

READER'S FORUM

Affect Education and the Development of the Interpersonal Ego in Modern Group Psychoanalysis

ELLIOT M. ZEISEL, PH.D., L.C.S.W.

In the screening interview prior to entering group treatment, patients usually express an interest in two goals: getting to know themselves better and a desire to improve their relationships. In a Modern Analytic group we invite patients to educate us about who they are and how they relate to the world around them. Group is particularly well suited for this task since there are multiple transferences unleashed in the process and we see and experience how our patients function in a variety of emotionally charged situations. As Modern group analysts we rarely employ interpretation as a therapeutic tool and instead rely on reflective techniques and emotional induction to craft interventions. The process is less about explanation and more about exploration. We also have a unique opportunity in group treatment to engage in affect education. As they engage with fellow group members and the leader, patients develop an enhanced, working knowledge of their emotions. The process helps them learn how to make better

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Elliot M. Zeisel is Faculty, Training Analyst, and Director of the Group Department at the Center for Modern Psychoanalytic Studies in New York City.

use of their feelings in the moment in the service of understanding each other. Life becomes more immediate!

Generally, when we leave our parents' home—for some that means 18, for others 33—we have an emotional system for surviving in the world that is based on what we have observed and experienced. Some of what we are equipped with is adaptive, but some is clearly unhelpful. For example, I grew up in a family where in times of stress I got to observe a rather limited emotional repertoire of either outward raging or withdrawing into somatic isolation. In my early 20's it took several girlfriends to educate me about the need to learn more about relating in close emotional quarters. So, at the age of 25, with two years of individual psychoanalysis under my belt, I entered group treatment. In group I learned that there are three pathways for the expression of feelings available to human beings: 1) the visceral pathway, where you experience feelings in your body (e.g., you feel anxious and get a stomachache), 2) the acting out pathway (e.g., you feel angry and in response drink a six pack of beer and drive your car into a tree), and 3) the psychic pathway (e.g., you feel something and discharge the feeling with language). For me, and perhaps many of us, my psychic pathway was the least developed of the three. In group, the process of expanding the verbal capacity for discharge is much like the experience of working out in a health club. Group is a verbal gym where you can strengthen certain emotional muscles and emerge with a better defined capacity to process your emotional life as it unfolds. Imagine sporting a buff psyche! In group we have the opportunity to educate ourselves and our patients to better know: 1) what we are feeling in the moment, 2) why we are feeling that way, and 3) what we choose to say about it in the service of our ongoing relationships with others.

AFFECT EDUCATION AND PROGRESSIVE COMMUNICATION

In my years of working with groups, I have observed that as group process matures, patients learn that while it is helpful for them to report experience from life outside the group, the more dynamic process lies in the exploration of their relationships within the group. Patients develop transferences to each other and soon

find that members come to represent all of the significant people in life outside the treatment room. Passions are inflamed. Members attach to others in the group in both positive and negative union. People start to matter to each other and slowly the ideas and feelings that members have for one another take on a considerable valence. This emotional energy is leveraged by the group leader in the service of introject substitution so that the voices of disintegration that a member arrives with are slowly replaced by more benevolent, nurturing objects. Hearing new ideas and feelings about oneself from other group members contributes to personality integration and maturation. We might think of the mind as a tenement that we own, with some rough characters living in the front of the building, the part of the building that gets the most sunlight. They're noisy, disruptive, and they regularly cause trouble. However, in this city, owners have rights. In fact, an owner can relocate tenants to the back of the building and claim the best space for himself. He may not be able to evict them but he can improve the environment by relegating them, to the outer reaches of experience. The owner can then install new occupants in this choice space, and these new residents are comprised of the voices of group members. The patient had internalized this when she declared, "I'll take your voice with me this week and hold it up like a mirror so I can see myself better."

ESTABLISHING THE GROUP'S CULTURE

In group we work to create a climate of acceptance so that all feelings are welcome as long as they are put into language and not acted out. The leader, and eventually the group, educates the members to distinguish between thoughts and feelings, states of mind and feelings, and self and object feeling states. For example, as any human interaction unfolds, we assume that each individual has at least two feelings, one about self and one towards the other person. In a recent group when a member said, "I feel that you said that because you're competitive with me," he is not reporting a feeling, but rather an idea, an interpretation. When encouraged to identify his feelings, the patient said, "Oh, I guess I'm frightened and angry that Pat is competitive with

me." Now that's a clear statement about how the member was feeling, something the other person in the interaction can more readily respond to. When someone says, "I feel confused," we say that's a state of mind and invite the member to speculate about what feeling lies behind that statement; behind confusion might lie anxiety or fear. If we can train group participants to identify and tolerate their primary feelings (anxiety, shame, frustration, sadness, hate, fear, anger, affection, love, sexual excitement) in a wide variety of emotionally laden situations, they become better able to negotiate life. The process encourages the group member to develop an observing ego, a part of the ego that operates separate from the participating ego, so that he can consider an interaction as it unfolds from a distance. Members of the group expand their capacity to observe their feelings as they emerge intra-psychically, instead of just reacting to stimulation from others. In this way they learn the art of responding.

SEVEN QUESTIONS: A SCHEMA FOR INTERPERSONAL PROCESS

At the heart of this process are seven questions that I have devised to help an individual identify what is being experienced in an exchange with another person as it is unfolding: 1) What am I feeling? 2) Why am I feeling this way? 3) What would I like to say or do to this person now? (sometimes asked first) 4) What effect would it have on our relationship if I said or did what I wanted to? 5) What is he feeling? 6) Why is he feeling that way? and 7) What would my ego like to say to this person now? To illustrate, as soon as incoming stimulation registers, the member is able to consider what he is feeling and bring into awareness his initial impulse to say or do something that would help discharge the tension he has absorbed. We encourage members to learn to tolerate their most florid fantasies in the service of making sense of the moment. At this point in the process, the superego intervenes and enjoins the individual from giving vent to his impulse, which no doubt would lead to momentary gratification, but have consequences for the relationship. The observing ego has a mediating function that allows an individual to consider his

impulsive response and its impact. In the process of helping our patients develop an observing ego, we also focus our attention on the analysis of the patient's reluctance to establish what my colleague Dr. Gil Spielberg and I refer to as an interpersonal ego, a part of the ego that is free to identify with the other person in an interaction and make decisions about how to respond in the moment in the service of furthering the relationship. With the development of the interpersonal ego, after the initial impulse registers and is dealt with in a containing fashion, the individual is then free to identify with the other person in the interaction and consider what the other person is feeling, why he might be feeling that way, and how best to respond. We refer to this aspect of group life as the art of progressive emotional communication. Once mastered, these skills equip people to know what they are feeling in the moment, why they are feeling that way, and what they choose to say about it. Ultimately, the goal of treatment is to promote understanding both intra-psychically and interpersonally. For many of our patients, the process restores them to a fuller interaction with their community and expands their freedom to be generative in life with others. Facility with the seven questions contributes to a lively process that operates horizontally—patient to patient, and vertically—patient to analyst. We know that people require information about themselves on a regular basis to restore their narcissistic supplies. Spitz (1976) asserts that in a healthy group/family these supplies are available to the members and contribute to their development. When group members talk openly about their affective life, the emotional climate in the group is invigorated and creates new possibilities for growth.

Case Example

After eight years of therapy, Helen, a quiet, depressed middle-aged woman, was referred to group by an individual therapist who had reached a treatment impasse with her. The product of a strict, fundamentalist education, she was employed as an executive assistant and lived in an apartment with one of her sisters. Early in life, she had been trained to be helpful to her anxious mother, who was frequently overwhelmed by the responsibilities

of raising six children and contending with her alcoholic husband's unpredictable behavior.

The group quickly came to know Helen as an alert, observant participant who asked for nothing and frequently tried to be helpful. She had an ability to follow each of her group compatriot's stories from week to week with the kind of intensity associated with viewers of daytime soap operas. She would often be the one to follow up with them, inquiring after them, conveying an abiding interest in their lives. She also had a highly developed ability to anticipate the needs of others and would voice these concerns in a way that endeared her to her group peers. Helen was gifted at living in the immediate future and made herself useful by alerting group members to dangers they had never considered. An example of "Helen-speak" in the first few months of treatment:

You know I was reading about the possibility of a pandemic this week and let me tell you it's real and scary. Did you know that the government is stockpiling drugs all around the country, but let me tell you they have no ability to distribute the stuff efficiently. You think New Orleans and Katrina looked bad just wait . . . So I found a site on the web to purchase Cipro in Canada. It was a great site, easy to use . . . and they help you figure out the correct dosage by age and weight. I bought enough to even carry a dose in my purse. Remember 9/11? You never know where you're gonna be when it strikes. I want you all to consider protecting yourselves.

However, as the group got to know her, they became aware of how incapable she was to know her own mind and heart and how reluctant she was to engage in an intimate connection. Her affective life was unnaturally cut off from her cognitive experience. She never made direct requests of the group or of me and was satisfied easily with occasional praise from other members. As the group became more acquainted with Helen's unmet maturational needs, they started to inquire about what she herself was feeling while she was busy pursuing another member's problems. Keeping in mind the idea that there are at least two feelings aroused as one addresses another individual, one about self and one about the other person, Helen began to tentatively voice either sadness or anxiety as her self-feeling and anger with the person she was talking to. But, Helen had a thousand different reasons why it was

wrong to feel angry with anyone but herself. To their credit, the group refused to just accept these tired explanations and insisted on studying her objections one by one. One member dubbed the process, "Helen's catalog of why not." As the group worked with Helen, I imagined that I was witnessing a sculptor working with a block of stone, slowly chiseling away the surrounding material to reveal and unleash the figure trapped within.

In one session, a heated exchange between two group members, Tony and Sue, erupted. Tony was having marital problems again and was thinking of getting involved with a woman he had turned to for comfort and sex when his relationship was on the skids. Sue identified with Tony's wife and was furious with him for considering infidelity as a solution. Helen looked shaken by the argument and tried to bring some calm to the situation by solving the problem. She asked, "Tony, have you and your wife considered going for marital therapy? I have a friend who was very helped."

Jack broke in with, "Helen, I'm getting frustrated listening to you; I'm annoyed because instead of finding out how you feel, you're trying to be helpful again!"

Helen's eyes widened, as if caught in the headlights, "But I can't."

Judy chimed in, "No Helen, it's a 'won't.' Take credit for it. You won't allow yourself to feel angry with him!"

Steve sang out from the corner of the room, "We're about to enter Helen's world of why not!"

Helen said, "OK I won't, but I won't because I'm afraid if I get angry I might cry, he'll hold it against me, he may stop liking me . . . I like Tony."

Jack again, "Ahhg, that's infuriating; I can't stand it when you turn yourself into a doormat, where are you?! Why is Tony liking you so damn important?"

Sara leaned forward and said, "Helen, has it occurred to you that Tony might actually like you more if you talked straight and let him have it!"

Tony agreed, "She's right Helen, I'd respect you if you took a position; that's what I hate about my wife, she's always waffling, she bends in the direction of any wind that blows.

Helen began to speak, her lips quivering, "Well, it does bother me that you'd consider cheating on your wife instead of, well, working it out. I hate it when you take the easy way out. I wouldn't want you treating me that way. I couldn't bear it. When my father got angry with me he'd scream and then withdraw for days until my mother would get me to apologize to him, when he should have been apologizing to me! I hated it, I felt humiliated. He always won! And I had no power.

The group gathered around Helen in quiet support and gently encouraged her to consider experimenting with her anger in group. They cautioned her not to change but to take the chance to be different only in group.

As the process kept repeating itself, it was possible for Helen to observe her wish to help as a trigger for her mind to pay attention to what she was feeling in the moment. As her observing ego developed, there was a corresponding development of interest in other group members in a new way. A different person began to emerge, one with more complexity and desire. Instead of only garnering recognition for being understanding and helpful, Helen was acknowledged for having a sharp tongue and being feminine. What might have been experienced by Helen as too stimulating in the past became part of a new diet of emotional nutrition. Her idea of herself was slowly expanded, and the healthy narcissistic supplies that eluded her in the past began to nourish her in her core. Eventually, she changed her job, advanced in her career, and asked her sister to move out so she could better explore her appetite for a romantic relationship.

THE SEVEN QUESTIONS AS A TOOL IN THE STUDY OF COUNTERTRANSFERENCE

The seven questions are also a tool for the leader to employ in the ever-unfolding process of analyzing countertransference reactions. In group treatment, the countertransference possibilities are quantitatively and qualitatively more complex than in individual psychotherapy. Developing a facility with the seven questions hones the leader's ability to respond to the complex matrix of emotions that are directed to him in the course of conducting

a group. If the leader hides from his affect life, the group will do the same. Ultimately, the process of discovering how to be present in the moment links the leader with patients in a process of self-discovery that is humanizing for all.

Case Example

Some time ago a patient referred her boyfriend to me for treatment. He was a sensitive, tortured, impulse-ridden man who had been raised by a barbiturate-addicted mother and an indifferent father. As is often the case with someone growing up in an unpredictable environment, his primary defense was to attempt to control events at every turn. For example, when he walked into his local coffee shop in the morning, he would think nothing of reaching over the counter to snag a muffin or bagel that was to his liking without waiting for help. This didn't please the counter-man, who argued with him regularly.

After working with Jack for a couple of years, I invited him into a group. In his first session, he introduced himself and asked if we could eliminate a few chairs in the circle that were empty so that we might foster more intimacy. I remained silent and allowed the group to explore his request. In short order, they conveyed to Jack the important principle of exploring requests before taking action and convinced him that intimacy was possible, but told him that only through emotional effort was he likely to experience it—no rearrangement of chairs was going to bring it about.

The next week I entered the room after the group had arrived and noticed immediately that the lights were just a bit dimmer than I had set them prior to the session. I re-adjusted the lights and took my seat feeling a bit anxious and angry that things were not as I had arranged them. I made a mental note of the event and wondered if it wasn't our new member attempting to make himself comfortable. The next week the same thing happened, except this time along with the lights being dimmed the air conditioner was going full blast. I was aware of feeling angry as I went around the room readjusting the lighting and air conditioning. No one in the group said anything, and I decided to continue studying the problem in my mind. The next week, Jack was late for the

start of the group. About twenty minutes later the outer doorbell rang and I buzzed Jack, the only missing member, into the building. Next, my office bell rang, and after buzzing that door open, I was startled by a loud noise. I left my seat to investigate, and as I walked towards the door in the outer hallway, I could see Jack standing in the doorway, hauling a table saw through the door with one hand while reaching across the entry hall for a door-knob with his other hand in order to gain entry into the kitchen. That space, however, is inviolable, I store records in there; it is my private room and is clearly off limits. At that moment I felt like the counterman in the coffee shop. Now for the seven questions: 1) What was I feeling? I was frightened and furious. 2) Why was I feeling this way? Jack had startled me with the loud noise, and he was about to violate my space by entering the kitchen where patients are not invited. 3) What did I want to say or do to Jack at that moment? I wanted to sever my connection to him with that saw and throw him out the front door. 4) What effect would that have on the relationship? At the very least, I'd be out a patient; it wouldn't help our work together. 5) What is he feeling? My guess is that he was frightened, that he felt scared at not having control in this new group environment. 6) Why is he feeling that way? Because being in control is Jack's way of surviving in the world—he's always working to contain an ever-present anxiety and bring momentary comfort by controlling his surroundings. 7) What did my ego want to say to him? I looked at the unfolding scene, and in a calm voice I asked him, "What's going on?" Jack replied, "Don't you know this is New York City? I can't leave this valuable piece of equipment in the back of the truck!" I looked at the saw and then looked at Jack and said, "Well, in that case, are you sure that's all that has to come in; is there anything else you need to protect?" Jack scratched his beard and thoughtfully said, "No, I think that's it." I then took half the saw in hand and suggested we park it in the waiting room for the remainder of group.

As I followed him into the group room, I knew full well that the group was also frightened and angry and would investigate why Jack had behaved this way. I heard my mind say, "Let them do the work with Jack, but make sure he doesn't get overwhelmed

by their investigation and feel attacked." Clearly, some part of me wanted to attack him for scaring me and interrupting the session. The members began by asking questions about why he felt entitled to disrupt the group. They too had noticed the environmental changes in the past two weeks, and when they confronted him, he took credit for having manipulated the lights and air conditioning in order to ease his discomfort. This questioning of Jack by the group was a first step in a lengthy process that enabled him to become a valued member of the group. Ultimately, combined treatment, group and individual, helped him develop a more functioning ego, one with a greater ability to observe his behavior while also focusing on his interpersonal experience, so that he could better negotiate and tolerate the unpredictable nature of life.

CONCLUSION

The seven questions are designed to educate group participants how to live in active dialogue with themselves and others. In group analysis, we first teach participants the process of containment and then the art of engagement. The same schema can be an effective tool for the group leader in managing countertransference reactions and can assist in the crafting of interventions that are delivered with immediacy. Facility with the seven questions fosters the development of intrapsychic and interpersonal familiarity and agility by developing both an observing and an interpersonal ego. Patients are better able to experience, tolerate, and make active use of a wide range of affects that are necessary for meeting life in all of its complexity and unpredictability. In group treatment we operate according to the credo: Feel, Think, and Say what comes to mind in session so that outside you can Feel and Think Everything and Say what is Helpful in getting along with people. Finally, to quote my colleague Dr. Ted Lacqueria (1986), "If I can help patients live in the present, the past won't matter and the future will take care of itself."

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Elliot M. Zeisel, Ph.D.
118 East 93rd St., #1C
New York, NY 10128
E-mail: dremzeisel@mac.com

RESEARCH REVIEWS

Edited by
NICK KANAS, M.D.

Editor's Note

This issue's reviewers are Dr. Barbara Stuart and Ms. Danielle Schlosser. Dr. Stuart is a clinical psychology postdoctoral fellow in the Department of Psychiatry, University of California, San Francisco. Ms. Schlosser is completing her Ph.D. in clinical psychology at the California School of Professional Psychology in San Francisco. Both are actively involved in clinical research at the UCSF Prodrome Assessment Research and Treatment Program with young adults with early psychosis and with young people who are at high risk for developing a psychotic disorder.

Nick Kanas, M.D.
Research Reviews Editor