

FROM COUCH TO CIRCLE TO COMMUNITY

BEGINNINGS OF THE THEME-CENTERED
INTERACTIONAL METHOD

m:
Group Therapy
Today, ed.
H. Ruitenbeek
New York, 1969

Nothing that happens in any one room of any one house between any two people is confined to that one room. The people and the house contain or influence the past, present and future of their environment - thinning out into further-away time and space. Every psychoanalyst and patient in any one room lives in dynamic interchange with the community, and whatever occurs in the treatment room radiates in turn into the world outside.

However, most of us psychoanalysts of 25 years experience are no longer content to treat eight patients a day, three to five times a week, for five years or more - limiting our work to a small number of people while ignoring the tremendous need of individuals and of communities. As people, and especially as professionals, we feel the co-responsibility for our globe's life-and-death struggle. We have the choice of striving toward a livable society or else remaining in tribal frog-perspective, silently or croakingly anticipating and inviting atomization.

The Nazi holocaust in Europe and a 33 percent mental casualty rate in the United States gradually awakened us in the 1930's and 1940's. We felt public pressure and personal guilt. We looked for solutions to affect more people and more areas of human concern. The inherent development of our professional emphasis from id- to ego-psychology helped us on our way.

Thus, in the early 1950's many of us left our easy chairs behind the couch for part of the day and took our seats on smaller and harder chairs within the circle of patient groups. Our successes were surprising. We had learned more than we knew. The increasing number of people we treated in groups (or combined group and individual therapy) gained more in less time than many of our patients had gained on couches. We had found valid generalizations and functional psycho-dynamic concepts. We had learned to respect individuation and personal intuition. From our eight-patient a year depth we had gained training experience and self-analysis. We had learned to read the patient's past and present difficulties in the light of

the phenomena of transference distortions and the blocking power of defensive resistances. We had learned to recognize the subtle healing power of acceptance and the full experiencing of people's sensations, feelings and thoughts. We had gained knowledge of intrapsychic and interpersonal dynamics.

Today, living in a social cataclysmic age and dangerously close to a final world war, we urgently search for ways to transcend the world of monorail couches and group therapy circles. We must reach out with whatever little or much we can offer in self- and group-awareness to the multitude of distraught people who are wishing and seeking for ways to master rather than to be destroyed by delinquent youths, criminal adults, psychopathic riflemen, national and international temper tantrums and nuclear explosions. We need to substantiate our experience that man can change as an interrelated, dynamic fluid entity within a universal field of events and responsibilities. We are on the way to joining the wisdom of religions and philosophies of old with the new language of modern science; we are not bound by "human nature" with unalterable erotic and destructive drives. Eros and Thanatos can be potent within an infinite range of external and internal modalities. Many psychotherapists do not yet see the necessity nor the possibility for applying our work in the community. Yet could the ancient monks, writing with golden feather-tips on parchment have possibly foreseen that one day all people would be able and want to read, write and communicate through little black machine-rolled print?

And so it is that many of us, for part of the working day, leave our little couch-centered offices and chair-circled rooms to meet with people anywhere outside - in the school's faculty room, at conference tables, in classrooms, in social or political meeting places, at the bank president's luncheon table, in the workman's cafeteria, or wherever groups of people work or live together or wish to develop their capacities in similar directions. We have come to realize that frustrations and hatred need not destroy, but can be lived with, integrated and used. We have learned to assist in opening doors to constructive and creative living. We take our tool kits with us on the road. We hope to win the race against unnecessary decay and global death by social action.

I am one of many psychoanalysts who have started to work with groups in the community. Here the goal is personal growth, which involves respect for developmental

potential and the integrity of others rather than concern about pathology. My own contribution in this field is the theory and technique of what I have christened "the theme-centered interactional method." Following is a subjective account of my personal work biography which is intended to serve as a metaphor of our present professional development.

I attended high school in Berlin just before Germany's moral catastrophe. My school was academically progressive. We learned about Einstein's Theory of Relativity, Marx' revolutionary impact, Shaw's social satire, Spengler's prophetic warnings, even Heidegger's existentialism and Lindsay's "trial marriage." The name of Sigmund Freud, however, let alone his message, appeared neither in my school textbooks nor in dinner conversations at home. Freud entered my mind only after high school graduation through social contact with a psychoanalyst whose insight into her patients' problems impressed me as profound and exciting. My decision to become a psychoanalyst was instantaneous.

I majored in psychology and studied psychoanalysis. I loved my work both on and behind the couch. Yet I knew that this road to greater enjoyment and affirmation of life was a dangerous luxury as long as it remained the privilege of the few. An advanced civilization perishes if only the elite can share in its treasures - be they money, music, bathtubs or wisdom. At that time, I could not imagine any way of applying psychoanalysis on a broader scale; yet I felt this to be the ultimate professional goal; our science would have to overcome the awesome images of Spengler's Decline of the West and the grim cycle of slaves killing masters and becoming victims in turn.

I never doubted the need to modify psychoanalysis for application to the larger community, yet for a long time in the 1930's and 1940's this idea was but a dimly lit lamp in the background of my mind. The space of consciousness was filled with my day's people - family, friends, and patients - under Hitler's long, dark shadow, cast as if from the body of degenerate or lethargic nations. There was the personal battle for identification papers and visas. There were two new countries to live in; adventures; adjustments. The couch-and-chair combination was a stable and welcome fixture, firmly rooted in my various rooms in Switzerland, New York and New Jersey.

In the United States psychoanalysis influenced many more people than it had in Europe. It pervaded literature, movies and education. Misinterpretations, of Freud's first findings led to partial abandonment of the necessary restraints in child education. The pendulum of the frustration-gratification scale swung far too high on the side of permissiveness. This, I think, was one of many contributing factors to the present-day "Officer Krupke"*syndrome, the proudly whining song: "I'm the victim of causality without a conscience."

Group therapy was an important step toward therapeutic participation of more people in the community at large. One of my closest friends, Asya Kadis, an enthusiastic pioneer and promotor of psychoanalytic group therapy, involved me in this new professional adventure. I followed with trepidation. How could I understand eight people at once when it was hard enough to understand one patient at a time? How could people open up to a group of strangers when they resisted revealing themselves to a single professional person?

Experience preceded conviction. Selected patients improved equally or more in group therapy than in classical or modified analysis. Different aspects of personality strengths and limitations came to the fore. Other constellations of dependency and interdependence were used. The group proved to be less threatening and more ego-strengthening than I had expected. The most fascinating group phenomenon for me was the fact that transferences do not need the anonymity of the therapist. They blossom in full encounter with the reality of peers as well as with a more visible analyst. Transference (like defenses against anxiety and stress) then appears to be a psychological phenomenon protecting the individual's idiosyncrasies to change.

As a group therapist I experienced exposure; one cannot hide in front of sixteen eyes. I felt more vulnerable and, at the same time, more stimulated. I experienced anxiety, curiosity and exhilaration. Yet soon, in my day-dreams, I saw the community vision in the back of my mind get brighter and send imaginary beams into groups around green tables of politicians; nations; school boards of education; the United Nations. If only people in high positions could learn to integrate their individual needs in groups and accept partnership! For infantile cravings do give way to realistic emotional satisfactions once anxiety

*L. Bernstein: The West Side Story

diminishes. Ghosts cannot compromise; people can. Ghosts are transferred memories - transferred recollections of man's infantile past, taken in long ago with distorting eyes and accompanied by disordered thought. For children cannot perceive beyond their own radius of experience. Today's enemy of man is not the other nation or the other group; it is the intrapsychic and interpersonal inflexibility (transference distortion) which prevents us from finding realistic and creative solutions - instead of murder.

My first step toward finding a method and technique for theme-centered interactional workshops occurred in 1955. As an examiner of a psychoanalytic training institute, I had become aware of students' difficulties in recognizing and overcoming their own disturbances in therapeutic relationships. Encouraged by my friend and student Mildred Newman, I gave a private seminar, called the "countertransference workshop."* It was designed for the study and treatment of countertransference through self-analysis, in a workshop group setting. We discovered that self-analysis, when communicated in the group, initiated a dynamic network of case-related transferences as well as a continuing group process. The therapist who revealed himself and his relationship with the patient to the group in free associations stimulated interactional responses in his listeners. These colleagues reacted to verbal and nonverbal communications with their own distorted and realistic responses - sometimes identifying with the therapist's conflicts and traits, sometimes with those of the presented patient. The analysis of their accompanying group interaction nearly always led to the recognition of the underlying therapist-patient conflict.

Example: A patient struggled with a hostility problem by not paying his fee. The analyst, unaware of his anger about the patient's silent rebellion, accepted the non-payment as expressing the patient's "reality situation." He was, however, half aware of his rationalization. He shied away from bringing up the money issue. In the middle of the case presentation, one of the participants broke the accepted rule of silence during the initial case presentation by giving advice to the troubled colleague. The presenting therapist responded gladly. Neither of the two therapists reacted to the group's and the leader's protestations. Thus, the transference-countertransference constellation between patient and therapist was reflected in the rebellion of the two therapists against the rule of silence. They refused to accept the authority of rule

*As described in "An Experimental Group-therapeutic Workshop on Countertransference," International Journal of Group Psychotherapy, July, 1961.

and leadership, as the patient had refused to accept the rule of paying the therapist. The analysis of the here-and-now, together with the therapist-patient conflict brought clarification. The unconscious re-enactment of the analyst-patient entanglement, and the exploration of this acting out, is typical for the use of the group in the countertransference workshop.

The countertransference workshop was, to my knowledge, the first theme-centered interactional group in existence. Here, the theme is reflected as well as interpreted by the participants. The leader is a participating member of the group, sharing in all functions - presentation of cases, emotional interaction and interpretations. The leader carries the additional responsibility of keeping theme and interaction in focus. The basic rule of all theme-centered interactional workshops was established in this first countertransference group; to keep theme and interaction simultaneously in the focus of awareness. They are like two tracks of a railroad, if either track swerves to the center or apart, the train cannot travel.

For some years the countertransference workshop remained the only such theme-centered interactional workshop. I used and demonstrated the method in many professional settings. At a workshop meeting of the American Academy of Psychotherapists, a colleague, William Zielonka, approached me with a question as to whether I might apply this method to problems of management relationships. He worked as a staff psychoanalyst in a large industrial firm.

The president of the firm was a person of broad interest. His success was based in part upon his ability to concentrate on people rather than on material-facts alone. He was interested in individuals, their capacities and shortcomings, and even in maturational dynamics.

I found myself working with scores of men (and one woman!). I knew little or nothing about business. I was invited to attend a management meeting without any instructions. After more than a half hour I decided that I had to do something. I explained during a brief silence that my business was not Business, but Feelings. I conveyed that I had imagined sitting behind a soundproof glass wall, watching the men's expressions. I saw unexpressed boredom, resentment and anger in their faces and posture. I stated my assumption that such feelings interfered with the

communication that is necessary for our work. After a short silence, a tornado of open feelings burst into the previously stifled atmosphere.

My observations were confirmed and rejected, my interventions appreciated and scorned. I learned that day some specific rules for work with staff relationships, which were borne out in all subsequent work: (1) The group therapist-leader must know the hierarchy of staff-functions before he intervenes; (2) a positive working relationship with top management must take priority before working with other staff groups; (3) themes must be established prior to meeting with any group.

My first five-day stay in the industrial firm was a fumbling trial-and-error experience with various chance-composed groups. Dr. Zielonka's unswerving support and the president's patient tolerance kept me from folding up altogether and allowed me time in which to tailor the countertransference workshop's interactional method to the concerns of a business society. (My dream vision sought to flicker its light into the realm of blue-collar workers.) The theme was "management relationships." The method was to use the interaction of the present group to throw light on the intrapsychic and interpersonal conflicts of staff members.

The therapist-consultant leading a management relationships workshop encounters resistance patterns which are specific to work with organizations. On my first job, a staff resistance was expressed by attempts to use me as a judge of various employees' abilities, as a diagnosis of their pathology, or as a messenger for various requests from one person or department to another. I maintained the position that my sole function was to promote awareness of feelings and conflicts. This position, of course, represents the psychoanalyst's professional attitude, whether it be with regard to individual analysis, therapy groups or community workshops. All exploration is aimed at awareness of conflicts and circumstances, but does not take responsibility for the management of people's lives.

Work with this particular group of executives continued intermittently for somewhat less than two years, at which time a reorganization of the industrial concern took place. From that time on I have functioned in the role of a visiting group leader for staff relations in other institutions, hospitals and guidance centers.

The staff relations work, as well as all other subsequent theme-centered interactional workshops, presented me with an unexpected phenomenon which necessitated a shift in my theoretical position. Many participants in such workshops experienced changes not only in their thinking and overt behavior, but also in basic emotional attitudes. This raised the complex consideration as to whether a regressive phase is necessary or even functional in psychoanalytic therapy.

In every therapeutic process regression and progression take place simultaneously. This means that the patient displays immature, fixated personality traits while striving for maturationally adequate responses; he may also experience regressive feelings even while recognizing their inappropriateness. In classical psychoanalytic practice, experiences of repression are both promoted and emphasized. The re-experiencing of conflicts on lower maturational levels is thought of as providing a forum for better solutions and for reorganization on a more realistic, mature level. In contrast, people in interactional groups which focus around a given theme of personal interest function generally on their highest level of achievement and self-esteem. The feeling of being worthwhile is supported by the therapist-leader's positive and integrative responses to what is brought forth in the group. The group members invariably follow this lead of constructive use of all phenomena, including negative feelings in interaction. The individual group member experiences himself as important and as having specific value. This establishes for him a safe emotional foothold. If the patient likes and respects himself and feels the group's support, a vertical plunge into regressive experience appears much less threatening than when feelings of childishness and impotence prevail. His tight hold on the experience of worthwhileness in the workshop group, therefore, encourages his further exploration of internal and interpersonal conflict, weakness and failure. Insight into present or past events of which the person is ashamed becomes more readily available, communicated and condoned under these circumstances.

Example: A, a high-level executive, experienced his "having to be right" in the workshop group as he had in business meetings. His opponent B, suffered from giving in at all times and "having to be at fault." A and B had been interlocked in stifled personal and work relationships. I described as a matter of course these aspects of their communication pattern of which they had not been aware. I also mentioned the frequency and painfulness of similar constellations elsewhere. A's and B's recognition of this dynamic

"lock" led to shortcut flashes of deep emotional impact. The managers recognized their previous avoidance of coming to grips with these character traits. We then talked about the previously discussed business issue in which A had been unreasonable and B had submitted to him against his better judgment. A then volunteered that communication with his parents had depended on "being right." B recognized that he was forever competing with his masochistically suffering father. (I did not mention any hypothesis of A's or B's psychodynamic background which could easily be inferred from a psychoanalytic frame of reference but does not belong in the framework of interactional workshops.) Such dynamic interplay is quite similar to events in group therapy. However, in staff-relationship workshops, the discussion is at this point guided toward the theme rather than toward further exploration of individual dynamics.

As I gained in skill with these theme-centered interactional workshops, I began to test out and refine further the method for various other themes, groups and purposes. Most themes combined concepts or skills from psychotherapeutic or other interpersonal concern. The method appears to be especially productive for skill improvement or research purposes in the fields of social sciences. Human experiences, intellectual approaches, outside facts, and purposeful goals are considered simultaneously. This allows for greater depth of vision than investigation of separated faculties. Research workshops on "Encounter and Interpretation," "Freedom and Control in the Psychotherapeutic Relationship," "Body Awareness and Body Touch in Psychotherapy," etc., have been investigated by experienced colleagues and myself in this manner. Other workshops were given to groups of lay people around themes such as "Freeing Creativity," "Training Intuition," "Psychological Conditioning and Ethical Choice," "School Requirements and Individual Needs," "Challenge of Change," etc.

The first consciously selected topic for a thematic workshop was "Training in Emotional Skill." The program was a weekend workshop with the Los Angeles Society for Clinical Psychologists in Santa Monica held November 23-24, 1963.

On Friday, November 22, President Kennedy was assassinated. The workshop on emotional skill proceeded. We were all shocked. Our emotional state put the workshop theme into microscopic focus. Therapists live through periods of strong emotions - love, hatred and mourning, yet continue working with patients. Under such conditions, we have to

use our personal resources and skills to cope with our own inner preoccupations and simultaneously to continue functioning in the interest of the patient.

I, therefore, included our present emotional turmoil into the structure of the weekend workshop. On Saturday morning, I started the group with a request for silence and the suggestion that we be wherever we then were in our feelings and thought; to include ourselves and our patients in our awareness; and to ask ourselves how we experienced "being here in this group at this time."

The series of sessions had intense impact; there were tears, empathy, love and scorn. Patients and their anticipated reactions came into focus. A second surge of emotions was experienced when we received the news of Oswald's murder. We learned a lot about our emotions and their impact upon others. It was an unfortunate yet rare chance to be in a group of self-searching psychologists who experienced the same emotionally shocking event at the same time, each with his own reaction pattern, yet each striving for awareness of what was going on within himself and the group.

With the tragedy as a point of departure, we discussed the varied ways in which we use emotional upheaval in therapeutic practice according to our beliefs, skills and personalities.

We discussed various ways to deal with our emotions while on the job; we can put emotions aside and work as if we were outside ourselves; we can use emotions by finding them in intrapsychic experience with those of the patient (like letting my sadness discover his); or we can share emotions with patients in overt expression. Any of these choices can be either beneficial or detrimental. Emotional skill means to be aware of my emotions and the patient's and to find an adequate mode of expression. It must be honest and functional for both patient and therapist in their intended work.

The weekend experience of Kennedy's death left me with a deepened sense for human emotions and a heightened awareness of the importance of interactional workshops for professional training or community work.

In addition, new ideas about interactional workshop techniques were evolved. Silence and thoughts had been

consciously used during this weekend workshop; they have been too often neglected in psychoanalysis. Although for many years I had occasionally asked patients to be silent rather than to communicate defensively, I had not appreciated the need for silence in psychotherapy as a necessary element. We had this weekend experienced silence as relief, and a step toward balance. Silence in the group means the experience of being a self without being alone. Individuation within a community is an active experience. We live in the many dualities that Nature provides - ebb and tide; seeding and fruition; separateness and union. We do need both silence and communication.

Since that weekend, more often than not I have initiated interactional workshops with prolonged periods of silence and three subsequent instructions; (1) to concentrate on thoughts about the given theme; (2) to concentrate on feelings and experiences of being silently in the group; (3) to concentrate on some special task instructions worked out for the theme under discussion. The third instruction always connects experience and thoughts around the theme, feelings within the present group setting and an immediate task with reference to the theme.

Example: Theme: "Responsiveness and Responsibility of the Psychotherapist" (therapists): Third suggestion: "How do you feel about my making this request?" Here communications may range from anger about my "lack of responsibility" in not lecturing about the theme, to happy acceptance of the challenge to think and feel rather than to have to listen.

Slowly I converted all my private and training institute seminars and supervisory groups into theme-centered interactional workshops. The method leans heavily on acceptance of opposites. Freud advised us to lead the patient to the past if he stays too long in the present and into the present if he ponders about the past. Similarly, the theme-centered group is guided back and forth between intellectual considerations and emotional experiences; between intrapsychic and interpersonal involvement; between intragroup and outside world phenomena; between strict adherence to the theme and free associations and interactions. The leader functions within this model in the duality of being a participant group member who thinks, feels, and reveals himself, and as a leader who uses his background knowledge to steer away from group pathology, regressive movement, and fixation to either side of the chosen theme.

A very mundane experience became a fruitful stimulus in furthering the application of this theme-centered interactional approach: One spring day in 1965, I visited the home of a friend, a young salesman who had been selling the Encyclopedia Britannica with minimal success. As it happened, a prospective customer had inadvertently recorded the man's sales talk and my friend now proudly played it back for me. The speech was efficient, concise, and knowledgeable, but there was also discernible in it (unnoticed by him) a little child whining for attention - almost literally pulling at his mother's skirt. In the background was the prospective customer giving some verbal signs (and probably many nonverbal ones) to his wife to ask whether supper was ready. The salesman, eager to give his beautiful speech, was oblivious to anything but his purpose and his enthusiasm for the encyclopedia. I was struck with the sudden insight that interactional workshops would help this young man to become aware of people and of his own insensitivity. Such a workshop could help this young salesman to be a more aware person and even to sell more encyclopedias. It might help doctors and nurses to respect each others' and their patients emotional needs; it might help racial groups to establish contact and understanding. The method and techniques of theme-centered interactional workshops could contribute in an infinite variety of ways to people's effectiveness in living.

In the spring of 1966, influenced by observing an interracial group of therapists who met to explore their own remnant prejudices, I initiated several interracial thematic workshops as a tryout for further interracial work in the community. Winsted Adams a Negro therapist, and I led a weekend workshop with civil rights workers which was encouragingly successful. We explored relatedness and prejudice within our own group and pursued the cultural experiences which had brought about such feelings within us. We experienced (rather than talked about) our distrust and our blocks in communication, and worked at our assorted feelings and thoughts. One white and one Negro woman came to mutually understand their basic dynamics as the result of having been children of isolation who "distrusted everything but cats and trees. A militant Negro teacher became aware of the relevance and usefulness of awareness of personal feelings and internal change in this world. A white teacher rediscovered the need for tender communication which he had forsaken after he grew up. A negro man was surprised that a white woman liked his looks but disliked his arrogant, boring speeches

he had assumed the reverse was true. A white man came to understand how his careless forgetting of a phone call had aroused suspicions of prejudice in a Negro co-worker. At the start of the weekend, the group nearly exploded through the intensity of their hidden hostilities and distrust. At the last session, the group decided to continue their sessions without the departing consultant-leaders.

The method of theme-centered interactional workshops, described in this chapter has evolved from private psychoanalytic work, relatively independent of other group work in the interactional field. However, it grew out of the same experiences, influences and stimuli which have guided the endeavors of the national training laboratories, sensitivity groups and research centers for group consultation, with which I came into contact only after having parted from the solitude of exclusively psychoanalytic practice. Similar ideas, methods and professional activities are springing up in various parts of the country at this time. We hope we are not too late.