Progressing While Regressing in Relationships

RONNIE LEVINE, PH.D.

Regression and relapses to more primitive interpersonal interactions and behaviors, such as addictions, can torment both therapist and patient alike, often generating despair and hopelessness. Friends and loved ones also suffer in relationships when living through these destructive interactions. Yet, regressions can sometimes provide opportunities for the development both of a more integrated self and more mature relating. Looking through the lens of current psychoanalytic thinking, this paper offers a model of emotional development arising from understanding regression as a cyclical back and forth process between regressive and progressive states. I present a case that serves as an example of this model and illustrates the transformative effects of group treatment.

Many of the current psychoanalytic perspectives (object relations, relational, modern, intersubjectivity, attachment, self-states, interpersonal neuropsychoanalytic) now converge on the theoretical importance of emotional communication between patients and therapists and the practical need to develop inter-

Ronnie Levine is on the faculty of the Center for Group Studies and the Eastern Group Psychotherapy Society’s Group Training Program as well as in private practice in New York, New York.

This paper is based on a lecture titled, “Progressing While Regressing in Relationships” presented as the second Louis Ormont Lecture at the 2009 annual meeting of the American Group Psychotherapy Association in Chicago. The author wishes to thank Dr. Lynne Kwalwasser, Dr. Stephanie Goldenthal, Dr. Les Greene, and Gail Brown, MA, for their supportive comments on this earlier version of the paper.
ventions beyond interpretations. From these perspectives, the key for working with regressive experience lies within the therapeutic relationship, including the unformulated and preverbal engagements within the relationship.

For many of us in the group field, studying the interactions and relationships between the therapist and the patient and among patients has been our bread and butter. Group therapists regularly witness the profound effects that nutrient relationships and interactions have in the development of resilience and mature relating. Louis Ormont, from his unique modern psychoanalytic perspective, was particularly innovative in how to use the group to approach the regressed and/or preverbal patient and how to move the member and the group to more mature relating and functioning. Ormont was one of the pioneer group therapists who did not rely on the exclusive use of interpretation, but instead focused on the emotional interchanges—what was communicated consciously and unconsciously about the self and self/ object relationships—among group members and the therapist. In his interactional approach, he developed interventions born from his understanding of his own and his patient’s experience. He was innovative in how he utilized bridging and joining to “hold” a member (providing maturational engagements, emotional education, and ego support) and to create a group attitude (transitional space) for exploration and interest in another. Ormont was convinced that group therapy could provide, through a modern relational approach to the contract, the exploration of a range of reactions, thoughts and feelings, and maturational interactions that engage internal self/object experiences, an experience that promoted a sturdier self and more mature relationships. In this paper, I will bridge some of the current psychoanalytic thinking with Ormont’s approach to group therapy.

REGRESSION IN RELATIONSHIPS

It is the difficulties in relating to others that drive people to our therapy offices and fill our group therapy practices. These people, or those they are involved with, have difficulty sustaining good, cooperative, mutually gratifying relationships. Along the way, their interactions become plagued with destructive, regres-
sive tendencies. Relapses to destructive infantile behaviors such as primitive self-soothing behaviors, primitive expressions of need and feelings, or addictions may emerge, causing pain and unhappiness to all. The wish to be able to maintain a mature way of relating is often undermined.

There is, of course, nothing new with the observation that relationships inevitably have troubles—troubled relationships are as old as the Bible. The Bible is replete with relationships that have gone awry. From the very beginning, when man and woman are created, there are difficulties with commitment and cooperation in the relationship with God. God sets the frame, provides a contract, and then there is perpetual backsliding.

Adam and Eve cannot keep their hands off the forbidden fruit. And next is Cain, depicted as a selfish man—who perverts his love for God for a love of himself. Envious of God’s preference for his brother Abel, Cain kills his brother, who had gained a generous capacity to have and express his gratitude to God. Following the murder, Cain’s response to God: “Am I my brother’s keeper?” has resonated throughout the ages as an expression of the triumph of a ruthless narcissism over responsibility and concern for the other.

Genesis continues to describe a treacherous, ruthless social world. Corruption and lawlessness are a way of life: this group cannot keep to the group contract! God, the ultimate group leader, decides at last to terminate this dangerous narcissistic group, reconstituting it for a new group (doing what many group leaders wish when finding themselves with a destructive, uncooperative bunch). He asks Noah to help him in this task. Noah, it is said, is a bit better than anyone else in his sinful generation. While following God’s requests, he fails to show any sign of concern or desire to save his extended family, let alone the world’s population. Yet, his compliance is at least a development of an evolving interest in another. Unlike his neighbors, Noah seems willing to forgo some narcissistic gratification for a relationship that goes beyond himself. He is a transitional figure. God’s relationship with man also evolves—He terminates the group but revises the contract—He will not destroy the group again, at least not by flood.

It is left to Abraham, imperfect but dedicated, to become the first person presented in Genesis to form a committed, coopera-
tive relationship with God. He is willing to enter into a relationship that allows for commitment, active negotiation, and concern for others. He has found in himself a capacity to love beyond self. It is Abraham who becomes the patriarch.

Genesis can be seen as both a story and a teaching concerning the development of man’s relationship to God—the progression from Adam through Abraham reflecting a shift from a narcissistic state to more mature and cooperative relationship. Western civilization has utilized these revered figures or mythic heroes as guiding models for our interpersonal relationships. Yet, in the depiction of these models developed in Genesis, even with the ones who had achieved more cooperative, mature ways of relating, there are often portrayals of regression—a slip-up to a self-involved or destructive way of relating. Why do the relationships in the Bible continue to emphasize destructive, regressive tendencies, even in the revered personalities? The Bible seems to be telling us that regressions in relationships are unavoidable.

Perhaps the ubiquity of the difficulties in sustaining responsibility and concern in relationships can provide some consolation to therapists, their patients, and their families who struggle with the challenges of relapses to addictions and to primitive narcissistic states of relating. The journey to mature relating does not follow a linear path; such an expectation or belief will likely cause discouragement when inevitable regressive self-states occur. Regressive pulls emerge at vulnerable moments, especially in intimate relationships. Life’s transitions and disturbing interactions—perceived or real—can be disruptive and destabilizing, causing regression to earlier narcissistic states in a search for the fulfillment of desire and comfort.

The movement back and forth from narcissistic states to mature, cooperative, concerned states continues throughout life, and appears to be part of the normal processes for both self and relational development. These regressions to narcissistic self-states and progressions to mature relating may be the way human beings—through this delicate and dialectic balance—allow for the development of a vital self and mature loving relationships. It is a process of maturation and integration. These cycles of regressive and progressive pushes and pulls on self and relationship may serve to generate and regenerate each other, potentially becom-
ing either a source for creative emotional expansion or a destructive force for the self and the relationship.

**FROM SELF-INVOLVEMENT TO A CAPACITY FOR CONCERN AND REFLECTION**

Many object-relations, relational, and modern psychoanalytic clinical theorists write about the development of self/object differentiation, beginning with an omnipotent/narcissistic stage, moving through an intermediary stage, and evolving to a more differentiated state, an Adam to Noah to Abraham progression. As one progresses to more differentiated self/object state, there is a higher level of emotional integration—with increased capacity for reflection and for recognition of the other’s subjectivity. This is marked by a capacity to tolerate contradictory, frustrating, disappointing, and ambivalent experiences—love and hate—for another with the concomitant capacity to tolerate the same from the other. There is an increasing tolerance for the flaws within one’s self and for the limitations of the other. This stage, what Klein and Winnicott refer to as the depressive position, is an achievement of integration, but it is not a static or stable achievement.

**WHY DO WE HAVE THESE CYCLES OF REGRESSIONS AND PROGRESSION?**

While there are many factors—constitution, level of ego integration, quality of internal objects, and the consolidation of the self—that determine quality, frequency, and extent of regression, all regressions are essential ways of processing experience. No self can fully metabolize the totality of experience. Regression may be a necessary means of accessing and addressing the inaccessible parts of the self. Regressions move to different emotionally vulnerable and unformulated points of trauma, developmental and structural weakness, and unresolved conflict. Regressive states may hold an unfiltered, raw, immediate way of experiencing that could be a source for creative, inspired experience, a sense of aliveness—a regression in service of the ego.

For the purposes of this paper, I would like to underscore these attributes: regression is an intrapsychic and relational phenomenon (Balint, 1968). The back and forth movement may be neces-
sary to form, develop, and internalize a good internal object. Current relationships provide the context for accessing and reworking internal object relations. Contemporary neuropsychoanalytic, attachment, trauma, and relational self-state theorists (akin to the object relations and modern psychoanalytic idea of internalized self/object relationship) discuss a concept of an embedded interpersonal imprint that is out of awareness and can only be surfaced in primitive modes of interacting in intimate relationships (Lyons- Ruth, 1999). Regressions are conceptualized as unavoidable forms of communicating in relationships and relationships are the necessary context for manifesting and addressing internal relational regression. In varying degrees, we will have periods of turbulence in our relationships that will stir up earlier self/object imprints and return us to primitive modes of functioning.

Regression to narcissistic forms of relating within a relationship can allow for a maturational process in a relationship, or it can be damaging to the relationship; many times, it is both damaging and an impetus for maturation for the relationship. During regressive periods, the sense of the other is undermined. In severe regressive narcissistic states, the capacities to recognize the other, to realize the impact of one’s communications on the other, and to experience the other’s subjectivity are completely lost. For regressions to be useful and adaptive in a relationship, they cannot be so severe as to be destructively malignant for the relationship and the individuals. There has to be some eventual recovery to an awareness of the other. This is facilitated by a relationship having the capacity to contain the regression and provide maturational experiences.

Real relationships exert external demands and induce internal pressures, generating anxiety, frustration, and humiliation that deplete the ego/self resources from sustaining a higher level of integration and concern. The painful interactions in a current relationship may be too much to bear without having had a sturdy internalized object relationship to help with enduring the pain. These interactions can arouse defective self-feeling and toxic and persecutory internal objects that disrupt a sense of self-cohesion and stability. Lacking sufficient self-soothing and self-affirming functions to sustain a stable self, one regresses to a former self-
state in search of a good object/feeling, desperate to restore a sense of well-being.

Each self-state has an imprinted corresponding internal relationship with an object that defines the way a person perceives and reacts to his/her object. The regression may lead to a self-state, of a more nourishing time, where a younger self had (or imagined) some kind of loving self-object to provide a sense of cohesion and stability. In this state, there may be a clinging to earlier ways of repair and self-soothing as a way of evoking sustenance.

Most often, the trigger in the present (such as destabilizing experiences of abandonment, fear/terror, humiliation) returns the self to the vulnerabilities of the past: an insufficient object and an immature, incapable self. There is a pull to the familiar early inadequate or damaging self/object attachment, an imprint of interactions, which incorporated the early bad/vulnerable feelings one had about oneself and for the other, as well as the experience of not having received sufficient self-soothing and self-affirming responsiveness to help protect or regulate these terrible feelings. In this self-state is a reliving of terrible reactions (internal objects) formed from the interactions of the past. There can be a reawakening of intense historic longing for the insufficient object of the past which, now experienced in the present relationship, will come to its senses, become a good object, fully recognize the self and restore one’s well-being—or one will be rescued from the bad object, or somehow one will be more effective this time in making a reparative outcome. Sometimes, there is also a reawakening of the desire for retribution for earlier grievances. The current relationship is now cast with the early primitive lens of that self-state, and one reacts and manages his/her feelings and organizes life in the same earlier ineffectual ways to the accompanying object relationship. It is going home, with the present relationship, to an original disappointing object relationship frozen with the same expectations, longings, hurts, and mode of relating.

These regressions to the early attachment cause relapses from a more integrated depressive position self to more narcissistic modes of relating to the other. The self can retreat to primitive preverbal thoughts and omnipotent fantasy that dictate ways of engaging or disengaging the other. These regressive self-states
can take the form of a self sacrificed to protect the other from one’s hate and disappointments manifested in self-attack, self-doubting, or a self-sacrifice that makes inauthentic, compliant adaptations. There can also be a grandiose solution that restores the self by sacrificing the other. In this position, one lives in an omnipotent illusion of self-sufficiency designed to eradicate the vulnerability of dependency and desire by either dispensing with the need for another or by having the fantasy (or experience) of possessing and ruthlessly controlling or destroying the other.

For individuals, relationships, and groups, stagnation in this omnipotent, narcissistic period can be a disaster. In relationships, each partner’s more primitive behavior can evoke in the other earlier out-of-control and out-of-awareness states and interactions. Where there had been collaboration, there are now omnipotent solutions. There is no recognition of the other as separate and as having a separate experience: no concern, no listening, and no acknowledgement of the effect one has on the other. Communications tend to be primitive forms of managing distressing and uncontainable emotions, requiring the other to have certain feelings and discharging of feelings. There are retreats to self-destructive and destructive addictive forms of self-soothing; withdrawal to an illusion of an invincible form of self-sufficiency (there is only me, and my way); a flight into self-absorbed, grandiose fantasies (I am special–powerful, desired, loved–which permits infantile demands to be cared for and having one’s mind read, and allows for self-indulgent, destructive, and addictive behaviors); and abusive sadistic-masochistic, entrenched victimizer-victim forms of relating (I am in charge of you; It is your fault; I want to hurt you; I can’t live with or with out you; you are causing me to fall apart)–all of which can cause destructive controlling of or losing control with the other, with oneself, and disengagement. The milestone achievements and integration of the depressive position-stability born from a cohesive self, self-reflection, a self-awareness of consequence, and a self/other differentiation–seem to have receded. In their place, a younger primitive self is surviving. The enduring, more primitive self-state carries both compelling creative and pathological self/object experiences that have not been metabolized and integrated in the mature functional self.
Relationships are complicated, and the relapse or regressive self-states in one partner can evoke and provoke a destructive cycle of primitive modes of relating in and with the other. The attraction to each other may be driven by unconscious matching of relational self/object imprints. The relationship tie may be drawn from partners carrying unconscious identifications with relational imprints. A partner may be carrying healthy and destructively desired or unwanted, disavowed self-objects. (For more on the draw to unhealthy identifications to others, Aledort’s (2009) “Bad Fit” concept describes the binding excitement of early imprints for partners involved in a self-destructive relationship.) A relationship can trigger core conflicts between partners, such as the way aggression, control, desire, intimacy, vulnerability, and affect are self and mutually regulated and self/object representations are expressed. All of these can be the fuel for painful interactions in which the sense of the other is overshadowed by the narcissistic needs for the other.

Toxic regressions can be damaging disruptions that cause rupture to a relationship. However, when there is commitment to valuing and maintaining rather than destroying the relationship, these regressive experiences provide reparative opportunities for dissociated parts of the self to be introduced and integrated into the relationship. These regressions can be opportunities for dialogue. Reflection replaces venting and manipulation as communication is enriched with awareness and tolerance for feeling. If these regressive, narcissistic states can be endured, the emotional give and take in the relationship can move its partners into developing an awareness of each one’s impact on the other and an awareness of the other’s experience. With this new consciousness of self and other, these emotional interchanges produce mutual, reparative, emotional communications. With this new consciousness of self and other, these emotional interchanges produce mutual reparative emotional communications (Aron, L. & Bursha, A. 1998).

The integrative processes of progression, regression, and progression continue as long as the relationship is committed to having vulnerabilities and self-defeating interactive patterns understood. This requires courage for both partners to move beyond a status quo acceptance of the secure and familiar destructive or
stale forms of engagement to an unfamiliar cooperative terrain of relating and interacting. It also requires an allowance or an acceptance of each other to move in and out of mature relating, without an acceptance of being treated badly.

The psychotherapy relationship provides opportunities to explore regression and relational imprints, experiencing earlier self/object painful interactions as they are manifested in the present therapeutic relationship. Though these states can sometimes be difficult to live through for both the therapist and the patient, psychotherapy can be a transformative experience. The relational process with regressive states can lead to a more integrated self, with resiliency and fluidity for both the therapist and the patient. To be effective, the therapy has to be versatile in providing a range of maturational emotional reactions and interactions that can address the unfolding of differing subjective and relational development states (from narcissistic to a mature self/object state), a holding and containing environment, emotional education, and ongoing experiences of interacting relationships living through and surviving regressive experiences. When this is experienced within the context of a secure therapeutic relationship, there is potential for maturation, integration, and intimacy. The achievements of the depressive position are renewed and enriched. But regressive experiences never end; these journeys, progressions, and regressions continue throughout life. However, through increased re-integration and experiences of reliability, life can become more stable and resilient, as regressions become easier to progress from. We therapists are there to help people withstand, recover, and relate.

**GROUP AS A TRANSFORMATIVE AGENT**

How can group be helpful in transforming regressive experiences to progressive, integrative ones? Group—and not just the traditional psychotherapy group—has much to contribute in addressing problematic shifts to narcissistic states and in facilitating fluidity and resilience, which can lead to a more self/object, differentiated state. One kind of group, the 12-step program, has brilliantly distilled the hallmarks of the depressive position, providing a process for a person to move from an omnipotent state
by learning his or her limits, taking responsibility, making repara-
tions, and then connecting to something beyond the self. This
group, in providing a structure and a sponsor to educate, sup-
port, and focus, is attempting to support externally what has nev-
er been internalized. The group’s acceptance of relapses without
shaming permits members to move forward without withdrawing
from the group. In a similar fashion, the Al-Anon model can also
help to facilitate self/object differentiation from the partner.

The therapy group offers something unique. It provides on-
going committed relationships with a leader and its members,
and their interactions in the here and now can address varying
narcissistic states and facilitate maturational development. These
interactions, which are held and limited within the confines of a
group contract, create essential ingredients—reliability, stability,
and a continuity of connections—which allow for a therapeutic
working and re-working of regressive self/object experiences. In
the group, relational ties can develop to the group-as-a-whole and
its members. The paths of these relationships can be explored,
interactions can be investigated, and alternative ways of relating
and understanding can develop. Supportive as well as difficult,
uncomfortable, and injurious interactions can be examined. Group
can be very good (and sometimes too good) at triggering terrible
feelings. Interactions can trigger multiple members’ unconscious
reactions and the enactment of relational imprints. Rather than
just being a hopeless cycle of repetition and enactment, however,
the therapy group provides opportunities for these experiences
to be understood as well the maturational emotional nutrients
(mirroring or joining, recognition, regulation of emotional stim-
ulation, titrated aggression, emotional education) required for
the development of resilience, differentiation, new ways of relat-
ing, and coping. Because it features sustained multiple relation-
ships, group therapy can have the capacity to hold and engage.
There develops a harmonic movement back and forth from self
need to an interest in the effect of relational interactions.
Regression Can Occur or Be Triggered In Many Ways
In Group Treatment

A member may enter a group in a vulnerable state due to disappointment, loss, crisis, or frustration. Or, in the course of the group’s interactions, a member may experience an injury: a criticism, a slight, an attack from another member. Or, the experience of being excluded from a conversation might lead to feelings of envy, neglect, shame, or defectiveness. Perhaps, after revealing the depth of his/her vulnerability and the rawness of need, a member may not receive the longed-for response from the group that would sufficiently insulate against the impending experience of humiliation and abandonment. Possibly, another member’s conscious and unconscious communications arouse intolerable feelings or evoke unconscious unacceptable parts of self in a member. The group’s here and now interaction can produce an array of painful injuries or threats that can induce the retreat to another self-state: a more vulnerable one that is ill-equipped to deal with the feelings that are evoked and is no longer effectively able to communicate to the tormentor. Perhaps a member may never have attained an ability to manage overwhelming feelings effectively, or alternatively, there may have been some acquired capacity to not take things too personally and some ability to advocate for self. Either way, a member has suddenly slipped back to a different historic self-state, an old familiar one that has rendered a sense of helplessness. Responses and perceptions are now governed by this developmentally younger state, but now we have a group to witness, react, and work with this young self.

CASE PRESENTATION

Vicki is a seasoned group member who has developed, in group, an ability to articulate her feelings, keep people in mind, and understand others. Upon receiving a hostile criticism from an explosive member, she suddenly experiences herself as falling apart. She falls into an internal state of self-doubt and self-attack; her emotional insulation, which had been working well, is suddenly not protecting her stability. She has now lost a sense of integration slid back to an earlier self-state in which she experienced
herself as a frightened, defective person tied to a highly devaluing internal mother. She has fallen into a tearful and helpless state.

This painful self-state that is now presenting itself was her predominant self for the first few years of Vicki’s group life. At that earlier time, Vicki was easily wounded, could not articulate her feelings, and craved attention. But she pushed people away by the demands for attention she placed on others, based on a sense of entitlement for her long suffering and deprivation.

The group had helped Vicki develop an ability to identify her feelings and articulate them to others. The group understood that the ability to communicate and understand thoughts and feelings helps its members define and consolidate themselves and allows for movement from narcissistic to more mature relating. All expressions—verbal and nonverbal, even when manifested as behavior, attitudes, self or bodily feelings—were understood as communications. Expression now as communications builds relationships, allowing for the development of a defined self and a relationship that takes into account the other as a separate person.

When Vicki began in group, she had a limited ability to communicate her feelings; she chiefly expressed herself by crying and having headaches. The first order of business for the group was to help her put her thoughts and feelings into words. The group—already trained by me that all nonverbal and verbal behaviors and attitudes were communications that needed to be translated—asked, “What are the headaches saying?” and “What are the tears expressing?” Eventually, Vicki began to speak. She was sad, had felt left out, and did not believe anyone cared about her. She had been afraid to tell anyone for fear of reprisal. The group was beginning to understand her. The next time she complained of being sick, the members, developing the relationship link, asked, “What did the group do to make you sick?” or “How did we cause you to cry?”

Gradually, Vicki spoke. She was now blaming everyone for neglecting her, not preferring her, and not considering her. She was the one that trudged long distances to get here. Some members began wondering whether it was such a good idea to help her to speak. They did not like her criticism of the group and her desire to control them, and they told her so. Vicki asserted that they were not being fair. An empathetic member was able to translate
her communication: “Vicki, you want to be appreciated for the effort, and I really do appreciate the effort you made.” Another member admired her ability to defend herself. This perked her up. With increased support and interest from additional members, Vicki began to relate to others, but in a self-referential manner. One member talked about the struggles she was having with a successful career, and Vicki said that she was jealous. Another member talked about a painful relationship, and Vicki would recall her own painful relationships.

Vicki began to learn the difference between the feelings that concerned her self and her feelings toward another member. She began to put her toe in the water toward relating to another: “I feel warmly toward you.” She was also beginning to listen.

Vicki was slowly evolving from a narcissistic position to communicating her feelings in a more relational and defined way. She began to recognize her anger and aggression, the way they were affecting others, and she became more effective in communicating these experiences. As she was getting more comfortable with articulating her feelings, Vicki began to distinguish between how she felt about others and how she felt about herself. Vicki was developing another internal imprint of herself in relation to others. She was moving from experiencing herself entirely as a passive victim (while, at the same time, unconsciously operating in preverbal ways to maintain control of others) to having increased experiences of herself as an active subject based on self-definition with an awareness of another. During the week, Vicki was keeping the good relationships of the group in her mind, and this provided some comfort.

This is the point where written case studies often end. There is some development of a case, new gains have been achieved, and the patient, the group, and the therapist have proven to be effective. However, life does not usually develop in such a linear fashion. Imprints of the self in relation to a destructive internal object can continue to erupt and disrupt stability. Emotional insulation needs to be repeatedly strengthened, and new imprints with benign internal objects have to be reinforced. Despite her gains, Vicki was still sensitive, and a slight could send her back to an earlier self-state.
This brings us to the current setback. Vicki was in a more vulnerable state. An outside relationship was not going well, causing her to withdraw. In her withdrawal was a hidden hope that someone would recognize her and attend to her in a way in which her mother never did. Sally, however, took her withdrawal as a personal betrayal and criticized her for absenting herself. This triggered Vicki’s regressive reactions associated with a self-state that was attached to an imprint of a hypercritical mother. Vicki lost her bearing and self-confidence. She became speechless, which held another hidden hope that she would finally be rescued from this cruel woman. The good internal objects formed from the group, that at other times had soothed, provided insulation, and helped build her confidence, could not, at this time, mitigate this earlier destructive internal object.

I asked the group what was going on with Vicki. The group responded, each member attempting to provide words for her experience. Some validated Vicki’s perceptions or joined her feeling: “Sally spoke terribly to you” or “Of course she should feel upset. It was insensitive of Sally to be so critical.” Then I asked, “What was Vicki’s silence saying?” A member attempted to translate Vicki’s tears, “I think you are hurt that your silence was so misunderstood. You wanted someone to reach out to you and instead you got clobbered.” “Vicki, I feel bad for you,” offered another. “I think you are hurt and angry. You can have both feelings.” Another observed, “This is what you were like when you first came to group, remember? You did not know how to ask for what you needed or tell the group how you felt.” Reacting to this, several members said, “It was too much pressure on everyone to get it right,” “I would be relieved if you let Sally have it and say what you want,” “Yes, but it’s hard to ask when you are feeling bad and afraid of getting clobbered. She just may not be able to do that right now.” These communications seemed to help Vicki restore some composure.

Meanwhile, Sally was becoming alarmed that she was being ganged up on; she did not think she had done anything wrong. She did not like Vicki’s apparent disinterest when she was talking. It made her feel unimportant. She, too, had a right to talk. I asked a member what he thought. “That is true,” he said, “but it was mean. You might have just told her how you felt, rather
than attack her for being a self-centered snob. Or you may have asked what was going on with her. And why did you assume her silence was an indictment of you?” The group continued to work with each member, providing reactions and insights on Vicki’s and Sally’s communications and the historic imprints, shame, hurts, and expectations that were triggered and reproduced in the group.

Eventually, Vicki was able to tell Sally she did not like the way she had spoken to her, but would have been interested to know that Sally was hurt by her preoccupation. Sally, feeling reassured by this response, remarked that she somewhat regretted her hostile jab. They moved to having more of an ability to hear each other’s experience, while still retaining their feelings. The regression to an unfilled hope for a maternal presence that would rescue her from dangerous interactions was partially attended to by Vicki developing supportive relationships with the group and her increasing ability to say what was on her mind. It was further addressed when Vicki was able to express her anger and disappointment in me for failing her and then to feel understood by me. I will elaborate on this in a later section of this paper.

**Building Resilience in Group**

The group was helpful in working with each member’s regressive states and transforming them into a progressive process. The whole process works to strengthen each member’s resilience. Living through this back and forth process becomes the foundation for building resilience—with the group providing a reliable safety net and a confidence in all its members that emotional maturity can be restored. The repeated experience of the group and its members surviving regressions promotes the development of a reliable good object in the group and in its members. The group, internalized as a good reliable object, allows for a faster recovery from the regressive experiences. The group learns to be less fearful of regressive states and more available to address them therapeutically. This process generates good feelings and deepens connections for the members of the group (Levine, 2007).

The group interest in each other allows for members’ gradual development of emotional insulation, a consequence of internal-
izing good object feelings from the group, an observing ego developed from internalizing the group function of reflection, and a memory held by the group that supports and reminds members of their strengths during painful regressive moments. The group memory also contains the repertoire of the members’ self/object states which creates an experience of cohesion for its members (“We knew you when. We lived through it with you. We are still here for you.”). The group continues to work toward integration and builds resilience by helping each of its members develop an ability to listen and communicate feelings effectively. Each member brings his or hers own creative talent and regression which when expressed and understood deepens the emotional experience of the group and expands the holding capacity for the group and its members.

This group was functioning in a progressive way, but groups—both small and large—can have cycles of progression and regressions. Individual members, subgroups, and groups can operate in narcissistic destructive ways to impede therapeutic progress. Rather than communicate their thoughts and feelings directly, members may avoid, block, exclude, excite, arouse, dismiss, attack, scapegoat, monopolize/desate, direct/instruct, judge, withdraw, isolate, care-take, and collude with others to keep themselves from addressing and containing uncomfortable feelings. Members can be intolerant of the intensity and the experience of primitive feelings. An inability to hold and contain feelings leads to an unbearable experience of helplessness. Internal self/object relationships are triggered and life histories are manifested in group re-enactments. In a progressive or an adaptive regressive phase, the group is fluid and effective in bringing emotional material to the surface and integrating it into the group’s experience. Malignant regressions due to overwhelming fear, hate, or desire can compromise the therapeutic functions of the group and are destructive to its members’ capacity to contain and effectively communicate feeling to each other. Emotional communication among members can be stiflingly rigid, polarized, unsafe, and preverbal. The leader’s function is to help the group hold divergent unacceptable emotions and thoughts and put these experiences into words. Obstacles to feelings are explored and
recognized. The focus is to convert the action into language and have limits and contract boundaries enforced.

Vicki developed in a progressive way with regressive bumps to a more mature way of relating. For some, the journey is more difficult and painful to endure. The entrenched isolation, the staving off of vulnerable traumatic experience, and the grandiose primitive behaviors (e.g., duplicity, denial, impulsivity, manipulation) employed to preserve self-sufficiency make for a long and torturous process for the member and the group. Just being able to show up in the group is a move toward accepting a reliable other to begin the process of regressing and progressing within a relationship. This consistency and the relationship may be too much for a person to bear, so relapses and dropouts happen. The member’s inconsistency, destructive behaviors, and group demands also may be too much of a drain on a group. There may be joining and rejoining until there is some acceptance for withstanding the process or at least until the therapeutic process of regressing within relationships has proven less toxic than the painful process of regressing in life without helpful relationships.

The Group Leader’s Experience with Progressing While Regressing

Finally, there is the leader. The leader has periods of regressions and progression regularly triggered by the emotions and defensive styles of the group or the challenges of life. There are times I am better insulated and my thinking is crisper than other times. These regressive lapses can at times be a source of emotional confusion, but it also can be a rich source of emotional information. The group leader’s regressions are the essential means whereby we come in contact with the emotional life of the group, its members, and ourselves. These regressions can be therapeutic, if the leader can sort out the countertransference feeling, the self/object relationships, and resolve his/her own narcissistic barriers that interfere with his/her curiosity, self-reflection, and emotional availability. We leaders have a few things going for us to help us be effective. First, we have the insulation of the role and the contract which helps us become object directed, bear the group’s aggression and other uncomfortable feelings, and provides us time to study our own feelings and vulnerabilities. Then,
we have our feelings—our rich source of information—to help us understand and address emotional communication. Most important, we have the group to consult—if we are available to listen fully to what the members are saying about our performance and the group dynamics. If we give the group the idea that they can say what is on their minds, including their thoughts about us, we can learn. We can have our interventions and enactments all included as part of the process.

I found the group to be very helpful in my work with Vicki. Her longing for love, along with her dissatisfaction and mistrust of what she received, pervaded her early relationships in the group and was most prominent in her relationship with me. Her hidden hope/then demand that I could rescue her from her painful interpersonal experiences in the group led to a persistent dissatisfaction of me for failing her. As the group treatment progressed, Vicki was able to bring her dissatisfaction directly to me. She would often complain about my style and her disappointment in me, sometimes setting off my critical internal objects. Vicki was both the vulnerable child, in her need to be found lovable, and a controlling mother, distancing others by her judgmental or self-referential remarks. When feeling vulnerable, she often behaved in the group as the critical controlling mother, and her communications expressed both the vulnerability and criticality. I had the dilemma of not wanting to be controlled, yet wanting to support her.

It was helpful for Vicki to replay her maternal interactions with me and have us both survive and remain interested in having and understanding our relationship. This was a better version of what she had received in the past. Nevertheless, the induced relational interaction triggered my own internal self/object relationship, which further constricted my responsiveness. I became aware of my impatience, a wish for her to grow up quickly—something that might have been said to me in my past that also dovetailed with Vicki’s critical internal object relationship. I found Ormont’s approach to the group and his interventions, particularly bridging and joining, useful as a way to approach these engagements. The multiple voices of the group helped train me to listen to Vicki...
and respond to her need as well as her criticism. Sometimes, I relied on the group to provide what I could not give or what Vicki could not receive from me. I could count on the multiple reactions and relationships to provide Vicki with the necessary emotional support and limits from the confrontation of unfair demands, and the group could count on me for emotional availability, understanding, and strength (in the holding and protecting). Together, our mutual reliance formed a safer, more reliable environment for the group members, Vicki, and me. The group provided the transitional space, or the analytic third as Ogden (1994) calls it, to help transform my relationship with Vicki, and the regressive experiences in it, into something new.

Two interactions advanced Vicki’s relational connections, which had been developing in the group. One member brilliantly described, in an empathetic manner, that Vicki’s presentation in the group was endearingly vulnerable but was hard to reach because of a distancing, prickly, protective coat. Vicki began to glow. She said she felt fully recognized. She returned to the next group reporting a good group dream. She was now really a member of the group. This new connection engendered warmth and more interest in the others and a new receptivity to me.

Following this session, we had another interaction that was helpful. While I had been developing increased warmth for Vicki, she still retained some residue of suspicion towards me. I was caught off guard when she interpreted what I genuinely felt to be a warm bridge linking a supportive member to her as undermining her. “You don’t want me to speak,” she shot out. I was stunned. I thought I had been a kind of cheerleader to her at that moment by bringing a supportive ally to her. Usually, I would explore with Vicki what she found objectionable in what I said, and she would freely tell me how terrible and thoughtless I was, just as bad as her mother. If she had been available in the group for exploration, I would have explored why I would not want her to speak or what I would not want to hear. Perhaps, I might have explored why my failings were so hurtful to her. The group might also work with her to understand and support her reactions, as well as supervise me on my comments. There would be a coming together in the discussion. But this time was different. Vicki
appeared frozen in an angry, isolated position. One member ventured to say that maybe Vicki was so hurt because she had been letting down her guard and was enjoying me and the group. This was met with a cold rejection, accusing the member and the entire group of only having an interest in protecting me.

It did seem that her increased good group feeling had put her in an unsafe position with me and with the group. The good feeling between us also seemed to have caused me to become more inflexible with Vicki’s feelings. I wanted to hold on to these good feelings between us at the expense of being attuned to what Vicki was actually feeling in the moment. In being caught up with my aspirations for Vicki, I had lost emotional contact with her. She was in a different developmental self/object state from the one of the previous warm engagement. Vicki was right when said had said to me, “You do not want me to speak.” I did not want to hear that she moved away from me or regressed to a different relational self-state.

Vicki was too injured now to allow any further exploration of our interaction. The group, feeling helpless by Vicki’s polarization, wanted to know how I felt. The relationship called for flexibility. There had been times when she (and I) needed me to withstand, investigate, and set limits to her attacks. At this moment, she needed me to acknowledge my empathic failures, and join her experience. I told the group that I was at first surprised and hurt. However, I realized now that I was not sufficiently keeping Vicki’s mistrust of me in mind, and I was not sufficiently listening to what she needed. I had not been attuned to her. I was operating from the growing positive feelings in our relationship but, in a way, taking them for granted. I was working to connect Vicki with others, when Vicki just wanted to talk. Vicki should have the room in this group to express herself and relate at her pace. My comments had interrupted her.

Vicki was reassured by hearing that she had affected me and that I was interested in recognizing different needs derived from her multiple self/object states. She reported in subsequent sessions that I did care for her and became slightly more tolerant of me. It seemed that acknowledging my errors, sharing the burden
of badness, blame, and shame relieved Vicki of experiencing herself alone in her badness (imprisoned in her internal bad self/object relationship). It was also a relief for me to freely accept and acknowledge my flaws, which had the effect of making the bad feelings bearable by disconnecting my present shame in the moment (bad/defective group analyst) from my historic shame (bad/defective person) derived from my bad self/critical object imprint. Our failures (and a particular self-state) were not our totality. We were both good and bad to each other. For each of us, our relationship was providing acceptance and integration of a wider range of self/object experiences. Vicki and I had more room to explore our relationship, receive from each other, and go through the on-going process of progressing while regressing with each other. Meanwhile, the group enjoyed feeling effective in its ability to successfully contain experience.

These early, more primitive, regressive self-state imprints do not go away. The right trigger may cause them to emerge again, but the right emotional experiences of the group can help them recede and can provide new interactional imprints, new ways of relating. The maturation process—progressing while regressing—facilitates resiliency and strengthens a wider repertoire of responses. The multidimensional emotional interactions lead to maturation for both the patients and the therapist. The group is a therapeutic process for all.

REFERENCES


---

*Ronnie Levine, Ph.D*

330 West 58 Street, Suite 302

New York, NY 10019

E-mail: rlih@aol.com

Original received: February 12, 2010

Final draft: June 27, 2010

Accepted: July 7, 2010