MAKING ROOM: developing reflective capacity though group analytic psychotherapy – in the analyst and in the group

Part One

Great hatred, little room,
Maimed us at the start.
I carry from my mother's womb
A fanatic heart.
(Yeats, 'Remorse for intemperate speech', August 28, 1931)

Abstract

This paper is in two parts. This, the first part, traces the inter-related development of trainee group analyst and training group during the first nine months of the group's life. The influence that personal group analytic psychotherapy, supervision and theoretical learning have on the trainee are also considered in relation to the development of the group and its members, many of whom suffer from narcissistic and borderline disorders. The metaphor of 'making room' is used to explore the efforts of analyst and group to contain the chaotic, confused and unbounded projective identifications of its members. In this way, amidst the crowded turbulence of the group, a space begins to open up in which, slowly and painfully, the capacity for reflection may emerge.

Keywords

Borderline phenomena – containment – group analytic psychotherapy/training – projective identification – psychic skin – reflection

Introduction

This paper is about a shared and inter-dependent struggle – mine and that of my first training group – to make, amidst intense and often despairing conflicts, room enough to reflect and learn. In that I am painfully aware of the fragility of some members who, during the three years I conducted the group, appeared to 'fall by the way', and that I recall only too clearly my own deep doubts about my abilities as an analyst and about the worth of the therapeutic approach to which I had committed so much, this paper, in a very particular and profound way, is also about 'surviving' – that is, 'surviving with hope' (Winnicott 1971).[i]

As a trainee group analyst, unused to the consistently high levels of disturbance with which some colleagues in the NHS frequently work, my work with my first training group was, in the words of my supervisor, 'an initiation by fire'. Yet fire has its creative uses and this fire (together with the containing support of supervision, personal therapy and theory) helped to forge for me a type of 'group analytic skin': a social and psychic robustness

both strengthened and made more permeable by means of a more integrated sense of my own aggression, a lessening of omnipotent defences and a securer sense of my own realistic authority. In clinical practice, this led to many changes in terms of timing and technique – most particularly when to focus on the individual and when the group – as well as of approach: a greater firmness, playfulness, spontaneity and willingness, as my supervisor said, to 'shoot from the hip'. It also meant gaining greater tolerance of working in the countertransference and learning the painful lesson to which Foulkes (1964) alludes:

> 'It was ... very impressive to see how great and deep-going was the influence of the doctor's personality and approach on their group .... Change in him in relation to his group, particularly on unconscious levels, would alter the course of events in the group.' (p 251)

This 'change' embraces both a re-organization of important aspects of my own psychic life and the metamorphosing containment of massive and anxiety-provoking projections received from the group. With respect to the latter, by the end of the training, I found myself better equipped to 'face the swirl of conflict in the group as a real person' (Foulkes & Anthony 1957: 62) while remaining separate from it, to experience 'invasion' yet 'resist capture' (Segal 1977).

Gathering the Group

The individual, the group and borderline phenomena

Of the six patients with whom I began my group, four were long-term unemployed. Though two were in relationships, both of these relationships were highly dysfunctional; one being consumed by jealousy, the other by emptiness. Of the remaining four patients, two, following severe depression, experienced very limited social contact and two were chronic isolates.

Group Analytic treatment is a socialising form of therapy. It holds that 'Man is primarily a social being, a particle of a group' (Foulkes and Anthony 1957: 234) and that, since even in the most asocial/anti-social people one can discern the wish to belong, individualism is a symptom of neurosis, not a sign of health. A significant sign of health is the capacity to make, and make productive use of, social 'exchange': to participate, belong and creatively relate in a group (Foulkes & Anthony 1957).

There is a paradox here: that individualism signals a lack of individuation. Only by separating out, by having a sufficient sense of a 'skin' (Bick 1968) – that differentiating psychic membrane that holds together what is within and regulates its relational exchange with what is without – can the individual

become effectively social and truly belong. This is because, although 'what is inside is outside' (Foulkes [1973] 1990: 227) and 'the so-called inner processes in the individual are internalizations of the forces operating in the group to which he belongs' (Foulkes 1971: 212), unless we have enough sense of being separate from that to which we belong, we are rendered mindless; impelled, if we do not abdicate our selves to a life of compliance, either to colonise the world by means of grandiose illusions/delusions or, prey to a boundariless chaos (where each interaction becomes a potential colonising threat to an incohesive self) to engage, overtly or covertly, in relentless, psychic, territorial war.[ii]

I am describing here some of what I understand to be the characteristics of narcissistic and borderline personalities. They are also the characteristics of several members of my group.

Why I took on so many severely disturbed patients is something I have since reflected upon. Admittedly, there were institutional pressures to do so, having both conscious and unconscious sources and, certainly, it was important for me to have something of this recognised by my line manager when, a year after beginning the group, she said she felt bad I had been assigned such a 'difficult bunch'. More pertinent, however, to my own development, is to recognise my omnipotence – a desire to perform

exceptionally well in what was recognised as a particularly difficult though highly prestigious institution. Combined with this, in the face of what I felt was expected of me by staff and patients, was a difficulty in asserting my own boundaries. Together, this left me and my group unnecessarily vulnerable.

In itself, the inclusion of borderline patients is recognised as having certain potential advantages (Pines 1980). Most striking is the speedy access it gives to unconscious processes at work in the group. Yet such inclusion also carries dangers. Pines (1994) warns:

> 'that we make sure ... these patients do not predominate either qualitatively or quantitatively and that the group to which they belong has sufficient resources to withstand the regressive pulls of their primitive mechanisms.'

For reasons of inexperience, as well as those already alluded to, this is a warning of which I took insufficient heed.

The universality of 'borderline phenomena'

Lest the borderline and narcissistic patient becomes the depository of all that is most difficult in the group – that is, the scapegoat – I should like to suggest his/her struggle as one that is in many ways universal.

Post-war developmental theorists and researchers (for example, Winnicott [1960] 1990; Mahler 1968; Kohut 1971; Stern 1985; Brazleton and Cramer 1991) have amply demonstrated how identity forms within an expanding communicational network or 'matrix', beginning with the 'nursing couple' (Winnicott 1956) and developing through triadic, family, group and social encounters. It is through the rhythm and interplay that constitute these dynamic fields of interaction that the individual psyche is permeated by the social (Foulkes 1948) and his capacity for creative social exchange forged (Pines 1983).

It is widely acknowledged that the earliest interactions are the most formative and it is here that the immature self is most vulnerable to inappropriate 'impingements' (Winnicott 1962). These can traumatically disturb the infant's sense of 'going on being' (1956), leading to distortions in the maturational development of a coherent, authentic sense of self. Consequently, meaning – the child's natural desire to make sense out of his/her experience – emerges not through mother's empathic reflection but from a con-fusion between mirror (the mother) and object, resulting in the mother's desire (and fear) being relocated in the heart of the child.[iii]

Traumatised ways of relating: the 'fanatic heart'

Emerging from these disruptions/distortions of authenticity are those which hamper the individual's capacity to productively regulate exchange in and with the group; in effect, to be sensitive to appropriate and productive degrees of emotional closeness and distance. It is as if, lacking a resilient internal coherence, intimacy becomes both feared and yearned for, promising, at one moment, succour and salvation, at the next, an annihilation of identity.

A disturbing, sometimes violent, oscillation between these poles quickly became apparent in my group and found its counter-transferential resonance in me, in the contradictory feelings of being eaten up/possessed and spat out/shunned. This corresponds, I think, to what Kohut and Wolf (1978) refer to as 'merger hungry' and 'contact shunning' defensive traits (two forms of 'fanatic heart' (Yeats 1931)), evident in those individuals who, according to Hopper (1999, 2003), are particularly likely to personify malignant and malevolent ways of relating/'mirroring'.

For my group, then, the struggle to find space enough for reflective contact – a moving intimacy free from the fear-inducing dynamic of the 'fanatic

heart' – was a particularly fraught one, since at stake was identity rooted in the capacity to separate out enough to belong.

Clinical Work: the first three months

Assessment: initiating the therapeutic alliance

The therapeutic alliance – that which holds patients to task and in therapy even when so many factors urge them to leave (Hazler & Barwick 2001) – is maintained in the relationship between individuals and the group-as-a-whole. Inevitably, though, in the early stages, it relies more on the relationship between patient and analyst.

I was able, I think, to form useful alliances with each patient in assessment. However, despite attending to individual phantasies/fantasies of group life, these alliances, forged at a time when I still carried difficult transferences to both training and personal therapy, may have fed some patients' desires for merger, making the transition to group alliance more difficult. This thought was prompted by my supervisor's observation that it appeared important for me to make deep empathic connections with each patient. Indeed, I suspect that, both 'patient pull' (Leitner 1995) and my own omnipotent defences

and narcissistic needs – to impress my supervisor and be *the* source of succour to my patients – may have influenced my approach.

The first drop out: filling the room

My assessment of Tracey[iv] was, I think, just such a complex encounter. An attractive woman suffering from pathological jealousy, she had been dubious about joining a group, clinging instead to her life-coach with whom she had been working and whom, I suspected, was anxious to refer her on.

Inadvertently, I and the administrative staff, who were in the room-next-door, had been party to her 'front-line' assessment when Tracey's rage had filled both rooms with a stream of accusations. In my own assessment of her, a similar dynamic soon began to emerge, until I reflected back a few empathic comments. The results were striking. Quickly soothed, and having only moments earlier complained that it would be difficult to make the group on time, everything, quite suddenly, became possible – including terminating work with her life-coach. Though wary of the speed of this 'conversion', my desire to make a viable group within a tight schedule made me take her at short notice and without further individual investigation.

In the first group session, Tracey was mostly silent. With her coat still on, I was concerned about her capacity to attach. I made a note that if she hadn't spoken by the end of the hour, I would address her directly. Forty-five minutes in, Jane made an overture, commenting that Tracey had barely spoken. Tracey responded curtly, 'I'm just worn out', adding, 'I'm not going to be bullied into speaking.'

Breathless, Tracey came ten minutes late to session two. Still in her coat, no sooner had she sat down than she said how much she had needed to come, how it had been stressful getting to the group, how then there was nowhere to park and how she'd been telling people she 'felt crap' but no one believed her. She then dissolved into tears.

Between session two and three, Tracey took an overdose. The group, shocked, communicated its concern. Part of this concern emerged in the form of the suggestion that she might be better having individual therapy.

Over the next few sessions, a communicational pattern emerged. Tracey would remain relatively, sometimes absolutely, silent for most of the group until, in the last ten minutes, having been addressed directly, often by me, she would deliver a list of anxieties in pressured, uninterrupted speech. I

commented on how she left herself very little time to speak despite bursting with things to say.

In the penultimate group before the first break, as if in response to an 'invitation', Tracey began to speak half-an-hour before the end. After ten minutes, I found my interest waning. Her relentless talk became first tedious, then irritating as it took on a manic, 'preachery' air. A few minutes before the end of the group, Ed responded with an attack on 'fanaticism'. A brief row ensued in which some members engaged, some panicked and some said nothing. Ineffectually, I 'called time'.

The last session before the break, Tracey did not attend and left no message. Ed, with Christmas cards in hand, had, in Tracey's case, no one to give it to. I wrote to Tracey, who attended the first fifteen minutes of the first session after the break (from which Ed was absent), only to say she was leaving. She complained of making herself vulnerable only to be 'shot down'. 'No one listens.'

Despite the floundering efforts of the group to hold her, Tracey would not be held. Nor would she listen. Further, Jane in particular became quite panicky, talking incessantly and interrupting several of my and other's attempts to address Tracey. Fearing her imminent departure, I entered into a

very direct empathic exchange that echoed the assessment interviews. As before, this had a calming effect. Jane, however, would not be calmed and, panicking still, interrupted angrily once more. Tracey, as if enraged at the shattering of the empathic mirror I had been offering her, stormed out. She did not return.

I was left with the thought – one not uncommon to this phase of the group – that I could handle this person individually, if only the group, especially Jane, weren't there. In part, this can be understood as a defensive pull, in the face of feeling powerless, towards ground more familiar to me (i.e. individual practice). Yet it is also, I think, the articulation of an unhappy coincidence: a negative transference to my personal therapy group – the therapeutic value of which I did not entirely trust – and the counter-transference pull of the members of my patient group arising from their intense neediness and desire for merger. Although recognising the need to attend to fragile group members individually at times, at this particular point in this particular group, my attempt to rescue Tracey in the face of panic at imminent loss and rage at exclusion[v], emotions both 'personified' in Jane, appeared counter-productive.

The Crowded Room: a countertransference dream

This was not the first row in the group as they crowded for attention. With an inadequate experience of early containment and a history of gross impingements, many had little sense of space either within or between them. Concomitant with this, as if lacking sufficient sense of skin, they found themselves jostling against each others' raw psychic nerves, experiencing contact as painful violation. Consequently, I found it difficult to facilitate enough room, amidst the intense activity of the group, for reflection. Embattled much of the time, vacillating between merger-hungry and contact-shunning behaviour, they struggled, in the most primitive ways, to make room for themselves without a clear sense of what might constitute the defining boundaries of the room they struggled to make.

I should like, here, to relate a dream; one that visited me, in slightly different forms, several times over the first nine months of this group. In the dream, I walk into a 'room' to conduct a group. The 'room' has no clearly defined walls. A mass of chairs are arranged at its nominal centre. Several people (my patient group) are seated there. As I take my seat, a sudden influx of more people invade, until the 'room' is crowded and all chairs taken. I recognise some of the newcomers as members of the 'official' group members' families. I feel intensely anxious – distressed at the terrible matter-of-fact intrusion, the thought of fragile intimate exchanges, suddenly and

without warning, coldly exposed. Voices are lost in the hubbub and I find myself 'at a loss' as to how to progress.

The official group's mind is thus crowded not only by the neediness of those that constitute it but by all the needy family members who invasively crowd each member's mind. Indeed, each member's mind, the group's mind and my mind (since I am the dreamer and am trying, omnipotently, to hold all in mind) is so glutted with the voices of the neglected that there is little room for differentiating one voice from the next. In this cacophony, where the act of gathering offers not containment but unremitting chaos, anxiety runs rampant, phantasies of falling to pieces are pervasive and identity is at risk.

I think this dream tells of massive and unbounded projective identification. It is about my experience of psychic assault and about my floundering efforts to contain all being projected into me. I felt consumed by my patients' fear and rage, and resentful of their relentless crowding of my mind. It was as if, unable to find a place of their own to live, they demanded a place in me.

It was not only in my dreams, indeed, that I experienced something of their psychic lives. The intense fear that my group would fall to pieces and the

awful despair and shame this prospect provoked was, I think, deeply resonant with group members' own traumatised internal worlds. Thus, like my patients, I experienced a profound threat to my own identity – as an aspiring group analyst. Further, in supervision, despite half-heard-only-to-be-lost assurances that I was 'doing OK', I often felt painfully uncontained and angry (though mostly silently so) at the lack of time afforded me and any concrete help. And with the time I did receive, I found myself delivering anxiety-ridden monologues of minutely recorded interactions, as if the sheer weight of words might be enough to elicit some understanding, some containment.

In personal therapy too, despite useful work, what progress I made too often felt corroded by simmering resentment: on a personal level, at what I perceived as judgemental rather than empathic responses; on a professional level, at the lack of a model – my personal therapy group being constituted entirely of thoughtful, 'appropriately' inhibited, trainee group analysts – for dealing with the aggressively expressed needs of my patient group.

And yet, of course, the dream was not simply about what was projected into me but about how my own internal world responded to it. Foulkes (1964) remarks, commenting on the 'problems of countertransference', that:

'The capacity of the therapist to observe what happens in the patient's mind, to comprehend it, rests on his own empathy. He can never emerge untouched as he goes through this process with his patients. At the same time he must be free enough from personal problems not to be drawn into the emotional whirlpools of his patient.' (179).

These are difficult and treacherous waters to navigate, demanding a calm authority of which, not infrequently, I found myself quite incapable. Indeed, my own sense of authority and its etymological sibling authenticity was an important aspect of my work in personal therapy. I remember, for example, an early comment that, when venturing 'into the group', I was like a man with a radioactive suit and a Geiger-counter, always checking and preparing each inch of ground for fear of what I might encounter. This connected to another later comment: that if I got into a fight, I withdrew to my corner too quickly leaving others with guilt and myself with feelings of resentment and betrayal. Working with these issues facilitated in me a growing acceptance of my own aggression (something which I all too easily projected onto and into others) and a willingness, even in the face of possible envy, to 'come into my own'.

After the first drop out: efforts to make room

I now think that if I had paid less attention to the content of Tracey's monologue and more, through my countertransference, to the process – her way of relating and what she was articulating for the group – I might have avoided the rupture which arose from it. She had even offered me (and the group) the opportunity of doing so, when she had stopped, momentarily, to ask if she was boring people.

Monologues were characteristic of this group and I have come to see them as evidence of a lack of experience of early attuned, rhythmical exchanges in which identity develops. In 'monologuing', there is nothing about contact with a separate other but rather a tragic muddling of the act of giving with the act of possession. It is a deviant social effort to assert identity by colonising the world through speech, thus creating, for the time of talking at least, the narcissistic illusion of omnipotent merger. Yet the illusion of course cannot hold, and the resulting isolation only serves to confirm fears of not belonging. That Tracey should hold forth in such a way just prior to our first break could thus be seen as a defence against a fear of abandonment that was common to the group-as-a-whole.

Despite efforts to keep both 'figure *and* ground' in mind, countertransference pressures to attend to each member, individually and in detail (together with my own longing to retreat to territory more familiar to

me, that is, to a one-to-one modality), were immense, as was the guilt I felt when failing to do so. My supervisor had already reminded me that not only was the provision of such attention an impossible task but it was also 'anti-group' – that is, counter to and potentially destructive of the developmental dynamics of a group. Though frequently forgetting this warning amidst the 'ring of fire' (Schermer and Pines 1994), following Tracey's dramatic departure, I managed to hold it in mind.

No sooner had Tracey left, Jeremiah and Ayesha urged me to go after her. I said I understood their concern but thought it important we tried to think *together* about what had happened. There was much anger with Tracey, especially from Jane. Only Jeremiah came to her defence, agreeing that people didn't listen. Hanna said Tracey's rage reminded her of her mother, adding, 'There's no space to say anything and digest it'. Jane agreed, angrily looking askance at me, 'Not that Nick's interested. You come here, hoping for support and what you get is kicked in the stomach.'

Jane's frenzy picked up pace as did Hanna's distress. The latter began to talk about feeling responsible for her mother's rage, feeling powerless to pacify her. I focused on Hanna's evident struggle with being left with something so very undigested and painful and related it to how the group felt following Tracey's exit. Hanna began to cry.

Without pause, and oblivious to Hanna's tearfulness, Jane launched into another monologue. This was met with a furious return from the usually composed Hanna.

'Will you stop talking!'

Jane, instead of countering (her usual approach) asked, with genuine surprise, 'What's wrong?'

'You never listen! You're always moaning! You never listen!'

A brief, stunned silence followed. I added, 'It's very difficult for people to get the space they need in this group and to get it in a way that is helpful to them and not harmful to others.'

Once more, Hanna wept.

This interaction seemed to bring about a significant change in the final part of the session. Jeremiah, usually detached, was visibly moved by Hanna's distress and offered her the tissues. The group supported Hanna's attempt to reflect upon what Tracey's rage and departure had stirred in her. This led to a 'free-floating discussion' in which all members were engaged: about guilt, about responsibility – its extent and its limits – about the fear that one could contaminate others and about how owning one's own distress could bring relief both to oneself and to loved ones.

It had been important for me to ensure the boundary/skin of the group in the face of rupture and feared disintegration. Containing my own anxiety went some way to containing theirs and, consequently, I was better able to utilise the dynamic matrix – the re-presentation in the group of angry need and frustration which had, till then, been evacuated through Tracey – to facilitate reflection. This embryonic containing experience became one upon which the group was able to begin to draw. Yet the space proffered was fragile and, partly as a result of this first major fracture, several further ruptures threatened the collapse of both the group and my own commitment to continue the training.

Clinical Work: three to nine months

Protecting the space and slowing the pace

Throughout these first turbulent months, my supervisor urged me to keep paying attention to dynamic administration; that is, the reflective but firm management of inter-related practical and dynamic boundaries. This I have found helpful to think of in terms of securing the group's sense of skin. Nitsun (1996) points out that, when anti-group states predominate – that is, where the group is dominated by destructive aspects that threaten its integrity and therapeutic development – 'more active intervention by the

group conductor is generally necessary' (p 174). Certainly, I found myself having to be far more active than I had anticipated, taking every opportunity to push the group to reflect upon important containing aspects (symbolically embedded in such things as regular attendance and punctuality) as well as on the many other boundary breaches that occurred. My supervisor also highlighted the importance of slowing the pace, since too many ordinary interactions were getting lost.

I now think of this loss as a re-enactment of unheard/lost gestures and vocalisations from infancy: evidence of disrupted 'dances of reciprocity' (Stern 1977, 1985, 1999), of neglected 'vitality contours' (Stern 1999) and of vocal 'turn-taking' gone awry (Trevarthen 1979). Left in their wake is an impoverished experience of mirroring, of 'empathic attunement' (Stern 1985) and a perverse and distorted model of social intercourse and interaction.

In the group, highlighting the way that conversations often overlapped and how contributions (and contributors) were, as a consequence, frequently left *un-reflected* upon, led to much discussion about the skills of listening and the vital importance of developing them. It also led to a growing intimacy.

Further Ruptures and the Belated lesson of Firm Holding

For those suffering traumatic early impingements, intimacy is both desired and terrifying. This was so for Jane whose dependency on the group (she hardly missed a session) was equal to her hatred of it. While ruptures in the group – particularly real and threatened departures – provoked anxiety in others, in Jane, echoing early violent and chaotic abandonments, they provoked panic. This panic (in which she perceived herself as helpless victim) was complicated by her own merger-hungry nature which wanted jealously to destroy anything that threatened her possession of the good object. Since she was confused about what constituted the good object (myself alone or the group), her terror of turning up one day with only me there (all the others having been murdered) was both dream-come-true and guilt-ridden nightmare.

Her response to what she experienced as the frightening fragility of the group was to monopolise it with monologues of complaint. It was as if the very 'mass' of these words would be enough to keep her and the group, as a narcissistic extension of herself, in place. (Note here the parallel process encapsulated in my own relentless reports in supervision as mentioned above.) Although aware of the immense difficulty that Jane's insatiable needs posed – my main supervisor had always been wary of me including her, whilst a temporary supervisor suggested I think seriously whether the

time had come to ask her to leave – I must also acknowledge that something about my own lack of robustness (for reasons already discussed) may have inhibited my capacity to get a firmer grip on her earlier and in a way that might have been helpful. Insufficiently held, she flayed about, frequently filling the space that had begun to open in the group with unremitting talk.

Where I failed to challenge, Hanna did. Yet Hanna's observation of how Jane presented led not to reflection but expulsion. Jane attacked the group and Hanna in particular. I made several attempts to engage her, interrupting her assault. I also encouraged the group, which had quickly dropped into stony silence, to explore where they were in what was going on. Yet Jane's willingness to be stayed was severely limited and Hanna's defensively elevated air served only to fuel the fire already raging in Jane. Consequently, Jane's rant became so frenzied and incoherent that I thought she was experiencing a psychotic break. Under this barrage, Hanna, for a while curiously composed, suddenly broke into angry wordless tears and ran out.

Ayesha asked if she should go after her. I nodded. This left only myself, Jeremiah (who by now had abnegated all responsibility) and Jane. I found myself 'taking hold' of Jane like a parent taking hold of a raging child. Adopting a firm, soothing manner, and drawing on my counter-transference (both 'classical' and 'totalistic' – see Prodgers 1991), I told her that she was

frightened of everything collapsing, that she was angry at this because it was so important to her and that, most of all, she was angry with me. She desperately wanted me to 'protect' her (in fact she had written to me a pleading for just this) and yet she felt I had betrayed her reliance and her trust. All this seemed to still her and, in the stilling, she seemed able to begin to digest something of what I had said.

Feeling vulnerable and unprotected was something everyone managed to talk about once Ayesha and Hanna returned, though not without the need for me to interrupt Jane, on several occasions, often with some force.

This session was the beginning of a turning point in the group, mainly, I think, because it was the beginning of a turning point in me. Amidst the destructive chaos, I managed – just – to be both authoritative and empathic enough to hold something together, making room for reflection, first in Jane, then in the group. However, this lesson was a belated one, delayed, I think, by my continued struggle to own my aggression – to stay 'in the ring' and not retreat. Thus, though I and the group survived, Hanna, who left shortly after this, be it in the end to another group, did not.[vi]

REFERENCES: Part One

Bick, E. (1968) 'The experience of the skin in early object-relations' in E. Bott Spillius (ed) *Melanie Klein Today: Mainly Theory*. London: Routledge. 1988.

Brazleton, T. and Cramer, B. (1991) *The Earliest Relationship*. London: Karnac.

Foulkes, S. H. (1948), *Introduction to Group Analytic Psychotherapy*, London: Karnac. 1983.

——— (1964), *Therapeutic Group Analysis*, London: George Allen & Unwin.

——— (1971) 'Access to unconscious processes in the group-analytic group' in S. H. Foulkes, *Selected Papers: Psychoanalysis and Group Analysis*, London: Karnac. 1990.

——— (1973) 'The group as matrix of the individual's mental life' in S. H. Foulkes, *Selected Papers: Psychoanalysis and Group Analysis*, London: Karnac. 1990.

Foulkes, S. H. and Anthony, E. J. (1957) *Group Psychotherapy: the psychoanalytic approach*, London: Karnac. 1984.

Hazler, R. J & Barwick, N. (2001) *The Therapeutic Environment*, Milton Keynes: Open University Press.

Hopper, E. (2003) 'Aspects of Aggression in Large Groups Characterised by (ba) I:A/M' in *Psychodynamic Practice*, 9:3 pp 335-352.

Kohut, H. (1971) *The Analysis of the Self*. New York: International Universities Press.

Kohut, H, and Wolf, E.S. (1978) 'The disorders of the self and their treatment: An outline', *International Journal of Psychoanalysis*, 59: 413-25.

Leitner, L. M. (1995) 'Optimal therapeutic distance' in R. A. Neimeyer and M. J . Mahoney (eds) *Constructivism in Psychotherapy*. Washington, DC: American Psychological Association.

Mahler, M. S. (1968) *On Human Symbiosis and the Vicissitudes of Individuation*. New York: Basic Books.

Nitsun, M. (1994) 'The Primal Scene in Group Analysis', in D. Brown and L. Zinkin

(eds) *The Psyche and the Social World*, London: Routledge.

——— (1996) *The Anti-Group: Destructive forces in the group and their creative potential.* London & New York: Routledge.

Prodgers, A. (1991) 'Counter-transference: the conductor's emotional response within the group setting', *Group Analysis*, 22: 333-43.

Pines, M. (1980) 'What to expect in the psychotherapy of the borderline patient', *Group Analysis*, 15: 3.

——— (1982) 'Reflections on Mirroring', in *Circular Reflections*. London: Jessica Kingsley. 1998.

——— (1985a) 'Psychic Development and the Group Analytic Situation' in *Circular Reflections*. London: Jessica Kingsley. 1998.

——— (1985b) 'Mirroring and Child Development: psychodynamic and psychological interpretations', in *Circular Reflections*. London: Jessica Kingsley. 1998.

——— (1994) 'Borderline phenomena in analytic groups' in V. L. Schermer and M. Pines (eds) *Ring of Fire: Primitive Affects and Object Relations in Group Psychotherapy*. London: Routledge.

Pines, M. & Schermer, V. L. (1994) 'An Editorial Introduction: silence = death' in V. L. Schermer and M. Pines (eds) *Ring of Fire: Primitive Affects and Object Relations in Group Psychotherapy*. London: Routledge.

Pontalis, J-B. (1993) *Love of Beginnings*, trans. J. Greene and M-C. Regius, London: Free Association Books.

Schermer, V. L. and Pines. M. (eds) (1994) *Ring of Fire: Primitive Affects and Object Relations in Group Psychotherapy*. London: Routledge.

Segal, H. (1977) 'Countertransference', *International Journal of Psychoanalytic Psychotherapy*, 6:31-7.

Stern, D. (1977) *The First Relationship: Infant and Mother*. Canbridge: Harvard University Press.

——— (1985) *The Interpersonal World of the Infant*. New York: Basic Books.

——— (1999) 'Vitality Contours: The Temporal Contour of Feelings as a Basic Unit for Constructing the Infant's Social Experience' in P. Rochat (ed) *Early Social Cognition: Understanding Others in the First Six Months of Life*. New York: Lawrence Erlhaum Associates.

Trevarthen, C. (1979) 'Communication and Cooperation in Early Infancy: A description of primary intersubjectivity' in M. Bullowa (ed) *Before Speech*. Cambridge: Cambridge University Press.

Winnicott, D. W. (1953) 'Transitional Objects and Transitional Phennomena' in *Playing and Reality*. Harmondsworth: Pelican. 1974.

——— (1956) 'Primary maternal preoccupation' in *Through Paediatrics to Psycho-Analysis*. London: Karnac. 1992.

——— (1960a) 'The theory of parent-infant relationship' in *The Maturational Processes and the Facilitating Environment*. London: Karnac. 1990.

——— (1960b) 'Ego distortion in terms of true and false self' in *The Maturational Processes and the Facilitating Environment*. London: Karnac. 1990.

——— (1962) 'Ego Integration in Child Development' in *The Maturational Processes and the Facilitating Environment.* London: Karnac. 1990.

——— (1971) 'The use of an object and relating through identification' in *Playing and Reality*, Harmondsworth: Pelican. 1974.

Wooster, G. (1983) 'Resistance in Groups as Developmental Difficulty in Triangulation', in *Group Analysis*, 16:1; 30-40.

Yeats, W. B. (1931) 'Remorse for intemperate speech' in *Collected Poems of W. B. Yeats*.

London: MacMillan. 1950.

Zinkin, L. (1983) 'Malignant Mirroring', in *Group Analysis*, 16:2; 113-126.

[i] Winnicott (1971) stresses the importance of the therapist/mother surviving the destructiveness of patient/infant in order to allow the latter to move from object-relating to object-usage. The survival of the group can also be seen to have a similar import.

[ii] A complaint of several group members was that 'everything that anybody says in the group feels as if it's about me'. This is both a recognition of the indivisibility of individual and group and a cry of distress characteristic, despite some understanding of an 'intermediate area of experiencing' (Winnicott 1951/1971) – the 'as if' quality – of a borderline personality. The therapeutic potential of the group lies in this statement, but so too does the experience of relentless psychic assault, from which some members could find little relief and no symbolic retreat.

[iii] Developing, as we do, in a hall of mirrors, we are composed of myriad reflections. For better or worse, we are destined to inhabit each other, dream each others dreams and live each others lives. This psychic intertextuality can be both a source of succour and of trauma, the latter leading to a severely reduced capacity for self-reflection. In a group context, I have found Foulkes's (1964) notion of mirroring, and its exposition by writers such as Wooster (1983), Zinkin (1983) and particularly – drawing as he does on Abelin, Lacan and Winnicott – Pines (1982,1985), of profound interest and use.

[iv] All names and identifying features have been altered to protect the privacy of patients.

[v] Nitsun (1994, 1996) refers to the 'primal scene' – and its arousal of primitive feelings of envy and exclusion – as being at the centre of all groups.

[vi] I think Jeremiah, with whom the group some time later lost touch, was also, in some ways, a casualty of this incident.