

The Use of Group Analysis in the Resolution of Primitive Regression

JANE G. GOLDBERG

The author expounds on how group analysis is an essential aspect of any comprehensive analysis. Specifically, she addresses how regression is used deliberately in the service of cure and how and why group analysis is an antidote to narcissism. The author draws upon examples of patients as well as her personal experiences.

I was watching a TV show called "The Practice" the other night. It was about a 13-year-old boy who had killed his mother because he was angry at her. The defending attorney was pleading with the judge not to try the boy as an adult because it presented the possibility of putting him away for life. The attorney argued that the boy was still a child and that we surely should have more hope than imprisoning a child for life would suggest. The judge, after deliberating on the issue for a while, concluded before rendering her verdict that the boy would be tried as an adult: "I have to believe that a child couldn't do that [kill]. If a child could—that is the death of hope."

This TV show was obviously not written by a psychoanalyst. Psychoanalysts know, perhaps better than anyone, that children are fully capable of acts of murder and mayhem. In observing British children during World War II, psychoanalysts were at first concerned that exposure to the atrocities of war conditions would horrify and repel the

Based upon a paper delivered in New York City on May 16, 1998, at a conference held by the Center for Modern Psychoanalytic Studies entitled "The Role of the Analytic Group Leader."
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children. Yet they discovered that, to the contrary, rather than repelling the violence that surrounded them the children embraced acts of violence with glee, joyfully playing on bombed sites and throwing bricks from crumbled walls at one another. Anna Freud (Freud and Burlingham, 1942) concluded:

The destructiveness raging in the outer world may meet the very real aggressiveness which rages in the inside of the child. Children have to be safeguarded against the primitive horrors of war, not because the horrors and atrocities are so strange to them, but because we want them, at this decisive stage of development, to overcome and estrange themselves from the primitive and atrocious wishes of their infantile nature.

Anna Freud's description of the essential task of child-rearing is also a good description on what we want to accomplish in analysis. In analysis we are, of course, in effect, raising our patients, much as we do with our children; we are aiding them in their progression toward emotional maturity. It is an ironic truth that in aiding our patients to resolve resistances to the embracing of their thoughts and feelings, we, simultaneously, enable them "to overcome and estrange themselves from the primitive and atrocious wishes of their infantile nature."

The psychoanalyst would then ask: How do we accomplish this endeavor, this maturing of the personality? I think the primary answer is through the psychoanalytic methodology of *regression*. We want our patients to regress to their primitive and atrocious wishes because otherwise we have no hope to be able to help them to overcome them, to not be imprisoned by them.

The next question, then, would be: What's the best way to get a patient to regress? The answer is to throw him into group. I use the word "throw" with deliberation because most often that's how the patient will experience his entry into a group. He may feel that in some sense he is being thrown to the wolves.

I remember some years back I had written an article on my experience of running an analytic group of cancer patients. I proudly showed my article to my uncle, who is a classical analyst in my hometown of New Orleans. His reply, without even bothering to read the article, was, "Of course, group therapy is not analysis."

We modern analysts think differently. We have now under our belts the collective experience of several decades of running analytic groups. We know that the hallmarks of any analysis—transference and resistance—are just as present in group analysis as in individual analysis.

In fact, I have come to think that the experience of group analysis, no matter how uncomfortable it may make the patient at first, no matter

how much the patient may kick and scream about being "thrown to the wolves," is an essential aspect of any analysis. I consider that group analysis is essential, not adjunctive, to any comprehensive maturing of the personality. The regression that occurs from a group analytic experience is different from the regression you get in an individual analysis. I believe both are crucial.

To think about the differences, let's think first about childbirth. Freud (1912) said biology is destiny. This is certainly true with the timing of the birth of children. Let's say a mother allows six months after birth for breast-feeding. Six months is the minimum amount needed to confer all the psychological and physiological advantages of breast-feeding on the infant. Breast-feeding is a natural contraception, so the mother won't get pregnant during this time. Then it takes, let's say, three months to conceive, then nine months in utero; this adds up to two years altogether. So, from the biological point of view, spacing children at least two years apart is the ideal period of time.

It turns out, perhaps not altogether coincidentally, that it takes about two years for the child to begin to get interested in other-than-mother. From the psychological point of view, it takes the child about two years to begin to be able to seriously renounce his narcissism. Two-year-olds can play with each other; they are interested in their father and siblings.

And, again, not so coincidentally, modern analysts generally recommend that patients experience two years of individual analysis before joining a group.

The first two years of an individual analysis are spent in a narcissistic transference, the equivalent of the narcissistic state of the infant. Whether or not this is a pleasant experience will depend, to some extent, on whether or not the period of narcissistic symbiosis with the mother was experienced as pleasant or not. If it was pleasant the first time round with the mother, it's more likely to be pleasant the second time around with the analyst. It will feel like a warm bath. Or it will feel like floating in the warm tropical waters of the Caribbean. The patient just relaxes and floats and the salt ocean water keeps you buoyant without any effort. This is a close approximation to the intra-uterine environment, where we were similarly surrounded by a warm, saline solution. The narcissistic transference is like floating or pleasant bathing. The patient can even begin to experience a pleasant sense of loss of boundaries. As he and the water become one, similarly in the narcissistic transference he may not notice any differences between him and the analyst. He may marvel at his luck at finding someone who is so like him, so suited to him.

This narcissistic transference is, of course, in part, a ploy on the part of the analyst. It has taken her years of training and great talent to become so unintrusive, so able to mirror you as effectively as she does. But at this point in the analysis, the patient doesn't yet know that the seamless way in which the two fuse comes about through talent, training, and immense consciousness on her part.

So, two years or more pass, hopefully rather happily. Then the analyst announces that she has in mind for the patient to join a group. Almost universally, this is unwelcome news. Why on earth would he want to join a group? He has no interest in hearing other peoples' opinions; they surely won't know as much as the analyst. And further, he has no interest in helping or even listening to anyone else. Why should he? He has the analyst blissfully all to himself. Why share her?

In fact, the news of her plan for the patient to join a group is about as welcome as when a mother announces to her child that he will soon have another little one to share her with—a baby brother or sister. The child knows that this baby is going to feed at its mother's breast, just as he did before, and that this baby is going to get all kinds of attention that he himself still wants.

We analysts have a name for this response on the part of the child. We call it sibling rivalry. Yet I think it is much more than sibling rivalry. I think it is the child's recognition of the mother's readiness to end their symbiosis, her insistence that the child renounce his narcissism and grow up. It is, on one level, an act of betrayal. She is saying, in effect, to the child: "You are not enough for me. I want more, yet another child, to fill me just as you have." Most children feel the insult; they become aggressive and competitive with the newborn. In calling it sibling rivalry, we forget that it is the mother's lack of complacency with the existing child, the need to create yet another life, another child, that is the blame.

So, the patient enters group—and becomes aware of other people in the life of the analyst. The patient even becomes aware of his own feelings as well as his analyst's feelings toward other people. How the patient experiences this, too, will depend, in part, on the patient's early experience with his mother.

Yet a child (and thus a patient, too) can be helped to defend against the pain of the rupture of the symbiosis even with this event of unwelcome intruders. Symbiosis, and the protection of narcissism that it affords, can effectively block out the perception of a mother who has other competing interests. Each child deserves a portion of time when this symbiosis is impenetrable, unaware even of the real world that contradicts it.

My own mother gave me the experience that this delusion is possible. I grew up without real awareness that my brother and sister were, too, my mother's children, that they had my mother as a mother, too. I think I lived for many years with an eerie and, of course, utterly false sense of being the only real child to my mother. I knew in my mind that my sister and brother were both there, part of the family, as was my father. But I imagined that they were more like addendums, afterthoughts to my mother and me—not really part of her as I felt I was, not merged with her as I was. It had somehow escaped my attention that my mother might have done with my sister and brother the same things, felt toward them the same ways that she did with me.

And this early experience with my mother determined how I experienced my group with my analyst. I knew that there were other patients there. After all I saw them week after week. I even listened to them. But I retained the certainty that it was I whom my analyst cared most about—I from whom she waited always to hear. You could have told me that I was grandiose and delusional until the cows came home and you would not have made a dent in my sense of being her favorite.

On the other hand, I have a patient, Mary, who can't tolerate sharing me, even seeing any other patients. For twenty years, I have made no progress in her need for narcissistic symbiosis. I have had to schedule her sessions so that she doesn't run into any of my other patients in the waiting room. If she does, she will refuse to come to sessions for a month and will resort to talking to me only on the telephone. Every time I take a vacation, it sets her back because it reminds her that I have a life independent of her, and she cancels her sessions for the next two weeks. Group is utterly out of the question for her. No amount of analysis has changed these transference patterns.

Mary's background helps to explain the depth of her need for aloneness with me. She was adopted. She didn't bond with her adoptive mother. She grew up feeling isolated and alone, too unlovable even to be kept—the most basic of all promises that we expect from our mother—too unlovable to be loved. And even though Mary has built herself a fine life—and I will credit her analysis with this for she has a wonderful husband and three magnificent children. She is a splendid wife and mother and loves her family dearly—yet with me, her regression remains just as primitive as it always has been. Actually it continues to deepen. I'm not sure we're at the bottom yet.

I have another patient in one of my groups who barely makes it to each group, so painful is his experience of having to share me. In particular, his rivalry is with another man, Rod, who happens to be a rival professionally also. They are both aspiring filmmakers. They are

both in exactly the same place professionally—both having written a couple of screenplays, both looking to raise money to make their movies. This patient, Mark, can't stand seeing me make any positive communications to his rival. When I do, he goes into practically a catatonic stupor. Then the whole group marshals together to help him talk about his regression rather than to act it out. Then, of course, Rod resents all the attention that his rival is getting, and he then proceeds to act withdrawn and sullen.

It turns out that both of these men had siblings. Mark spent his childhood protecting his younger brother from abusive parents. But in the process he got sacrificed. He is repeating this sacrifice in his emotional posture in group. Rod faded into oblivion when he was young, while his brother excelled at basketball. He, too, is reliving in group a repetition of his family history in relation to his sibling.

I have to say that I dread the day when one of them gets the money for his film and the other doesn't. I don't know whether or not this is going to be a tolerable situation for the one who doesn't get the money. I think it's going to be a show-down at the OK Corral. I fully believe that it will throw him, whichever him it is, into either a suicidal depression or a homicidal rage.

This, then, is the point of the work they each need to do in group. This particular regression of sibling rivalry has not been stimulated in either of their individual sessions. It is particular to the group situation. Both Rod and Mark have to regress to the primitive level of life or death, thrown either into a homicidal rage or a suicidal depression. I will not consider that I am doing my job as their analyst until each of them has reached this lowest point of regression. Both of them have worked hard in their analyses and they are well-trained as patients. I know that this conflict, when it reaches that point of intensity, will be experienced as feelings rather than acted out in some destructive behavior. And simultaneously, we can explore my role as analyst, as mommy stand-in in this dreadful situation that one of them has reached success and the other has not.

And this is true for each of my group patients. Each of them has to get to the point where something in the group, some dynamic that has been created, feels like a life-threatening situation, feels like the resolution of it leads to life and the failure to resolve it leads to death. This is the ultimate regression, and this is the only regression that modern analysts are really interested in. Every other regression is just an approximation of this, a preview of what's to come, derivative.

I learned this modern analytic lesson of primitive regression my first day in class at the Center for Modern Psychoanalytic Studies. I