What, Me Run a Group?
A Consideration of What Keeps You From Group Leadership
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Transference and Countertransference

Transference (T): Feelings and attitudes from the past that are transferred unconsciously to the current person, persons, or experience.

Countertransference (CT): The therapist's reaction to the transferences from others (e.g. group members.)

- Subjective countertransference: Experience from the therapist’s own history (e.g. family of origin) that is re-experienced in response to group members/clients. An example is a therapist who is fearful of anger as a result of her history with her family’s aggression, so she discourages expression of anger in her groups.

- Objective countertransference: The therapist’s feelings in response to group members/clients that are induced by a group member’s behavior or personality. Most people would have the same reaction to this person, thus “objective.” An example is the typical reaction of a therapist to a client who practices ritualized self-harming behaviors.

Resistance

Transference Resistance: Avoidance of transference feelings, attitudes, and/or reactions in response to others.

Countertransference Resistance: A therapist's avoidance/internal barriers to her feelings and reactions in response to group members/clients. Countertransference resistance in the therapist impedes her ability to accept, study and utilize her feelings as a tool for better understanding and intervening with clients.
Major Sources of Countertransference Resistance  
(Rosenthal, 1987)

There are several constellations of our past experiences that culminate in themes of countertransference resistance in group leaders. According to Rosenthal, they often include:

1. The need for a happy family
2. The need to be liked
3. Discomfort with aggression and hostility
4. Discomfort with competition and opposition
5. Therapeutic zeal/the need to cure
6. Identification with group members

Objective Countertransference  
(Errsberger, 1990 and Ormont, 1992)

The feeling(s) induced in the therapist, entirely by the client, is known as objective countertransference. Induced feelings are the client’s unconscious effort to recreate and repeat specific interchanges or ways of relating with the objects in his early environment (Errsberger, 1990.)

Clients experience transference from the very moment a client contemplates the group and the therapist. Through transference, the member projects onto the therapist attitudes and expectations from earlier experiences (Ormont, 1992.) These felt feelings in the therapist, called “objective countertransference” are an important source of information about the client’s early experiences.

When the therapist is able to accept and study the feelings being induced in her, she can learn a great deal about what the client felt, or what the client’s caregivers felt in their earliest experiences. These induced feelings may be used to form interventions that may provide the necessary experience for the client to understand and begin to work through those early experiences.

Subjective Countertransference:  
Encouragement for the Beginning Group Therapist  
(Evans, 1996)

Often times some of the biggest hurdles for beginning group therapists to surmount are the unique memories and feelings from that past that we would like to ignore and even defend against.
The unique feelings, thoughts, attitudes, and images that occurred in our earliest relationships that we transfer onto a current group member, several members, the entire group, or the group process is called a **subjective countertransference**.

According to Evans, “the patterned ways the therapist defends against the awareness of his or her feelings” is known as a **subjective countertransference resistance**.

Subjective countertransference and subjective countertransference resistances are experiences of the group therapist that were important from the past but are out of step with what is happening in the present. The re-experiencing of these earlier feelings distorts how the therapist is experiencing things in the present.

When a therapist is in the midst of a subjective countertransference resistance he or she may respond by emotionally withdrawing, losing interest, misunderstanding what is happening in the process, acting impulsively, etc. The therapist may become aware that he or she is not listening accurately, is distracted or preoccupied, feels uncomfortable, confused, or surprised, and may even experience somatic symptoms.

Evans has some helpful advice for the beginning group therapist to help manage subjective countertransference and subjective countertransference resistance:

- It is natural to feel anxious when you are beginning to run group. The best way to manage the anxiety is by doing. Skill is acquired through practice.
- Most new groups will talk on their own or by a simple directive from the therapist. People in group have a natural curiosity about themselves and others.
- Members sense a therapist’s willingness to be with them, the desire to create a comfortable atmosphere, and the intent for everyone to be heard.
- Members respond to the therapist’s optimism, calm, and the non-judgmental, exploratory, self-controlled concern for each member.
- It is helpful for therapists that being human is acceptable to group members.
- Group members do not seek therapists with technical perfection, but rather a leader who is open to challenges, and who will continue to lead no matter what emerges.
- It can be excellent modeling to show momentary vulnerability, a capacity to accept self-awareness, and the return to a therapeutic position.
- The therapist and group members share a commitment to growth.
- Group therapists can lean on all the learning they have done to prepare them to lead group:
  - Reinforcing the rule of “talking only”
  - Redirecting group damaging aggression away from the members and onto the therapist
  - Educating the group that attacking, criticizing, and judging interfere with the development of emotional openness
- If you make an “error” in treatment, the focus should be on the group members needs, feelings, and reactions rather than your own.
The power of group psychotherapy lies in the complexity of interactions between group members and all other members, and between group members and the leader. Through a study of the transferences and countertransferences that emerge during the course of group, each member’s history and current functioning is revealed in the here and now of the group. The goal of Modern Analytic group psychotherapy is to utilize these interactions to further the ego development and personality maturation of its members.

In a Modern Analytic group, resistances to emotional communication (i.e. “saying everything” in the here and now) are studied as a means of understanding each member’s barriers to effective interpersonal interaction. Resistances are a means of understanding each person’s fears, histories, and patterns of interpersonal interaction. Resistances are supported until the group member is ready to let them go.

The Modern Analytic therapist uses awareness of his own feelings in the moment (countertransference) to understand the interactions occurring in the group, and to choose interventions accordingly. All feelings are welcome when they are expressed in words rather than in action.

The Seven Questions guide the therapist in working through transference and countertransference reactions in interpersonal relationships. They provide a model for engaging the observing ego to help the therapist to:

a) become aware of the unspoken feelings and attitudes of group members,
b) become aware of his own feelings and reactions to these feelings and attitudes
c) develop interventions accordingly.

The Seven Questions:

1. What am I feeling?
2. Why am I feeling this way?
3. What would I like to say or do to this person now?
4. What effect would it have on our relationship if I said or did what I wanted to?
5. What is he feeling?
6. Why is he feeling that way?
7. What would my ego like to say to this person now?
References


