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The Two Faces of the Group Therapist

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ABSTRACT

The group therapist wears two faces: spokesperson of the Establishment and spokesperson of significant truth. To run vital groups, these two roles of group leadership must stand in dialectic relationship to each other. The therapist introduces principles and practices that normalize group relations and provide a sense of cohesion, continuity, and regularity. However, to be constructive and promote significant truth, the group therapist must also be deconstructive and encourage and support the group's questioning and challenging the very principles and practices that he or she asserts. A case example illustrates how the group leader is also two-faced in another sense of the term, since he or she may be false and insincere—or perceived as such—when being either the conservator or challenger of group process and culture.

By virtue of their appearance in this journal, my words have been granted Establishment credibility, but each reader decides if they are significant. In a similar vein, our professional credentials give us voice and professional status, however, our group members decide if what we say is true, and further, significant. In this paper, I will describe how the group therapist wears two faces: Establishment spokesperson and significant spokesperson. To run vital groups, these two necessary functions of group leadership—figure of the Establishment and figure of significance—must stand in dynamic, at times, antagonistic relationship to each other.

The novelist William Burroughs (1985) captured an essence of what I will be getting at: "Truth is used to vitalize a statement

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rather than devalue it. Truth implies more than a simple statement of fact. 'I don't have any whiskey,' may be a fact but it is not a truth." Significant truth vitalizes the self and relationships, such as I am attempting to establish with the reader; significant truth vitalizes the group—and society at large.

W. R. Bion was unique in placing the need for truth—significant emotional truth—as the focal point of his metapsychology. He compared the deprivation of such truth on the psyche to the deprivation of food on the physique (1962, p. 56). We may consider, then, that individuals who join our groups are starving for this quality of truth. But, the truth has consequences, and among them is psychic pain. To evade or forestall pain, even the strongest among us may collude to avoid significant truth.

Bion designated a special category of evasive response, to which he assigned the Greek letter *psi* (ψ).¹ Even when factually true, like Burroughs' "I don't have any whiskey," *psi* communications may serve falsity, by being misleading, inauthentic, irrelevant, or cliché, so providing a buffer against genuine mental interaction. Conventional or familiar ideas are treated as definitive truth. In contrast, new or challenging ideas—emanating from the self as well as from others—rather than greeted with interest and curiosity, are ignored or suppressed.

TRUTH NEEDS, *PSI*, AND PSYCHOSOCIAL DEVELOPMENT

The customary answers given the child . . . damage his genuine instinct of research and as a rule deal the first blow, too, at his confidence in his parents . . . he usually begins to mistrust grown-up

1. Column 2 on Bion's Grid, *psi* refers to statements "known by the initiator to be false but maintained as a barrier against statements that lead to a psychological upheaval [i.e., growth and change]" (Bion, 1970, p. 9). "Known by the initiator to be false," may involve partial or split-off knowing, as when emanating from the psychotic part of the personality, or may involve unconscious knowing that is refused entry into self-consciousness. *Psi* responses serve to assert a superiority of falsity over truth, and hence, they also are exemplars of a category of *anti-thinking* responses that Bion symbolized as "K" (minus knowledge-seeking). *Psi* exists on individual, group, and societal levels.

people, and to keep his most intimate interests secret. (Freud, 1907, pp. 135–136)

We may hypothesize that, to some extent, the adult's capacity to tolerate significant truth represents the history of the caretakers' interest and success in responding to its truth needs in childhood. Only a certain amount of truth may be introduced into experience, and it is among the parents' first and most important tasks to protect the infant and growing child from too much or too little truth. From the start, parents introduce make-believe into the infant's world, creating (in today's jargon, "co-creating") "his majesty, the baby," and fostering mutually idealizing, bonding scenarios.

However, to advance truth-seeking, the parents must gradually dethrone the infant from the very familial Establishment that they have worked diligently to establish. According to our theory, certain depriving caretaking behaviors, for instance those involving physical absence, delay of immediate satisfaction as in partial weaning, and so forth, stimulate thinking and a reality orientation. And thus arrives a most painful truth: others exist as separate objects; they can be present or absent. Thinking involves an experience of "missing," anxiety and frustration; and truth, when it emerges, may be difficult to bear.²

If the infant is constitutionally able and early caretaking experiences progress satisfactorily, the child begins to take over parental functions of titrating truth. Through the development of reasoning and representational thought, the child begins to contain and articulate the reality of its own emotional experiences and to differentiate what is new and potentially valuable from what has become familiar and established. However, truth-seeking remains an experimental process that involves a component of omnipotent

2. Some individuals are constitutionally better prepared for "suffering" thinking, which involves withstanding pain and frustration. These courageous, creative souls offer the human race truths that most of us would rather ignore. Bion (1970) referred to such individuals as messiahs or mystics, and he exhorted the therapist to strive for this role.

and hallucinatory thinking, which is gradually but not totally worked through. Even the mature human being continually must work through a level of "primitive" emotionality and unconscious fantasy to achieve separation from a world of subjective objects and events to think with some clarity and objectivity. Melanie Klein called this achieving (and maintaining) of the "depressive position."

In childhood and adolescence, indeed, at all stages of development, to seek truth and challenge the human tendency toward falsification, the individual requires authentic communicative interaction. To some measure, the "Establishment," groups of various sizes, consistencies, and organizational structures—parents, school, church, and government—represent and uphold reality, including the values and standards of the status quo. Ideally, these groups also encourage dissent and challenge, stimulate and respond to emotional truth and the individual's search for it.

Parents and societal caretakers who unduly rely on *psi* may reward conventionality, and neglect and discourage curiosity. They may use truth for influence and control, for example, to impose a moral or political agenda. Such an Establishment, rather than providing a stable foundation from which the individual questions and explores inner and outer reality, may foster a resentful, but inhibited, "good baby," who emerges in adulthood with a conforming "good citizen" or rebellious "bad citizen" self (or both). In response to a psychosocial network that is suppressive, manipulative, or merely inadequate in fostering truth, the individual may become evasive and tentative as self-protection. The need for significant truth remains unintegrated and dissociated. To escape from the resulting emotional and mental deadness, the individual may develop covert modes of seeking sensation, and confuse sensation with significance.

BION EQUATES *PSI* WITH GROUP LIFE

In his early theory of group and group psychology, Bion (1961) considered the idea of group as regressive, a fantasy in the minds

of the individuals, and representative of an inherent, primitive "gregariousness." While providing emotional vitality, the urge to be part of a group partially must be overcome in order to participate with mental independence. Thus the human social animal is internally "at war," caught between wishes to furtively mass via the basic assumptions, and to participate cooperatively in Work group activity. The latter involved truth-seeking; contact with reality, and the scientific method. Bion (1961, p. 136) amplified that "organization and structure are weapons of the *W* group."

However, in his last major work, Bion (1970) called attention to how a group's tendency to establish organization and structure leads to rigid customs, hierarchies of status and power, and mass conformity. He recurrently referred to groups and institutions as the "Establishment," and equated them with *psi*. Bion harshly characterized groups as being unable to accept new information, seeking to negate anything new, and resorting to lying rather than having their established ideas disturbed (p. 103).

In the early theory, while the problem of truth existed both on the individual and group levels, and the therapist interpreted and attempted to affect the group as a whole, the target remained the mind of each individual. The later theory represents a change of emphasis. The conflict regarding truth-seeking is conceptualized primarily as sociopolitical, rather than intrapsychic, and the explicit target of the therapist's interventions is *psi* and the group itself. The leader must "be destructive of the laws, conventions, culture, and therefore coherence, of a group within the group, if not of the whole group" (Bion, 1970, p. 64).

Certainly, Bion remained skeptical of a group's capacity to function productively and creatively, particularly without an enlightened leader (Schermer, 2003). But in equating groups with *psi* and the Establishment, Bion was referring to the conforming, mind-deadening aspects of group formation, culture, and process, and not, in my opinion, to all aspects of group life.

In introducing the interactional model of the container—contained, Bion appreciated groups as necessary to establish and advance thinking and truth-seeking. Thus Bion (1970, pp. 15–16)

proposed: "[T]he psycho-analytic problem is the problem of growth and its harmonious resolution in the relationship between the container and the contained, repeated in individual, pair, and finally group (intra and extra psychically)." He also wrote that the very capacity to think rationally depends, in part, on one's groupishness, that is, on "the social capacity of the individual. This development, of great importance in group dynamics, has received virtually no attention; its absence would make even scientific communication impossible" (Bion, 1962, p. 185; see also Billow, 2003c; 2003d).

THE GROUP THERAPIST PRESENTS TWO FACES

As leader of the group, we introduce principles and practices that normalize group relations and provide a sense of continuity and regularity. To establish cohesion, we encourage bonding among members and monitor each member's bond to us (Billow, 2003a). Conforming to the group norms provides an important sense of identity, regularity, and security for the therapist as well as for other group members. Yet we risk creating an "establishment," becoming too comfortable in the overt and covert alliances and comprises we make with our self and other group members, and put off thinking about and investigating these arrangements.

There needs to be, then, a fundamental divergence in our functioning. To be effective and constructive, the group therapist must also be deconstructive. The group therapist, as a powerful agent of change, must disturb the very status quo that he or she works to establish. The leader strives to be an "exceptional individual," able to function with "the impact of an explosive force on a preexisting framework," such that the group "should thrive or disintegrate but not be indifferent" (Bion, 1966, p. 575). This involves anxiety, of course, provoking personal and group psychological upheaval. The leader works to dislodge group members from the state of basic assumptive "groupishness" that all group participants, including the therapist, reflexively settle into (Caper, 1999).

In other words, an essential aspect of our identity as significant leader is to disturb our identity as establishment leader. And thus, we must present two faces: We encourage the group to question and challenge the very principles and practices that we assert.

However, as human, we risk being two-faced in another sense of the term. Like everyone else, the therapist may be false and insincere, and function with *psi*. In his groundbreaking work on transference and countertransference, Racker (1968) called attention to *psi* in psychoanalytic culture, theory, and practice, although he did not use the term. He described as "myth" the "analyst without anxiety or anger." Racker found the myth a dangerous one, a remnant of the traumatogenic "patriarchal order," and an expression of "social inequality" in the analyst-analysand society . . . and the need for social reform" (p. 132). Hiding behind the core elements of classical psychoanalysis—neutrality, abstinence, and anonymity—constrains the therapist's access to the most powerful source of information (and misinformation): one's own subjective experience.

Jacobs (2001) recently described and gave clinical examples of his self-protective use of an "analytic screen." His term refers to "situations in which particular needs, conflicts and biases of the analyst, not infrequently rooted in narcissistic conflicts, lie embedded within, and are concealed by, his quite proper and correct interventions . . . derived from well-accepted theory and long-established techniques (p. 654).

Bion's position is more radical, in that it asserts that *psi* exists in all situations involving human beings. An unavoidable *psi* dimension exists in the therapist's communications. Interpretations as well as other interventions contain aspects that we understand to be false but which we maintain as a barrier against psychic turbulence expected to occur were it not so maintained (Bion, 1965, p. 169). The retreat into conformity and conventionality is not solely countertransference, but, more basically, an aspect of the inadequacy of the human being in tolerating the pain necessitated by bearing truth.

To "reduce" the level of falsity in clinical interactions and foster significance, the therapist must attempt to identify *psi* in himself

(Bion, 1965, p. 168) as well as in other group members. But recognizing our own evasiveness is not easy, as we set up screens—analytic and otherwise—to hide ourselves from ourselves, as well to hide ourselves from our groups.

Sometimes we do not know, or cannot be sure, if we are advancing or evading significance. As one patient put it: "I'm feeling a pit in my stomach. I don't know if it is because I think I am lying to you or telling the truth." Psychological upheaval—that pit in the stomach—occurs when we are getting close to significance; it is unavoidable when relating authentically to ourselves, as well as to other group members and the group at large. Feeling that "pit in the stomach" pain, the group therapist may take evasive action. He may act quite reasonably, on target and professional, and yet be inauthentic, or may omit or modify certain truths in self-interest, while justifying such behavior as in the interests of others.

Further, that which the therapist comes to understand and considers significant may not appear so to other group members. Consensus may be absent, or not apparent, and our positive influence is not always immediate, or readily visible. A group member complained, "What you say may be true, but it is not helping. Nothing is changing!" I felt the sting of public humiliation, and then evaluated my momentary pain as receiving something new from the patient, and vital. I suggested that something must be changing for him to express himself with such force and directness. Was I being truthful to extend significance, or was I being truthful primarily to defend myself and my mode of running groups?

Relational theorists (Chused, 1992; Renik, 1993; Spezzano, 1996) suggest that both patient and analyst do most of their thinking unconsciously. Derivatives from the unconscious gradually emerge into preconsciousness or consciousness, and it often takes time for significant truth to be understood, formulated, and shared. From this point of view, we could characterize a group's evolution as dependent on the therapist's progressive understanding and working through, not only of his or her transferences and

countertransferences, as traditionally conceived, but also, tendencies toward *psst*.

However, most often, before we understand, words and actions have produced enactments, which are learned about only with the benefit of hindsight and, importantly, with group feedback. We must consider that as group leaders, we deceive ourselves more than we know, and that our self-deceptions are more transparent to our groups than we imagine. We remain quite human presences whose subjectivity the group tests, monitors, and responds to with varying accuracy. Group members form valid insights regarding the therapist's personality and the complexities of their therapist's psychology (Gill, 1994). We need to respect their communications and respond accordingly.

Further complicating our task is how we use our versions of truth, which, like falsity, may become a weapon of *psst*, and forestall or even stifle the exploratory process. We may be honest but merciless, and must be careful how to ask for or volunteer truth when it can be hurtful. Questions do not always seek truthful answers, and even when they do, diplomacy, minimization, shadings of feeling and meaning, white lies, lubricate and make possible social relations. Straying from what is exactly "true" and completely honest is not necessarily malicious, self-serving, or harmful to another. Samuel Butler put it well: "Truth does not consist in never lying but in knowing when to lie and when not to do so."

While becoming more open, transparent, or confrontational represents growth for some group therapists as for some group members, for others, patience and tact is the greater achievement. Ideally, empathic and truth-seeking needs of patients (and the therapist) will come to support one another. However, an aspect of human growth and development is to accept another type of "pit in the stomach" anxiety: that which arises from awareness of the not always resolvable separation between people and between what can be known and what can be tolerated.

**Case Example: Maintaining the Establishment;
Developing Significant Truth**

Erica had begun a combined individual-group therapy after an extramarital affair with Robert. A free-spirited woman in her early fifties, popular with both sexes, she was the group's "yes, but." "Yes," she acknowledged being impulsive and inconsiderate at times, "but" she did not want to hurt anybody. She wished her husband would just let her do what she wanted since he did not seem to enjoy her company.

In an individual session, Erica teasingly revealed a budding cell phone romance with Tom, a younger member in her group, who had his own marital difficulties. "You were right when you said I would find a "Robert" in the group. Would you kick us out if Tom and I slept together?" She added playfully and not reassuringly: "Not that I am going to."

I replied in a casual, but similarly unreassuring tone: "We'll have to see, but it's a strong possibility." As typical with the oppositional Erica, when I asked her to discuss the situation in group, she refused, saying "That would take the fun out of it." I continued: "Then the decision to have an affair remains with you and Tom, and the decision to kick you out remains with me."

Erica smiled. She reported being surprised that I would be so conventional and conservative, but added that she liked that I responded to her immediately and unequivocally. She respected that I would be willing to commit myself and make a decision regarding her continuation. I was different from her passive father and preoccupied husband, she added, who left decisions to their mates.

"Of course, I could have an affair and not tell you," she reminded me.

"That would just magnify my importance," I suggested.

"I hate you, and maybe you're right, but I really don't want to be with Tom, but I still want to be with Robert," she answered concretely. She then reassured me that that she did not want to keep secrets, lie to me, or otherwise damage our relationship.

"Well, could we say that you do and you don't want to keep secrets, and that you are and you aren't having an affair, and we are just beginning to understand why?"

Erica responded with an equivocal "maybe."

Taking encouragement, I again asked her to consider how her current "cell phone affair" with Tom might relate to the group, or to me specifically.

"We're not having a cell phone affair!" Erica protested. "Sometimes we talk about sex and it gets me very excited, but we talk about the group too. Tom talks to me when he can't communicate in group. He doesn't want me to tell you. That is one of the things I don't like about him. Robert would never make those demands. It isn't fair, and I told him he was putting pressure on me, putting me in the middle."

I smiled: "Mmm, you're in the middle between Tom and me. Three in the bed."

"Very funny. I know you think that's what affairs are about. You're not my husband. Why is it always about you?" Erica asked rhetorically.

Now it was my turn to be concrete. "Why is it?"

"It's not, it's not you here. I can say what I want and I know how you feel, sort of. Maybe it's you in group. I'm very aware of you in group, how you relate to everyone, what you are really thinking. I don't feel free."

"I'm different in group?" I asked.

"Not really, maybe I just believe that you are more honest with me here and don't just act therapeutic. You can't be so balanced and fair to everyone as you are in group, so I don't believe you. It's more obvious in group that you're being a therapist. I know you think this has to do with my anger at my mother, with rules, rules, rules, teaching me how to be socially appropriate and a phony like her. I never knew what she was really feeling. Tell me she's in bed with us too."

I could not do otherwise: "Yes, all of us. Your phony, rule-making mother, your unavailable husband-father, me, the worst of

both. You and Tom can turn your backs on us, but you know we're there."

The individual sessions with Erica succeeded in decoding and making some sense of her motives for coupling. However, Tom did not attend individual sessions, and I had become increasingly concerned and puzzled by his sudden taciturnity. The group frequently discussed and played with sexual attractions (and repulsions), and an open acknowledgement of their flirtatious relationship hardly would be shocking. Indeed, in a recent session, all the women had concurred with Erica that the shaggy, angular Tom was witty and sexy. But they rated him only a one-night stand, because Tom could become inaccessible and moody, as he had been lately.

Since Tom continued to engage Erica, knowing that she talked to me about their relationship and shared the content of their conversations, I assumed that he wanted me to know, but to know what? And how could I use the knowledge? Bion (1970) described my predicament: "[The analyst is challenged to accept them [a patient's deceptions], at the risk of showing himself unmindful of the truth, or to reject them and assume the role of being the patient's conscience" (p. 98).

Still, I felt it my duty to call attention to their clandestine relationship. Left unexplored, the shared deception of Erica and Tom could have a negative impact on group process as well as on the two members themselves. "The link between one mind and another that leads to destruction of both is the lie" (Bion, 1970, p. 104). Their surreptitious coupling had to be addressed in terms of its symbolic significance, rather than merely exposed.

I had that pit in the stomach feeling. I did not want to fulfill a role as the group's primitive superego, a Cerberus, truth's monstrous guardian. I did not want to make pronouncements behind an analytic screen, a Tiresias, truth's depressingly omniscient prophet. Finally, I did not want to become the group snitch, a Judas, who used truth to betray. I could become a bad object for being conscripted to hide the truth, and a bad object for being goaded to expose it. "My conscience hath a thousand several

tongues, / And every tongue brings in a several tale, / And every tale condemns me for a villain" (Shakespeare, *King Richard III*, V, v). And perhaps, the significance for Tom was in my villainy, as it had been for Erica.

In group, some members may be quiet, while others, like Tom, are obtrusively quiet. Tom was Erica's counterpart. While Erica tended to be noisily deceptive, Tom provocatively dummed up. Even in being secretive, Tom revealed in his furtive glances and coy behavior, his involvement with Erica, and a need to be attended to. I therefore could rationalize my calling attention to their interaction, since it was a secret that to some extent everyone knew.

My first interventional foray was as follows:

"What?" I inquired, looking at Tom, then at Erica, and then at Tom again, thereby calling attention to the eye play between them.

"What?" he echoed.

"The looks, back and forth with Erica, what are you saying?"

"What do you mean?" he teased, with false innocence.

"What do you mean 'what do you mean?'" I teased back.

After several more verbal volleys, Erica broke in: "I can't stand when you do this, Tom, I feel used. He knows we talk to each other, and you know he knows we talk to each other."

Tom sobered in response to Erica's annoyance, and with an air of self-righteousness, said he was not thinking of anything in particular. And then, again with humor: "So what, what?"

Several other group members encouraged Tom to speak, to let us in to what was seemed to be disturbing him. Was it about group or something else?

"It's not about group. I have subjects I just can't talk about."

Tom was an executive in the securities industry, and while he assured us he was not under investigation, or likely to be caught in the current web of Wall Street scandal, he had many colleagues and friends who were. While Tom's reasonable explanation—which we had heard before—convinced no one, it succeeded in extinguishing our inquiry and the group moved on to other subjects. However, Tom seemed to appreciate the effort to connect to

him, for he participated in the remainder of the session with insights useful to other members.

In the following weeks, pursuing Tom met limited success, for when and how he would talk, and what he would reveal, remained unpredictable and sometimes difficult to link up to the ongoing group dynamics. On one occasion, he brought us up to date on some of his marital difficulties: "My wife goes about her business, ignoring me. She doesn't tell me what's going on, I don't either. I give her the silent treatment."

A member volunteered: "This reminds me of how you described your parents' marriage. They went about their business giving each other the silent treatment, and your father went off and had his secret affairs."

From another member: "This reminds me of what you do in group, getting silent and keeping secrets." Tom reiterated that he had certain subjects that he could not and would not talk about. The group confirmed that everyone had these subjects; everyone had secrets. "Not like mine," he insisted with mounting annoyance.

I suggested that the issue was not his secrets, but his creating secrets here, and giving the silent treatment. "Who are you giving the treatment to here?"

Tom looked around. "Nobody," and then, suddenly, "maybe you."

"Why me?"

He replied: "You keep secrets from me, why shouldn't I keep secrets from you?"

The group seemed dumbfounded, and I asked him to elaborate: "What secrets?"

"Everything. You don't answer any questions, you just deflect. You're doing it now. You expect me to tell you everything, and you tell us nothing. I feel manipulated. When I first came to group I trusted you, I could tell that you knew what you were doing. I've learned a lot about myself, more than I expected to, more than I even wanted to. I began to feel that is your plan, like we're puppets. Psychotherapy puppets."

"And you don't go along. You go against me because you feel I'm forcing you to do what you don't want to do," I suggested, "learn about yourself more than you want to."

"Exactly!" he replied, victoriously. "I never get a straight answer about you, and I'm not going to give one about me. I was manipulated by my parents and I don't want to be manipulated by you, even if it is for my benefit." He then reconsidered, and with an endearing self-deprecation, continued: "Sounds pretty stupid, huh!"

I sympathized: "How else can you protect yourself from my influence but to clam up here and open up when you get away from me?"

DISCUSSION: COUPLING AS A REACTION TO THE TWO-FACED THERAPIST

While there are, of course, many ways of analyzing the extra-group coupling and the attendant group interactions, I will consider the behavior of the two members in relationship to our topic of the two-faced therapist. I am using the term "coupling" to distinguish the group members' behavior from the basic assumption, "pairing," which would involve the whole group. In my evaluation, the group at large upheld Work group functioning. The other members asserted an exploratory attitude, while realistic about the potential dangers of the couples' behavior to themselves and to the group. They also monitored my fairness and contributed their own feelings and ideas as we dealt with the couple and the group situation.

Erica and Tom each had suffered through painful awakenings in group, as we reconstructed their childhoods utilizing their respective transferences, primarily to the therapist. In terms of their histories, both had parents who perpetrated *psis* by "gaslighting" (Calef & Weinschel, 1981), behaving as if they were irreproachable and subtly undermining their children's mentality when diverging from prescribed parental modes of thinking and feeling.

Erica's mother attempted, with some success, to be her daughter's arbiter in all matters of taste and human relations. She interrogated Erica's friends and downgraded them once they were gone, such that as an adolescent, the ambivalent Erica entered into clandestine peer relationships. She guiltily hid her affections—sexual and otherwise—from her parents, or rebelliously exposed them. Erica came to understand the origin of a formerly inexpressible sense of claustrophobic anxiety, which she had fought against by developing a lively, hyper-interactive lifestyle. In her "yes, but" transference, she protected herself from my control by monopolizing our individual sessions, and contesting me in group. Her cell phone relationship with Tom served as sanctuary, challenge, and retaliation, but it was also a plea for attention.

While Erica's adolescence was of self-conscious, covert, and overt rebellion, Tom's was of self-denial and acquiescence. His parents' message had been that his family was special, and he complied by being a "perfect" child, a star in the classroom and on the playing fields. In treatment, he remembered that as a trusting teenager, he consciously refused to respond to certain inner urgings that had to do with rebellious feelings and thoughts towards his parents, whom he had adored and obeyed. The price of Tom's mental repudiation had been intense moodiness and inexplicable angry outbursts, which he carried into his adulthood.

Tom found the group experience "mind blowing," as he came to understand his obvious and painful lack of satisfaction in all his achievements, and why he had often had been sad and anxious even during his supposedly happy childhood. He accepted that he had maintained an idealized version of his family, and that actually there were prominent marital and family masquerades that he had participated in sustaining.

"You took away my heroes," he proclaimed, to me particularly, with a slightly threatening humor, "you better be careful!" Although Tom achieved some awareness of his tendency to idealize, he still became angry and recalcitrant when others disappointed him. Now he expected everyone to be self-serving, and since he valued and depended on me, I became a focus of his mistrust. Was

I really concerned for him or just doing my job? From Tom's point of view, my therapeutic methods remained oblique and unexplained, and my intentions suspect.

Like Shakespeare's Hamlet, who also suffered a prolonged adolescence, the taciturn Tom needed to find the truth about an establishment leader with devious motives. "You would play upon me, /you would seem to know my stops, you would pluck/out the heart of my mystery, you would sound me /from my lowest note to the top of my compass—and there is much music, excellent voice, in this /little organ—yet cannot you make it speak" (III, ii).

And like Hamlet, the sardonic Tom put "an antic disposition on" (I, v), and used his words, silences, and a play within the play—his cell phone liaison with Erica—to defend, confuse and provoke. He could "speak daggers but use none" (III, iii). Via counter-falsification, Tom could "catch" me and I would reveal my real self: "The play's the thing /Wherein I'll catch the conscience of the King" (III, ii).

DISCUSSION CONTINUED: FACING THE TWO-FACES WITHOUT (UN)DUE FALSITY

I had concluded that whereas Erica and Tom valued the group and their relationship to me as significant leader, they coupled and rebelled against my role as establishment leader, which they equated with falsity. They did not believe that, as leader, I would put my constituents' needs and wants before the group's, or even acknowledge that I would not. As Erica—often the symbolic mouthpiece of the couple—said to me in another individual session, "You don't care if we have an affair or not, except if it interferes with your group. You don't have to answer me personally, not that you would. As a professional, you can't have your patients sleeping with each other."

Erica had no reason to be optimistic. I would be gaslighting to deny the reality that, to a major extent, I determined the rules of our interpersonal engagement. According to these rules, the pa-

tient is to be "personal," while the therapist remains "professional," even when caring.

In the patient-therapist relationship, there are inherent subject-object disjunctions. While the patient has one therapist, the therapist has many patients, and, additionally, the group therapist is concerned with establishing and maintaining the group itself. The patient values the therapist as a subject, a special person, and wants to be treated as a special person and not primarily as one object among many, a patient in a group. But the therapist implicitly demands to treat, and be treated, as an object, a professional, and not primarily as a subject, a special person.

In finally addressing the subgrouping and searching for its significance—questioning, confronting, clarifying, interpreting—I was also calling attention to me as the establishment professional. Indeed, I believe that the primary unconscious motive for Erica and Tom's coupling was to test me, to discover how I would respond to their rebellious defiance of my principles and practices (Billow, 2003b), how and if I could meld the two identities of group leadership without being false.

With unconscious intent, the two members made me address the two faces of group leadership. What was of vital significance was not the merely the truth, a statement of fact such as "I have no whiskey," or "Erica and Tom have a cell phone relationship." Significance emerges from how and why the therapist addresses the truth, and which truth, and the therapist's success in engaging other members in the truth-seeking process.

I took a noncontroversial, establishment position, attempting to protect the group as well as the subgroup from a certain type of boundary violation. In exposing the truth, I attempted to address and not punish Erica or Tom for what could be considered, symbolically, a moral as well as a group violation. This required not *feeling* "superego-ish," as well as not behaving in that manner. Also, while I did my best to represent the establishment, I attempted to convey recognition of Erica and Tom's conflict with me as establishment figure, and that their predicament had personal meaning to me as well as to them, and that I

felt affected by it (Benjamin, 1992; Pollack and Slavin: 1998, Wright, 2004, on subjectivity and intersubjectivity). Thus, I attempted to assert moral principles without being moralistic, and therapeutic principles without being unduly or relentlessly therapeutic.

We may see here that as the therapist, I could not but be personal when being professional. My reactivity to challenge and defiance, my investigative and interpretative pacing, tact, empathic gestures and bonding efforts—all these verbal and nonverbal variables and more—represented me, and conveyed information to the group about my caring: how I approached and avoided the truth. In being professional, and functioning with two faces—of establishment and of significance—significant truth about the therapist also is revealed. Issues of the therapist's realness,³ his or her sincerity and insincerity, truth and falsity, are open to public scrutiny.

CONCLUSION

The relationship between the two faces of the group leader is not a simple one, and *psi* may be associated with either or both therapeutic stances. The therapist becomes an ambivalent object—the spokesperson of the establishment and the spokesperson of truth. Indeed, we maintain both roles and not always for the best reasons. To reduce the level of falsity in our leadership, we need to expose and consider with the group these dual representations. Most likely, there is an important level of reality to the group's perceptions, both positive and negative. We function with our own pit-in-the-stomach pain when caring for other individuals, and we cannot be sure whether that pain leads us in the right direction, essentially in two directions at once: as the conservator and the challenger of group process and culture.

3. Bion (1970) has commented that "the more [psychically] 'real' the psychoanalyst is the more he can be at one with the reality of the patient" (p. 28).

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