

Symbolic Communication in Modern Group Therapy

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Non-verbal patients present a special challenge in group treatment. Since their symbolic communication is usually acted out, there is a need to first observe and then translate the covert message, while at the same time educating the other group members to recognize and convert the disguised contacts into words. This paper discusses body language, the playing of roles to mask feelings, and other forms of primitive resistances displayed within the group setting. Ways in which the therapist and group members may use interventions including joining, mirroring, and bridging to foster progressive communication are illustrated with clinical material.

Introduction

In group analysis it is an accepted fact that what a patient does not say is as important as what is spoken; and that deciphering the myriad ways chosen to convey a message with or without words is a vital part of the therapist's job.

We recognize that such symbolic communication from a group member is a cautious and disguised attempt to make contact. However, before turning symbolic messages into progressive communication there must first be an awareness of the variety of forms those messages may take. A wide range of interventions can then be utilized to move patients from a needed defense to a mature communication. This paper studies how modern group analysts use an understanding of symbolic verbal and non-verbal communication to resolve resistances to progressive communication.

Definitions, Background, Examples

Symbolic communication is the act or process of representing an object or an idea by a substitute object, sign, or signal, verbally or non-verbally. When symbolic communication is verbal the words used are similar to the mechanisms of dreams that condense, or disguise. Anyone recalling Groucho Marx's eyebrows knows that body parts speak loudly and clearly.

The first and perhaps the most famous of these substitutions noted in our professional literature was Dora's cough (Freud, 1959), which Freud understood so well as symbolizing her unconscious fantasy of oral intercourse.

A parallel substitute in modern analytic literature was the schizophrenic patient, Dick (Spotnitz, 1976), whose violent attempts to control the language of his fellow group members was understood by Spotnitz as a representation of his desire to strike them.

One of my first experiences with such a communication came about when I was asked to see an autistic child in a hospital clinic setting. Never having treated such a case before, I decided to be very careful and use only the most basic techniques of joining and mirroring. That became a long, silent hour. Michael sat at the opposite end of the room on a mat on the floor, and I replicated him in another corner. He scratched his hand; I scratched mine. He turned his head; I turned mine and each time, I would put it into words. "We have just turned our heads." However, despite my having been warned that he couldn't be contained, he stayed in the room. In what was

later to become a ritual, I gave him a five-minute warning that the session was coming to an end. At that, he got up, walked to the desk, picked up a roll of scotch tape, and began to walk around the room, putting little pieces of the tape up on the wall. I watched, amazed, but then suddenly got it. "Part of you is going to stay here with me until the next time?" I asked. He smiled-the first facial expression permitted with me. His symbolic message had been understood

This understanding served well in a group in which, week after week, one young woman came in with a cup of water, from which she slowly sipped with otherwise tightly pursed lips. I silently studied this and the manner in which fellow group members managed to ignore it. Finally a heated discussion about rules erupted, ostensibly about interactions between group members walking down the street after group. When I gently asked, "How about in here?" all heads swiveled toward Ginny, sitting with her cup of water. And with the acknowledgment that her behavior was taking place in a climate of collusive ignorance, the group resistance and hers could be explored. Ultimately the cup of water was understood as her personal symbol for the umbilical cord, which would nourish her until she could be born. I might add that this birth concept held true for the group as well, in both senses of the word, since it was indeed very difficult to "bear" her, until she learned to speak. The group resistance manifested a fear of aborting her, and this was later confirmed by a memory of her mother angrily relating how close she had come to ending the pregnancy.

Today the media is focusing more and more on the concept of non-verbal communication. Recently, I was given a book that stated, "We cannot not communicate. Even our silences tell their own stories because communication is taking place in so many ways" (Covington & Beckett, 1988). This study showed that words are only about seven percent of the total message we send. Thirty-eight percent of the message is conveyed by qualities of the voice, and fifty-five percent by body movement. How might that be? If a mother says, in a seductive voice, as she leans towards a child, "Go away, dear," or conversely, backs off and says angrily, "Come here, darling," what is a child to think? This conflicting message is the origin of the double bind. We understand such entrapment to be a "hostile dependent involvement where one of the parties insists on a response to multiple orders of messages which are mutually contradictory, and the other ... cannot comment on these contradictions or escape from the situation" (Campbell, 1989).

Clearly, such phenomena create problems, not only within family life, but in the larger societies of academia, between teacher and students; the work place, between employer and employees; and the international sphere, between representatives of nations. Many emotional messages between people are communicated without words. Nowicki and Oxenford (1989) studied the major social handicaps suffered by school children who are unable to respond to nonverbal messages with any degree of accuracy. Because these messages are based on body movements, inflections, and wordless cultural cues, these children are deprived of a major portion of interpersonal language. A New York Times headline (Navarro, 1989) written after the San Francisco earthquake, under the title of "Healing," said, "Message to a city's rattled populace: Try to talk about it."

It is important in our everyday work as therapists that we continually deepen our knowledge of the many subtle forms that verbal and non-verbal symbolic communication may take. For this reason, we frequently turn to parallel fields of mythology, literature, and religion to enrich our understanding of its universality. For example, a supervisee recently brought in the case of a patient who had begun telling his group that he was seeing daggers before his eyes. It took only a few moments for others to relate it to Shakespeare's Macbeth and understand his

symbolic wish to murder. When such symbolic behavior occurs, there is already distinction being made between fantasy and fact; between inner objects and external objects; between primary creativity and perception. Normally this is an ongoing developmental process. When this process has been interrupted by some trauma, maladaptive behavior patterns result and maturational gaps become apparent. It is in our translation of the unspoken needs that these gaps may be understood, and the blocks to normal growth removed by group work. We also know when we spot such an immature communicator using infantile modes, that the greater the disability, the greater the dependence on us during this learning period. Symbolic action portrayed in acting-out behavior such as bringing food or drink into the group setting; the way a person dresses; where the patient sits in relation to the therapist; whom a group member chooses to sit next to or away from; the timing of contact between group members or between a group member and the therapist; a transference communication itself, such as "It's cold in here," which requires a translation into "You're treating me coldly," all have to be heard and responded to on the appropriate level.

In an interview shortly before his death, Andre Sakharov reflected Freud's (1914) understanding of the repetition compulsion in saying, "He who forgets his own history is condemned to repeat it. If we don't know our own history, we will simply have to endure all the same mistakes, sacrifices and absurdities all over again" (Aikman, 1989, p. 59). And, as therapists, we will have to endure them with our patients. This endurance was a marked element in the treatment of one group member, resulting in an important memory of parental symbolic communication to the patient. Robert, though the father of three children, had still resisted taking on the appropriate responsibility of the role. His affect was that of a charming little boy, but as the destructive way in which this affected his relationships became more apparent, the other members began to display disenchantment. Where, for many months, he had been mothered and petted and appreciated by others who were reenacting their own roles in their families, now when he put forth a bid for attention, reactions became negative. "I'm tired of having to take care of you," said one. "You never give anything in return but a smile," said another. A third expressed anger at feeling him to be a burden to the group; never willing to "interact with substance." A fourth complained that, "With you, it's always bedtime stories, smokescreens offantasy." Finally, one of the women shouted at him, "I want you to be a man for me, and you act like a five-year-old." With that he began to cry. "I'm afraid. I am only five." Soon there was a memory of his telling his family, "Don't give me a sixth-birthday party. I'm never going to have a birthday again." Somehow, he had gotten the message from his mother that "I'll take care of you until you're six, and then it will be your turn to take care of me (for the rest of my life!)." His perception of the hidden message was more than he could bear, and so he had stopped his lifelock emotionally at five years, eleven months, three weeks, six days, and twenty-three hours more or less. This theme of a role reversal, where the child had to care for the parent, reverberated in other group members, who shared memories leading to an increasing sense of freedom in the present. Several sessions later, the group had a symbolic sixth-birthday party for Robert, who for the first time in his outside life was able to demonstrate a beginning ability to maintain a position and support his family.

Physical Manifestations

Non-verbal communications, messages given and received without the use of words, are based on body language - no matter how subtle. Body language is a form of preodipal resistance to

verbalization, ranging from autonomic nervous system reactions such as blushing, sweating, turning pale, muscle tensing, throbbing temples, to deliberate hostile behavior such as the deadly Medusa look (saying, "if looks could kill, you'd be dead"), turning away, shrugging, smiling, frowning, screwing-up the mouth to demonstrate that something is distasteful, leaning forward to express, "I want to be close to you:" Group variations on the theme might be two people changing seats because one is cold, the other hot; leaning over to pat someone's shoulder as an expression of caring; passing a tissue box with unnecessary force; sub grouping to exclude other members; or running to the bathroom each time sex is discussed (Ormont, 1969).

Preoedipal Characteristics

One of the characteristics of pre oedipal patients is the limitation of vocabulary (Ormont, 1990). It is too difficult for them to articulate their problems or express failings in words. The hidden sense is, "If you really loved me, I wouldn't have to tell you how I feel. You'd know, you'd read my mind. If you don't, it means you don't love me and should be wiped out." The prototype is the relationship between the infant, and mother who communicate without words. The baby can't speak, but the tuned-in mother knows the baby's needs, whether the cry means "feed me," "change me," or "hold me." As people grow, difficulties arise as many still demand that their minds be read. Again, preoedipal patients give the message, "If you really loved me, you'd know what I need and give it to me without my having to say anything." This is a phenomenon frequently seen in troubled marriages, in which one partner makes the same unstated demand on the other, and then collects grudges as the demand is repeatedly unheard and unmet.

The earliest fantasy to have all of one's bodily needs met in a perfect relationship is the black-and-white, all-or-of narcissistic persons. Such primitive patients have neither insight into nor recognition of their feelings. Like infants, they relate first through contact perception, that is, through the senses of smell, taste, touch, sound. Therefore, when such a person walks into the group and says, "There's a terrible odor," he truly believes he smells something bad, rather than recognizing an expression of hostility. What is really being said is, "This group stinks!"

The Use of Money as Symbolic Communication

When I started practicing, I had a wonderful patient. She was an actress who talked easily and communicated everything- that is, everything she wanted me to know! She was verbal; I was clever, and for a while, it was a honeymoon. Then, a funny thing happened. She came in one day and took her shoes off, before lying on the couch. Not knowing what to do, I did nothing, for three or four weeks, fearful of losing her. Finally, I figured I'd better take the risk of finding out what it meant. "What's with the shoes coming off?" I asked in my best object-oriented way. With that, she turned on me. "It's about time. I thought you'd never notice. You're just like my mother- too busy with yourself to pay any attention to me." "But why are they being taken off?" I repeated. Disdainfully, she answered. "Why would anyone take their shoes off?" implying that I was a dummy. "Because my feet hurt, of course!" I was having trouble understanding the message. "If the shoes hurt your feet, why not buy another pair?" Aha! That was what she had been waiting for. And in a loud voice, she let me have it. "Because I have to give all my money to you, and I can't afford new shoes. That's why!" The message was that I was too selfish to take care of her, and like her narcissistic mother, I cared only for myself. The negative transference was out in the open, and finally, we could get to work.

Again, this same understanding of the acted- message is the foundation of the therapeutic ability to trace derivatives, while at the same time protecting the fragile ego until the behavior can be objectively examined. This was demonstrated with splendid clarity in a group where method of payment became the apparent issue. The fact that the amount of the fee was not the object of contention was puzzling-to me at the time. Rather, it was: should the fee be paid at the end of the month or at the beginning of the next, to fit in with receipt of salary checks? Should the fee be paid at the beginning of the session when time would be taken from the group, or at the end when the group could -steal a moment more of my time? Should I be presenting bills; or should statements be given for tax purposes? What about paying in cash? I began to realize while I studied this resistance that the central figure appeared to be one particular man, a corporate businessman, who seemed clearly determined to rewrite the group contract around money. Gradually I brought this to the group's attention. Involving them in what such a change in our agreement might mean. Curiosity was evoked about the meaning in the present. What made money so important right now? One particularly intuitive member of the group said, "I don't know why, but it feels the same way to me as when I was a kid and stole a thimble from the five-and-ten. It was all I could think about until I 'arranged' for my mother to find out. Then she helped me return it and apologize. " Bit by bit, with the responsibility centered on the group as a whole, rather than focused on the central actor, the true problem emerged. Mr. Businessman had embezzled money from his firm and was desperately trying to find a way out, without revealing what he had done. In an accepting way, fellow group members helped to elicit his fears and supported his behavior to make restitution without further self-destructive behavior. Indeed, primitive patients such as the actress and the businessman, like the small child, have a need for magic. The more secure we can make that growing child, the more willingness there is to seek rational explanations, and the less need to hold on to infantile projections and mythical explanations or fairy-tale solutions to life's difficulties.

How Group Members Resist

When we form a group, we establish a contract based on the premise that every member follows the expectation that he or she will put into words, all thoughts and feelings toward the group leader, and toward the other group members. Then we sit and watch how this is resisted. The special potential of the group is that it stimulates memories of an earlier group, i.e., the family and the reenactment of parallel coping responses. The group leader must train group members resistances to verbalizing them. The most primitive form of resistance to be dealt with is silence-autistic withdrawal from the outside world. Another primitive resistance is action; pure acting out of aggression or sexual urges in physical form. The stage is now set for an entire cast of familiar and not-so-familiar characterological defenses acted out either wordlessly or with words used as a disguise.

Ormont (1988) characterizes resistances as either verbal or attitudinal. Fact-seeking, fault-finding, fighting, manipulating, diverting, and joking are using verbal resistances. Attitudinal resistances are expressed non-verbally by self-absorption, detachment, dissatisfaction, mistrust, and compliance. I've added a few more character defenses: the icequeen, haughty, superior, condescending, and isolated; the intimidator; given to pounding his chair, raising his voice, threatening; the bored one, yawning and falling asleep (symbolically trying to bore the group to death); the disappearing one, who slides further and further down in his chair until you think he's going to disappear like the Cheshire cat, leaving behind only his

sneering mouth; the baby, who whines, demands, sulks, and verbally pees all over everyone; and the schlemiel, who, no matter what can succeed in making himself look bad.

How We Translate Non-Verbal Communications

Once we recognize these resistances at work, our interventions are aimed at resolving them, so that everything may be put into words. We notice, study, investigate (ask why?), and reconstruct. The aim is to train the group members to be attentive, accepting, and therapeutic. By softening the defensive armor, in its symbolic form, we set the stage for the group members to understand and interpret the signals. We model how to examine clues such as covering a mouth, looking helpless, sighing loudly. We teach that touching another with words is more effective than body language, as a way of getting need met appropriately. Freud hypothesized that the repetition compulsion has priority over the pleasure principle. With the help of the group, we try to reverse that. We ensure that silent group members are contacted at least once during each session. We bridge them to other members to connect (Ormont, 1990).

Years ago, a young woman came to me complaining that she could not make friends. No one ever gave Millie what she wanted. This feeling was never stated, only acted out in the group. My observations of her confirmed that she projected an air of disintegration when contacted by other group members, which led to rapid retreat. At the same time, there was a refusal on her part to contact others. I found myself thinking, "She won't play with them," and remembered fragments of an old children's chant about "Not sliding down your cellar door," and "I won't be your friend forevermore." One day at a flea market I found a sampler that said, "To have a friend, one must be one," and Millie immediately came to mind. Having accepted her for so long as the non-speaker of the group, I decided to buy it as a non-spoken response, and hang it in the office. She was the first to notice it, and reacted by giving me a dirty look. When asked if the look could be put into words, she first shook her head, but later asked in a tentative voice if it had been meant for her. She, the group, and I argued over that motto for months. Simply telling her that the motto was directed at her, would have been experienced as an ego attack. My non-verbal mirroring of her non-verbal communication enabled her to be in charge of it, and she could then approach the problem externally, with the aid of the group.

Marie Coleman Nelson (1966) points out that cryptic communications that typify or symbolically embody several meanings, such as proverbs or bits of rhyme, stimulate curiosity and provide the patient with options for creative response. The therapist, as well as the patient, has the right to utilize symbolic communication, as I did with the motto. Rather than feed the hungry patient, we intensify the core problem, permitting patterns to emerge more strongly, so that they may be amplified and recognized by the patient. Our first purpose is to help patients share their emotional history in any form that they are able. Then we must help them put it into words, and finally, to work it through.

We want to remember to observe who is doing what to whom and with what. I had a wonderful example just a few weeks ago. A patient was sitting in group and tapping his mouth with his glasses. With the help of fellow group members he was in the process of trying out new ways of being, and it was recognized that they would have been vastly displeasing to his controlling, what-will-the-neighbors-think mother. It got very quiet as he continued to tap and the others continued to watch. Finally, he was asked what the glasses were saying to his lips? He thought for a moment and then laughed. "They're saying, 'Don't make a spectacle of yourself!'"

Countertransfereential Components: Utilizing the Induced Feelings

There's an old Japanese proverb, "to catch a tiger cub, one must first go into the tiger's den." For us to catch the infantile repetition, which is often expressed symbolically, we must first figuratively go into the tiger's den, that is, take the risk of trusting our induced feelings. If we're wrong, the tiger will tell us. He'll roar. Induced feelings are non-verbal forms of communication, and, in fact, go in both directions. Haven't there been times you've known something, absolutely known it, without there being any conscious reason for the knowledge? Or had a patient say something that you knew had to have been plucked right out of your mind? Whether we call it intuition, sixth sense, ESP, objective countertransference, doesn't matter. What does, is that it provides valuable information about the patient. Whether it is a physical sensation, an odd afterthought, an urge, or a song, it is to be honored and given the attention of examination.

Recently, in one of my groups, an intellectual discussion about relationships was going on. As I studied my own feelings, I realized that the primary one was suspicion. I asked, "Why do I feel as if I'm being conned?" My question was a gentle nudge to the members to be attentive to their inner reactions. Someone laughed, and said, "Because you are!" And once again, by saying what had been inwardly known but not consciously formulated, we had gotten past a barrier. I, as a parent figure, was being given lip service. The group members were replicating teen-age behavior: covering sexual thoughts and feelings for each other, as well as tremendous desires to act them out, hiding behind the defense of intellectualization. Here, words were being used as a disguise, rather than as a communication, and the group was colluding by syntonically wiping out their awareness.

On our part, the non-verbal responses that we, as therapists, make, are equally important. Even when we make challenging interventions, our patients can feel secure in our empathic understanding, because we show it in the tone of voice, choice of words, position of our bodies. Our nonspoken attention to the protection of fragile egos, and our obvious respect for the patients' psychic well-being, should always be present, even in contacts outside the group setting. Such sensitivity plays a vital role in the many ways in which training analysts or supervisors, for example, open to meetings with students and supervisees in professional settings, will behave. It facilitates our position in community affairs where the ability to be a decoder and a facilitator is so badly needed.

Joseph Campbell, the mythologist, was once driving around looking for a parking space, being late to a performance that his wife, the dancer Jean Erdman, was giving. Finally he found a spot and started to back the car in. A small child, standing rigidly on the sidewalk, yelled, "You can't park here." "Why not?" Professor Campbell asked. "Can't you see, I'm a fire hydrant?" the child said indignantly. Being who he was, Campbell drove away. When his passenger asked "Why?" he replied, "The child needed the power of having his symbol respected" (Campbell, 1988, pp. 14-15). And so do our patients!

We have come to think of groups as second-chance families. (Malumud, (1973). The group is the new family where, instead of biting one's nails or eating oneself up, maturational modes of communication are learned. Instead of sleepwalking, the wish to murder can be verbalized and the idea enjoyed. Old competition with siblings can be resolved in the present for mutual benefit. Sustaining mature intimacy (Ormont, 1988) can be achieved. This reparative work, often conducted through the analysis of symbolic communication, is the focus of the group. The modification of maladaptive defenses is the strength of group work.

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