insights that garnered respect from the others.

Josh consistently maintained a distance from the co-therapy team by physically placing himself far from us and close to the door. While we were both familiar with his history, we did not have access to the full extent of his trauma; this would emerge later. We found that any interventions or observations by either therapist were either not acknowledged or misinterpreted. These empathic misses were puzzles that seemed impossible to sort out. Though it was evident that there had been an empathic rupture, we were rarely successful in understanding what had actually occurred. The more we attempted to probe, the angrier he would get. In these instances he never left a session prematurely but fled out the door at the precise moment group ended.

In the following sessions, we would try to understand what had happened, but could not sort out the cause of the disruption. This pattern would repeat itself, and attempts at discussion only created further alienation. When these outbursts occurred, the group either withdrew in silence or worked very cautiously with Josh, attempting to explain something to him. Their focus remained on Josh, with no effort being made to support the therapists, which would have been a further complication. Thus, we were unable to repair what had happened. Josh did not feel understood, nor did we feel that we had gained insight into the disturbing experience.

Jessica Benjamin’s perspective on complementarity offers a good description of these exchanges. She describes a “doer or done to” dynamic in which there are two choices of engagement. One has to either resist or submit, with each person carrying the conviction that his or her perspective is the correct one. She identifies the involuntary nature of this kind of engagement, stressing the loss of subjectivity of each participant. This pattern would repeat itself, and any attempts at dialogue only created further alienation. By the end of these failed efforts, both therapists felt disempowered as well as misunderstood. Our experience thus mirrored Josh’s. In our meetings after the sessions, we began to question our wisdom in allowing Josh to enter this group. We were also puzzled since we had a long history of working with groups as a co-therapy team and were usually successful in integrating new members and in negotiating the inevitable empathic ruptures when they occurred.

Time seemed to have little impact; Josh’s few interactions with us remained explosive and unexpected. Attempts at exploration continued
to be unsuccessful. The other members worked hard to remain connected to him, explaining their own difficult early years of learning to trust the group and the co-therapists. An uneasy peace would resume and then be interrupted by yet another outburst of rage. We would alternate between trying to understand our own errors and feeling that the problem was solely Josh’s. It was of course impossible to remain in this blaming position. We had spent too many years doing this work and were too committed to co-creation and mutual influence to remain there. While it was clear that there had been a significant empathic rupture, neither of us was successful in understanding the nature of the disruption. The more we attempted to clarify, the worse the disruption became. What finally did emerge transferentially was that I was the denigrating father and my co-therapist was the ineffective, harping mother.

A series of powerful events affecting everyone was the beginning of a long process in which the whole group experienced trauma and loss, which, in turn, set the stage for whole-group growth and an expansion of affective experience. It proved to be a time during which Josh gathered his resources and became an important member of the group, setting aside his own complaints while focusing on the needs of others.

A significant member, Laura, was diagnosed with cancer. The group members were stunned, as they had been helping Laura process the recent loss of her difficult father. The cancer diagnosis occurred almost simultaneously with the death of her father. The group rallied around this beloved member, supporting her as she prepared for radiation, chemotherapy, and surgery. The diagnosis was devastating for Josh, who had made a strong connection with her, his first real connection in the group. It was also difficult for me because Laura had been my individual patient for many years and had made spectacular strides in overcoming a childhood filled with sexual exploitation and neglect. Of course, it was a blow for the entire group. This was the first time in its long history that physical vulnerability had taken center stage. Members became sensitive to their own fears around loss of control and death as well as their fear of losing a loved one.

Within 3 months of Laura’s announcement, when she was deeply involved in radiation and chemotherapy, the group was struck with another astounding announcement. My co-therapist was diagnosed with cancer and would have to stop working in order to start treatment. The news of his illness, delivered by him to the group, was unbearable as members attempted to grasp the situation. I was deeply impacted because just 12 days before, I had learned that my other co-therapist had been diagnosed with terminal cancer. While I tried to be available to both of my co-therapists and to the group, I soon discovered that the only way I could try to move forward was to hold on to myself, remaining calm and controlled when, in fact, I felt frozen and deadened. As my own overwhelming affect served to rigidify me in my responses to the group, the
stage for significant enactments, empathetic ruptures, and chaos was set. I had a foggy intellectual grasp of these possibilities but I remained in the grip of my efforts to contain myself. My capacity to turn to colleagues became inhibited as my old organizing principles became activated. This was exacerbated by the fact that my closest colleagues and friends were also deeply connected to my co-therapists, thereby reasserting an old family dynamic of self-containment in times of crisis. My own early experiences were clearly activated. When I was 4 years old, because of my brother’s serious illness I was placed in a position of containing my mother’s anxiety. This involved being very good so as not to upset her. Being very good meant that I would be very quiet to the point of being unresponsive in the face of her intense anxiety. I became aware that the reactivation of an old organizing principle was inhibiting me from being able to process and explore the situation in which I found myself.

The group managed through this painful period. References to my co-therapist’s health occurred regularly. I kept the group informed about his progress. He and I had decided that this situation required considerable transparency. I endeavored to follow this dictum but also recognized that I often presented the information in a clipped manner, devoid of affect, thus probably, at times, inhibiting further exploration of all the activated feelings of the members. In addition to the groups I was already running alone, I was now running three groups without my co-therapists, trying to remain available to the process in each of the groups. I think it is safe to say that I was operating in a somewhat dissociated state as I attempted to negotiate my way through each group without my beloved partners of 30 years.

Josh remained in close contact with my co-therapist, sending him cards and emails. He exhibited tenderness towards my co-therapist that had been absent hitherto. We both regarded this as a gain, a kind of reprieve from some of the intensity of earlier exchanges. This capacity, to be present under situations of great stress, showed a side of Josh that was not usually available. It was also a clue that he had acquired some skill in coping with the most difficult situations in his pain-filled and traumatic history. That is, the trauma of both people seemed to organize him. It brought to mind Kohut’s (1978) article on narcissistic rage in which he suggested that narcissistic rage can organize a damaged self, allowing the person to ward off a threatened fragmentation.

As is often the case, time is an enormous factor in changing difficult scenarios. Laura, after extensive complications, was able to resume a fairly normal life. So despite my co-therapist’s absence, her return did help to sustain hope in the group. Eight months later, my co-therapist returned to the group, battered by the treatment but essentially cured. As time passed, the group gradually worked through their pain and sadness of the previous 9 months, resuming a normal cycle of engagement. Cancer and illness went from being a foreground to being a background issue. Fewer
and fewer references were made to illness as the group moved into new territory. A long-term member bade the group goodbye as he moved on into a new career that would take him out of the area. The group viewed his termination positively and his departure did not result in a reactivation of loss and mourning.

There soon emerged a period during which Josh finally felt safe enough to share his traumatic history with members. While I will not review the painful historical material in depth for reasons of privacy, suffice it to say that he had suffered severe sexual and physical abuse at the hands of several authority figures in his life. As people often do, he saw himself as being responsible for his devastating experiences, again referencing the evil Third World leader. A seemingly benign situation occurred, causing a reactivation of Josh’s trauma. Josh reviewed the details of a reluctant visit to his family during which a series of events showed him, once again, how he had been excluded from his family. Though the example is not in itself traumatic, the ongoing rejection that had led him to leave his family when he was barely 16 was reactivated. It was a repetition of being ignored to the point of feeling shunned that was so devastating. It is important to note that there had never been even one person able to emotionally support Josh—no other relatives, family friends, or teachers, during his 16 years at home. This was the beginning of a long journey during which he reexperienced the painful and deeply harmful experience of being destructively rejected. Members joined him in his struggle, trying to understand the implications of this destructive visit.

What became activated in the group, however, seems to have been a much more unconscious process, resulting in enactments involving all of us. Over a series of sessions, members began to review their own trauma history, sometimes in great detail. They were essentially reviewing old material that had been worked and reworked during their long group tenure prior to Josh’s arrival in the group. This process went on for several weeks, setting a mood in the group that was filled with somberness. I found myself more and more puzzled by this, until finally, after one particularly painful group, I felt able to lift myself far enough out of the process to suggest to my co-therapist that the group members were unconsciously attempting to demonstrate to Josh that they too had suffered significant trauma and were able now to contain and move on from the painful events. This unconscious effort at a self-object experience of twinship was, I suggested, an effort to help Josh hold on to the hope that he could begin to contain his painful experiences and perhaps have more resilience in the face of recurrences. This interpretation, when offered to the group, was well received by all members except Josh.

During these weeks he became silent and withdrawn. Questions about his silence received an insistent “I am OK!” This was abruptly ended when he erupted in a rage at the co-leaders. The intensity of his anger and his strong statement of hate were so sudden that it essentially silenced the
group. Any efforts we made to understand what had unfolded were met with more rage. The most intense feelings of hate were directed at me, to the point that I felt compelled to tell Josh that it was absolutely necessary for us to set up an individual session since the group did not seem to provide the holding he needed to address the issue. It was an unusual action for me to take, an enactment, I believe, resulting from many experiences of ineffectively resolving these painful outbursts. It felt essential for the life of the group that we meet. With a look of relief, Josh immediately agreed, suggesting to me that I probably should have made this arrangement earlier. There was a group sigh of relief. Because he had an individual therapist, I had felt I did not want to intrude on that treatment. However, in a conversation with his individual therapist she indicated that she felt it was important that I meet with Josh. Despite arranging the session, I was dreading the encounter, assuming that the rage would not be any better understood than it had been in the group.

It became clearer to me that both Josh and I were still reeling from the recent powerful losses in the group. I was still in the throes of trying to regain my balance after the diagnoses of my colleagues and patient. As I said earlier, my coping mechanism of self-containment made me unavailable to the one person in the group who needed me most, Josh. In my depleted state I experienced Josh as a hopeless case, something that was shameful to admit to myself and also something that seemed to foreshadow the impending death of my other co-therapist. This realization stiffened my resolve to continue to struggle with this situation. I also began to consider that it was at this juncture of repeated struggles that people gave up on Josh, thus reactivating all of his old abandonment issues. He had little grasp of his part in recreating a situation that could repeat his prior losses. It was also here that I began to be able to move beyond empathy to a deep sense of compassion for Josh.

Shortly thereafter we had our first individual session. Josh was clearly anxious, but the belligerent edge was absent. We attempted to process the events of the previous sessions with considerable transparency on both our parts. My willingness to be transparent seems to have been a crucial factor in beginning to understand what had unfolded between us. Josh was very clear in describing his feelings of not being seen by me. This astounded me, since my own experience was that I worked harder to understand him than I did with other group members. On the other hand, Josh was amazed to hear that I felt I had worked hard to try to understand him but no matter how hard I tried, I failed. I truly appreciated Benjamin’s conceptualization of complementarity. We both felt victimized. In acknowledging my failure and my own sense of feeling unskilled, as well as feeling stung by his hatred, Josh responded with relief and an obvious decrease in tension. It was clear that what he needed from me was this transparency, and its absence had in fact been an important part of
the empathetic rupture between us. It was a relief to him that I felt badly about my inability to help him. It appears that he needed some reassurance that he actually had an impact on me. This of course was a key issue in his family, where he consistently felt invisible. Although I had attempted this in the group, it had not been successful, suggesting that the engagement in front of the other members was too shame-inducing, replicating the way he had been shamed in his family in front of his siblings, who seemed to know how to please the father. It was also a reenactment of experiences in which parents and siblings ignored Josh, treating him as the crazy one. My own part of this enactment was related to the lingering effects of my co-therapists’ absence. That is, I believe I was still operating from a defensive position in which I was attempting to be good and quiet. When I was not experienced in this way, I resorted to intellectual explanations. I was in the throes of pain and loss as my other co-therapist approached death. Therefore, I had to consider that Josh was particularly sensitive to emotional absences and had experienced my efforts to contain myself during this long and difficult time as a kind of rejection that activated early family trauma.

This initial session was so useful that we decided to continue to meet on a monthly basis so that we could continue to explore our process. Both his therapist and my co-therapist supported this. The other group members also applauded the idea since the dissonance created by Josh’s hatred disrupted their connection to me and to Josh. Since that time he has become more active in the group. His keen observations are welcomed. I observe that I continued to keep a close watch on him and feel more concern about his silences than I might about other members. This suggests to me that there continue to be unresolved transference issues between us. Or, I might say that the co-creations continue in the intersubjective field. That is, I am waiting for another major disruption. Now, however, I am more hopeful that we can understand and heal these ruptures in a more effective way.

As with all groups, the process continues to unfold. With the group’s agreement and interest, we added two new members, a man and a woman. This event caused a major disruption for Josh. This seemed related to the fact that one of the new people, a woman, was quite self-absorbed. Despite his distaste for this person, he makes efforts at engagement. The new members are gradually getting absorbed into what is now a much more functional group process after many episodes of traumatic disruption. Josh has been very active in this integration process. His observations are often acutely accurate and both therapists are encouraged when he engages in the group process, duly impressed by his penetrating yet empathic reading of the others. His engagement remains intermittent. There continue to be periods of withdrawal. It has become apparent, through our individual sessions and now more frequently in the group, that the primary reason for his silent withdrawal is fear. It is often
It was difficult to determine the causes of his fearful withdrawal. His work and that of other work continue on this difficult issue.

A recent notable event occurred about the fourth week after the new members entered the group. An active dialogue began around the issue of what people actually got from group. The new members were clearly searching for some sense of deeper meaning to be gained from meeting as a group. Members struggled to articulate the gains group therapy offered, exploring how things had changed for them in the process. Near the end of the group, Josh and Laura both spoke from a somewhat different perspective that was then echoed by others. Laura said, “I think the most important thing I’ve learned is how to be really available for other people, how to get them and respond to what they need.” Her statement was particularly notable because the group had been incredibly available to her through her serious bout of cancer. It had reinforced for her the importance of the empathy and compassion extended to her during that period. Josh readily agreed, stating that “before group, there was no possibility of such an experience” and that “it felt really important to truly understand that this is about seeing and being available to others.” I was struck by this interchange, instigated by two of the most traumatized members of the group, each of whom, because of significant narcissistic injury, had been slow to grasp the needs of others. Their capacity to articulate so clearly their desire to be available to others was amazing to watch, particularly in light of all of these earlier events described. It was a moment of clarity for all of us. The dialogue expanded to include all of the members. Their ability to appreciate their deepening connections to, and care for, the other, both in the group and in their lives outside of group, was evident. It has been a long and painful journey. The journey is far from finished, but the group’s capacity to weather these storms of trauma and loss is heartening. These are the gains group therapy offers, and it is the recognition of a deepening capacity for empathy and compassion that suggests that this mode of treatment fosters the experience of finding the self through finding the other.

Expansion of Intersubjectivity

I would like to briefly review a perspective Donna Orange has presented and would like to suggest that her emphasis could potentially open new avenues of exploration in the field. Her paper “The Face of the Other: Beyond Individuality in Psychoanalysis and Psychotherapy” (2009) begins with an exploration of the issue of individuality, suggesting that “some current understandings of individuality and individualized selfhood tend to stunt the clinical and ethical focus to the welcomed other” (p. 1). After a discussion and questioning of individuality within the field, she goes on to examine the positions of three 20th-century philosophers, Martin Buber, Hans-Georg Gadamer, and Emmanuel Lévinas, stating that each of them
advances a profoundly relational, i.e., non-individualistic account of personal individuality that could support our psychoanalytic and psychotherapeutic work. At the same time, these relational accounts tend to challenge the American cultural ideals of independence and self-sufficiency, and may lead to a further shift of emphasis. (p. 4)

Each of these philosophers, in his own unique way, advances the proposition that it is the other who should be our focus. I believe that with the strong emphasis on relational and intersubjective theories, there inevitably emerge questions about how the therapeutic work is advanced. In the intersubjective field it is emphasized that there is no such thing as a person but only a person in relation to other persons (Stolorow & Atwood, 1992).

The conceptualizations that have emerged from philosophy can guide us as we explore some outcomes of our inevitable immersion in systems. For example, in a therapy group I can find myself surprised—sometimes awed—at the capacity exhibited by members to try to understand and empathize with the other patients. It may occur that when my own empathic engagement is sorely tried, a group member will offer a caring and understanding statement to another member. It is at those moments, when I would simply like a member to silence themselves, or when I find myself so embedded in the process that I am unable to offer understanding, that another member will step in and be able to provide for a fellow member, thus shifting the group into a more balanced position. As we attempt to understand our inevitable embeddedness with each other, Orange's paper on individuality aids us in further exploration of this thorny issue.

I will very briefly reference these philosophers and also recommend a careful reading of Orange's paper for a full explication of the ideas expressed there. We are familiar with Buber's I-thou, in which we meet as two subjects, "which differs radically from all I-it relations, in which we regard the other as a thing" (Orange, 2009, p. 6). Buber states that

man wishes to be confirmed in his being by man and wishes to have a presence in the being of the other . . . secretly and bashfully [man] watches for a yes which allows him to be and which can come to him only from one human person to another.  

(1988, p. 7)

Gadamer advances similar ideas. He emphasizes, "The dialogic process of understanding in which what emerges from a conversation is something unique and unexpected" (Orange, 2009, p. 9). He states:

We say that we "conduct" a conversation, but the more genuine a conversation is, the less its conduct lies within the will of either
partner. Thus a genuine conversation is never the one that we wanted to conduct. Rather, it is generally more correct to say that we fall into conversation... the partners conversing are far less the leaders of it than the led. No one knows in advance what will “come out” of a conversation. Understanding or its failure is like an event that happens to us.

(p. 9)

What an eloquent description of the therapeutic process we describe as intersubjective! And how accurately it can be seen as describing an unfolding group therapy dialogue. As Orange states, “In a genuine dialogue, people attempt to convince each other, but always also with the expectation that the other can teach us something, under this condition, understanding can emerge in the play of conversation” (p. 10).

The third philosopher/Talmudic scholar Orange describes is Emmanuel Lévinas. As she states,

Lévinas became convinced that something “otherwise” than being or knowledge must be fundamental. He contrasted what he called “totalizing” or treating others as something to be studied or comprehended, with relating to the face of the other. This irreducible “face” always transcends our concepts and ideas. The way in which other presents himself, exceeding the idea of the other in me, we here name face. The other, presents me with an infinite demand for protection and care.

(p. 11)

For Lévinas, “the ethical relation is not between equals, but is asymmetrical, that is, from inside that relation as it takes place, at this very moment, you place an obligation on me that makes you more than me, more than my equal” (p. 12). Lévinas states, “It is my relation to the other that individualizes me” (p. 13).

Orange suggests that these philosophers are offering a challenge to personal individuality. We are perhaps more open to considering this proposal in this age of a deeper appreciation of the reality of two full participants in the psychoanalytic process. She suggests, and I concur, that these philosophers, all victims of trauma, are “telling us that concepts of individuality have served us badly. Maybe they invite us to develop a therapeutic culture in which generosity, care and protection of the other become our central values” (2009, p. 11). In Gadamer’s (1986/1996) words, “It is the other who breaks my self-centeredness by giving me something to understand” (Orange, 2009, p. 9).
Conclusion

Is there a way to reconsider our therapeutic goals, perhaps embracing a worldview, as de Maré, Piper, and Thompson (1991) suggested, that moves us from kith and kin into an engagement with the larger brotherhood of man? Is some of the shift in the development of intersubjectivity theory a reflection of that growth? Is it possible that we may be reaching our own tipping point in psychoanalysis, moving to a deeper appreciation of the inevitability of our impact on each other at every moment? Is an aspect of this tipping point a fuller recognition of something larger than the isolated mind of the individual? We now embrace co-creation as an inevitable aspect of our work with our patients. Is this a step towards recognizing universality, as suggested by this discussion? This universality would be a move away from an emphasis on the need of the individual to a deeper appreciation of our inevitable brotherhood.

These questions are particularly relevant to conducting group therapy. In the group psychotherapy literature there is much written about dealing with aggression, anger, and hate. There are also many commentaries on creating cohesive groups. In the psychoanalytic literature we see rich engagement around issues of the self and other. Within the field of all types of studying groups, we have gone beyond the individual, beyond the family-size group of therapy to the exploration of the median group and the large group. Both of these modalities have been explored and discussed for decades. Implicit in these theoretical positions and the actual conducting of median and large groups is the idea that our work must include the larger universe, or systems, all of which have significant impacts on how we live our lives. It has been suggested by de Maré and others that these larger group settings make possible the experience of “impersonal fellowships rather than personal friendship, of spiritual-cum-human participation in which people can speak, hear, see, and think freely, a form of togetherness and amity that brings a pooling of resources” (de Maré et al., 1991, p. 2). This is difficult and painstaking work, made more difficult because it requires that we move beyond our singleton position to claim space and responsibility in a larger world. It is in all of these experiences that I see group work as foreshadowing many of the theoretical advances we see in the field of psychotherapy and psychoanalysis today. Group is the setting in which there is a gradually dawning awareness of the inherent complexity of the other. We can move beyond our own individuality, with its various projections, identifications, accommodations, and so on, to actually seeing, if only for moments, into the inner being of the other. This process can insure the development of compassion. It is in my description of the interchange described in which Josh and Laura, two of the most emotionally traumatized members of the group, proclaim with considerable pleasure that they have come to occupy a kinder, more compassionate position towards others. In this
rather brief encounter I believe I saw the considerable potential of our efforts to operate in an intersubjective field, aware of co-creation as we knowingly explore the movement towards something larger than the self, hopefully bringing us to a more altruistic experience of the other. It is in this realm of the group that our work as intersubjectivists must continue to be plumbed to reveal a larger view of the potential of our patients and us. Group therapy offers us this profound opportunity to move beyond the self to find the other.

References


