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Work in Progress

Relationships in Groups: Connection, Resonance and Paradox

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Abstract

This paper describes the differences between a relational group theory and more traditional approaches, and discusses how a relational approach grows out of a feminist perspective. The core relational concepts applied to group process in this paper are paradox, connection, and resonance.

Introduction

Jean Baker Miller has described an important relational paradox: In the face of profound yearnings for connection and in order to connect to the only relationships available, we develop strategies that keep more and more of ourselves out of connection (Miller, 1988; Miller & Stiver, 1991; Stiver & Miller, 1994). This paradox is also at the heart of a group experience. The ongoing process of connection, disconnection, and reconnection with the aim of enlarging relational possibilities is the very essence of group work.

In this paper, I will review first the relational model developed by Miller, Jordan, Stiver, and Surrey as it applies to group work. Second, I will touch on traditional and feminist theories of group therapy, emphasizing the contributions of a relational group theory. Third, I will examine three important relational concepts: paradox, connection and resonance. Finally, I will end with two clinical examples of relational group process.

The journey that Miller began with the publication of *Toward a New Psychology of Women* (1976, 1987) and that continues in the work at the Stone Center has helped me understand relationships in both personal and professional settings. As a therapist, group therapist, teacher, consultant, and supervisor, I have found the relational model extremely helpful in understanding the relationships, conflicts, and dynamics that are fundamental elements in any group. This includes group therapy, supervision groups, working groups, training groups, consultation groups and larger communities, such as the feminist community. A model of relationships in groups is enhanced by a feminist perspective, but is applicable to all types of groups, including groups with men.

As a community, women have learned the powerful impact of groups, ranging from consciousness-raising groups of the seventies, therapy group, twelve-step groups, support groups, self-help groups, peer groups, supervision groups, training groups to politically active groups like Mothers Against Drunk Driving (MADD) and the Children's Defense Fund. Over the years, I have seen the need for all women to connect with other women in order to develop an adequate support network and to deal with the severe pressures women face each day in a societal structure that devalues them. These women include mothers, secretaries, therapists, homemakers, administrators, lawyers, academics, teachers, and technicians. They are a true cross section of women representing several racial and ethnic groups as well as heterosexual and lesbian women.

One significant example of the importance of networks is the development of support groups for battered women. One way these groups help women is by assisting them through the intricate maze of the legal system, which is extremely male-biased since patriarchy is at the heart of the judicial system. How many times have we been demoralized? How many stories have we heard about judges who were racist, sexist, classist or homophobic? How many of us know how awful it feels to support women through a system where the safety of the outcome is uncertain, at best? How many times must we hear about women as victims of domestic violence? And yet, over and over again the power of women connecting and resonating with each other gives us hope in the midst of such danger. At this very time, women are confronting the inequities and irresponsibility of the judicial system by coming together and demanding changes.

At the same time, there is a growing movement among men to use groups as supportive relational structures. A recent article by Steve Krugman and Sam Osherson (1993) on men in group therapy illustrates this trend. In fact, it has become increasingly clear that old models of development and relationship do not address men's experience any more than women's.

Relational development and movement

But how do relationships in groups provide a potential for healing and empowerment? In order to examine a model of group work enhanced by a relational perspective, I will review the key points of the relational model developed by the scholars at the

Stone Center (through clinical understanding of women's development) and by Carol Gilligan and her colleagues at the Harvard Project on Women's Psychology and Girls' Development. The desire to make connections and the movement toward mutuality in those connections are at the heart of relational development as described by the Stone Center group. This relational movement is the focus of the group therapy model discussed in this paper. Jean Baker Miller (1986) in her paper "What do we mean by relationships?" describes five qualities of growth-enhancing relationships that can also be evident in therapy groups: First, women together experience a high level of energy, or what she calls zest. Second, women in a group who were stuck become empowered and get unstuck. Third, women begin to understand themselves and other women with more clarity. Fourth, all the members develop greater authenticity and self-worth. And fifth, because of the positive experience in a group, women experience a desire for more connection, both within the group and outside of the group.

Relationships in groups are fertile with the relational paradox Miller first described in her paper "Connections, disconnections and violations" (1988). This paradox states that during the course of our lifetime, in the desire to make connections and be emotionally accessible, we all experience harm or violation that leads to a need to develop strategies to keep large parts of ourselves out of connection. In the face of intense yearnings for connection and in order to remain in the only relationships available, we develop strategies that keep *more and more* of ourselves out of connection. Simply put, the paradox is that in order to stay in connection, we keep parts of ourselves out of connection.

Gilligan (1991) enhances our understanding by describing the central paradox of girls' development at adolescence: girls are cut off from their own experience by taking themselves out of authentic relationship for the sake of what looks like relationships (Gilligan, Lyons, & Hammer, 1990). Stiver (1990a; 1990b) elaborates upon the strategies for disconnection in families with secrets like sexual abuse or alcoholism. The strategies, though preferable to isolation, carry a big price tag—disconnection from one's self, lack of clarity about one's feelings, and a sense of inauthenticity. Jordan describes the shame that accompanies the disconnection as the loss of empathic possibility, the loss, therefore, of the full

potential to develop oneself (Jordan, Surrey, & Kaplan, 1983; Jordan, 1989; Surrey, Kaplan, & Jordan, 1990).

Stiver and Miller, in their two latest papers, "A Relational Reframing of Therapy" (Miller & Stiver, 1991) and "Movement in Therapy: Honoring the Strategies of Disconnection" (Stiver & Miller, 1994), summarize the implications of the relational paradox for the therapeutic encounter. They emphasize that the therapist must be open to, and empathic with, both sides of the paradox: the client's desire for connection and the client's need for strategies that keep large parts of herself out of connection. The therapist need not value the strategies themselves, but must respect, and be empathic with, the woman's need for the strategies. At the same time, the therapist must be aware of her own paradox and strategies for disconnection. This openness, awareness, and empathy allows for the central process of therapy: the movement of relationships from connection, through disconnection, to new connection (Stiver & Miller, 1994).

Stiver and Miller elaborate the impact of this relational process on the therapeutic relationship: a client begins to bring more and more of herself into her own awareness, and into the therapeutic space. She feels more authentic and, at the same time, she feels a new way of being in the relational world. If a person feels connected, without feeling helpless, she can rely less and less on her strategies for disconnection. Jordan has further elaborated upon the process of therapy by examining the need for shared vulnerability (1992), mutuality (1993) and empathy (1989). Group work, with its focus on relationships, provides a special forum to address this relational restructuring. In an empathic, supportive group, women remember and talk about things they have never shared before. Women in relational groups develop clarity about their experiences and their resulting strategies for disconnection. They experience hope about mutually satisfying relationships and expand their relational opportunities.

Stephen Bergman and Janet Surrey (1992, 1994) in their work with couples emphasize teaching them to be in connection by "holding on to the we." Their experience is that couples in true connection can talk about extremely difficult issues. This is an important aspect of relationship that is also apparent in group work. Members who remain connected in the group discuss difficult issues and experience a sense of perspective about their strategies within their connection.

How do other models frame the group therapy process?

Traditional theories of psychoanalytic groups, while mentioning relationships and intimacy, emphasize a sense of self as the ultimate goal because of their reliance on traditional understandings of development. In contrast to seeing *relational movement* as the *focus* of psychological growth, the literature is peppered with notions of "hostile dependent needs," "dependent pre-affiliative stages," or in a recent description of progress through an adolescent therapy group, "an innate need for autonomy which is countered by a greater dependency on the group, coupled with an ambivalence about autonomy, that creates hostile dependent relationships" (Alonso & Swiller, 1993, p. 230). Ultimately, autonomy is revered; relationships, though given lip service, take a back seat. Relationships and intimacy happen on the road to the true pot of gold — the self. Even efforts in group work to shift from content to group process ignore the primacy of relational movement as the task of development. Because of this mis-prioritizing, group therapy interventions often ignore the honest desire for connection, the true relational process that is the heart of group work.

Many group therapists (Pines & Hutchinson, 1993) view the leader's tasks as relational: they talk about maintaining boundaries (or, using a relational reframe, setting a consistent relational space), establishing the therapeutic norm of validation and mutuality, increasing member's participation and expression, and enhancing communication. But the fundamental distinction between traditional models and the relational approach to group work is the focus on developing a self as the primary goal or drive—the ultimate reward, if you will—rather than on development through relational movement and connection.

In a recent book on groups, Doherty and Enders (1993) critique the relational model without a thorough understanding or current review of relational writings. They describe it briefly as "the dichotomous structuring of affiliation and autonomy," a very early version of relational work dating back to Gilligan's book *In A Different Voice* (1982). Since the most recent source cited from the Stone Center writings was 1986, the importance of the relational approach, though dismissed, was not adequately examined. The principal critique was an old one (Lerner, 1988): that the relational model looks only at mother and

daughter interaction instead of the whole family system. Since there are a number of articles written about the relational model which examine family systems (Mirkin, 1991; Stiver, 1990a; Stiver, 1990b), this is clearly an outdated as well as a misinterpreted issue. The relational model, in its current level of sophistication and its current point of evolution, has not been incorporated into mainstream writings on group psychotherapy.

Yalom has written about the interpersonal school of group therapy (1970; 1983). This view of group therapy has contributed a great deal to a relational understanding of group dynamics. Group work in this approach addresses interpersonal dynamics and content by focusing on group interactions and process. A peer theory of group interaction (Solomon & Grunebaum, 1982; Grunebaum & Solomon, 1982) integrating Sullivanian concepts about the healing power of relationships, consensual exchange, and an emphasis on mutuality also contributes to an interpersonal theory of true relational movement in groups. The ideas developed by the Stone Center enhance this understanding and help us evolve a clearer view of what is healing about group work.

The curative factors that Yalom elaborates have relational equivalents in a relational model of group psychotherapy. In a relational view, we have called the curative factors *healing factors* (see Fedele & Harrington, 1990). This is indicative of a shift in focus from a client who is cured or acted upon by a therapist or by the group, to one who is healed because of an interactive process with another member, the collective group, or the group facilitator. This seemingly small change in one word signifies a major addition to Yalom's perspective.

In an article entitled "Feminist Therapy in Groups," Marilyn Johnson describes a research project that integrated Yalom's curative factors with a feminist perspective (1987). A population of feminist therapy collective clients ranked the curative factors that seemed most salient to them from a list incorporating Yalom's ten curative factors and a number of feminist factors designed specifically for the study. Johnson found that the women clients valued four aspects of group work, three from Yalom's list and one feminist factor.

The healing factor that the feminist therapy collective clients ranked highest was group cohesiveness: the feeling of belonging to, being understood and accepted by a group (Yalom, 1970). In

relational terms, this healing factor might translate to each members' feeling of connection within, and to, a group. Using this term allows for the members' *interactive experience* rather than simply referring to a quality of the group. Members in groups do talk about group cohesion but it is also important to describe each person's experience in the group. In a relational view, connection is the experience, while validation is the process.

The second healing factor that Johnson found salient in her population was input in interpersonal learning (Yalom, 1970). This is learning how to take in information about other people that helps you to relate to them. Using a relational approach, this factor could be termed "achieving clarity about others." Group members can go beyond seeing another member's actions by beginning to resonate with, empathize with, and understand the meanings and feelings of other participants. The process experience of the members involves resonance and empathy.

Another curative factor that Johnson found is what Yalom (1970) describes as insight, that is, the ability to understand why one thinks and feels the way one does. In shifting the focus from a cognitive process, such as insight, to a more relational one, a relational view suggests that this healing factor entails an ability to integrate understanding with clarity about feelings as an ever changing dynamic process. For example, if a member's feelings are validated and understood to emanate from the cultural or social context, it is more productive to focus her efforts to change the context or work around it, rather than attempting to change herself. This is clearly exemplified by recent work on battered women (Swift, 1987; Swift, 1990). In order to have clarity, we need to work toward seeing the world as accurately as possible. And vice versa: In order to see the world clearly, we need to work at having as much clarity about ourselves as possible. This interactive process can happen in a mutually validating and clarifying relational space. The factor could be termed clarity about oneself; the process is validation and self-empathy.

Johnson also reported that the women found seeing a successful, competent woman as the leader of the group an important healing factor. This was not a sense of identification with a woman (that was also on the list), but simply experiencing competence in a woman as possible and seeing a woman as having the potential of leading a fulfilling life. Group therapists

often hear despair about finding a loving partner, about being respected as a woman or as a person by co-workers, about going beyond the pain of abuse or loss. Sometimes by our very existence and our commitment to respect and connection, we engender hope and catalyze empowerment. In the spirit of inclusion, this could also be applicable to a men's group where seeing a nurturant, warm, successful man could be a novel and empowering experience. This factor, which I would term empowerment, speaks to moving beyond the limited societal constructs available for both women and men.

Recent feminist writings on group work, include two books on the subject: Butler and Wintram's *Feminist Groupwork* and Brody's *Women's Therapy Groups: Paradigms of Feminist Treatment*. The therapists who contributed to these books address women's psychological development in a way that validates the feelings and experiences of their women clients. They listen to their voices, their ways of knowing, their real life experience of the world, rather than trying to fit women's experiences into already developed, and severely deficient, theoretical frameworks. Feminist perspectives provide major contributions to our understanding of women in groups by recognizing society's impact on women and the social context within which all women live.

One of the contributions from feminist group work that draws on work by Miller (1976) in her book *Toward a New Psychology of Women* is the issue of power differentials between a leader and members in a group (Burden & Gottlieb, 1987; Lazerson, 1991). Burden and Gottlieb (1987) offer suggestions for reducing the power differential between the leader and members. Lazerson, in a recent article on feminism in group work, suggests a focus on mutual empowerment and collaboration (Lazerson, 1991). This feminist view of power relations in group work is enhanced by the relational model's movement from a model of "power over" to "power with" and toward a sense of mutual empowerment (Surrey, 1987).

Relational Concepts: Paradox, Connection and Resonance

Using a relational lens, then, what is group therapy? What are the relational dynamics of a group? How do we understand what is healing about groups? At this point, I will discuss three concepts that appear over and over again in the relational literature, and that are useful in framing a relational

approach to group psychotherapy: paradox, connection, and resonance. These general principles of relational theory can help us understand group process in all types of groups along many continuua of group work. They are applicable to structured or unstructured groups, short term or open-ended, the entire inpatient, day hospital and outpatient continuum, and in issue-focused or general groups. The activity of the therapist changes in these different groups as an empathic response to the relational movement available to the group members, but the principles remain the same.

The three relational concepts are:

First, *paradox*, defined in the Oxford American Dictionary as a statement which appears to contradict itself but which contains a truth (Ehrlich, Flexner, Carruth, & Hawkins, 1980);

Second, the experience of *connection*, that is, a joining in relationship between people who experience each other's presence in a full way and who accommodate both the correspondence and contrasts between them;

And third, *resonance*, defined as a resounding; an echoing; the capacity to respond that, in its most sophisticated form, is empathy.

Paradox

Using the relational model, the ongoing dialectic between the desire for genuine, responsive, and gratifying connections and the need to maintain strategies to stay out of connection is the pivotal experience of group therapy. I find that this paradox offers the most helpful approach to understanding group process and to promoting healing interactions in a group. In a previous paper (Fedele, 1993), I have discussed the many paradoxes in therapy: vulnerability leads to growth; pain can be experienced in safety; talking about disconnection leads to connection; and conflict between people can be best tolerated in their connection. Another paradox, that between the transferential relationships and the real relationship, is a crucial healing aspect of therapy. The challenge of establishing a mutual, empathic relationship within the context of the unequal therapist-client relationship is another primary paradox of the therapeutic context.

These dilemmas are dramatically apparent in group psychotherapy. The therapist and group members collaborate to create an emotional relational space which allows the members to recapture more

and more of their experience in their own awareness and in the group. The feelings of the past can be tolerated in this new relational space. It allows us to reframe the experience of pain within the context of safety. The difficulty of creating an environment that allows vulnerability in a group format involves the complexity of creating safety for all participants. Some of the following paradoxes speak to this task.

The basic paradox

The basic paradox evident in group work is the simultaneous yearning for connection, on the one hand, and the need to maintain strategies for disconnection on the other hand. This plays out as the tension between wanting one's feelings understood and the fear that people will not empathize with those feelings. One can protect oneself by using strategies for disconnection while participating in the group in a limited way. A group therapist needs to empathize with the intense yearnings for connection (rather than the need for separation or the drive for autonomy), as well as the need for strategies which derail connection. If the therapist does not, the group member will feel misunderstood and invalidated because only her strategies of disconnection would be seen in the many relational interactions that a group provides and highlights.

The paradox of similarity and diversity

The next paradox, the tension between connection around universal feelings and the fears of isolation because of difference can be translated to similarity versus diversity. Most models of group process employ a similar understanding: group identity requires conflict, as well as, cohesion. Butler and Wintram (1992) view the experience of paradox and contradiction, as well as safety and acceptance, as central to group identity formation and change in women's groups. The particular tension of a particular group is unique to that group of people and their salient issues. This idea applies to larger groups, such as women's organizations, as well as smaller groups, e.g. therapy groups.

The fluctuations between diversity and similarity create a rhythm which permeates every facet of a group's behavior. The goal for group work is to choreograph that rhythm into movement through a mutual empathic process. The experience of similarity allows the group to hold feelings of diversity within the connection. The role of empathy is crucial to hold

divergent realities within an empathic relational context. The mutuality of the empathy allows all participants to feel understood and accepted. The leader, in creating a safe relational context, fosters connectedness within that safety by working to enlarge the empathy for differences.

In women's groups, connection is enhanced when women can share a particular experience of growing up female in this culture. However, issues relating to race, class, and sexual orientation indicate that not all women's experience is shared. This is also evident in therapy groups. We don't yet have enough literature on groups of women of all races, classes, and sexual orientations, but the literature on African-American women tends to favor homogeneous groups (Trotman & Gallagher, 1987; Boyd-Franklin, 1991; Boyd-Franklin, 1987) in order to provide a validating and empowering experience. Dowd (1993) in commenting on issues of diversity finds that it is particularly difficult for one or two women who experience themselves as different to have a space for their experience within a larger group (e.g., one or two lesbian women in a group with five heterosexual women). Dowd has observed this disconnection in groups where the differential was around race or sexual preference in women. However, if you move toward integration by equalizing the difference (e.g., three African American women and three Irish women), it seems impossible to create a sense of connection or cohesion.

This paradox of diversity and commonality is a dilemma reflected in the woman's movement. In the women's community, there was a sense of solidarity until issues of diversity brought to light conflict that threatens to splinter the power of the feminist community. This conflict centers around the recognition that a false solidarity exists because all women's experience has not been represented. The important challenge here is to learn from our diversity and to maximize the potential for enormous growth and enhancement or be faced with a conflict that overwhelms our important feminist and social agenda. Safety is a focal issue here because it is in the creation of a context of safety that women who experience similarity (e.g., African-American women or poor women) can remain in connection, can feel strengthened and empowered to find their voices, and can move into the integration work with women who are experienced as different.

This kind of relational movement is reflected in

the work of Kristeva, a feminist philosopher who describes three stages of feminism (Lazerson, 1991). The first stage was concerned with notions of inequities in society. The second dealt with differences, different voices, and different ways of knowing. The third, and current, stage involves an integration of the first two because both areas of inequities and differences are still of concern. It is concerned with understanding the societal constriction of an overemphasis on categories of race, gender, and class because these are false categories which conceal unique individual differences within groups of people, particularly marginalized people. These feminist considerations are important in understanding issues of diversity versus similarity, and bring us to the next paradox.

The paradox that sharing disconnection leads to new connection

Each women's group creates a unique environment, but with similar themes. There is a unique pattern of relationships, but there are certain universal elements. An essential relational component of groups is the need for the discussion of disconnection in the group. When members phone the leader to report anger or dissatisfaction with the group, the leader can encourage them to share this experience in the group. Often, if one member feels the disconnection, it is very likely one or more of the other members experience similar feelings and resonate with the feelings of dissatisfaction. When people begin to discuss their feelings of disconnection or isolation, they are often mirrored by other members who hesitated to introduce these feelings. A sense of connection around these experiences causes the members to feel reconnected in the group. This allows for safety and counters isolation and shame.

Members can empathize with the feelings of disconnection, even if they themselves do not experience the same feelings. The group process can validate and accept the range of feelings from negative to positive. This experience of connection with others around the disconnection gives women the power to move out of their disconnection and continue to engage in mutual relational movement. It also allows the group to work together, to experience a sense of being moved by each other and effect a change in their relational space so that the members feel more connected. The challenging process of creating a relational space that is responsive to the changing

needs of each of the members is an evolutionary and dynamic one. It leads to the powerful experience of people understanding how they are different from others by experiencing these differences in the group; at the same time, they connect around their similarities and understand how they might be the same. Both are valuable forms of self knowledge that flow from relationships, and they allow people to encompass the extraordinarily important experience of being different or unique but even *more* connected to others. The feelings and group culture around this process are so positive that one of my groups generated this group norm: "If you feel disconnected, talk about it and you will feel connected."

The paradox of conflict in connection

A relational approach to managing conflict in a group entails creating a context of safety and empathically understanding and containing divergent realities even when they conflict. To do this, one must also keep the experience of anger within the connection. Group members attempt to explore the feelings of anger, to trace the roots of internal judgment, and to understand how the present group experience can be different than previous experiences in relationships. Holding on to conflict in connection helps us define and understand ourselves and our differences from others.

Our own reactions to the differences between individuals can help us understand personal conflicts, while feeling connected can help us deal with external conflict (Miller, 1983). One deals with conflict by making and holding connections between apparent opposites. In the larger picture, building bridges means confronting prejudices rather than ignoring them to create an illusion of solidarity. In fact, raising differences will further the development of a group. The paradox is that people can tolerate diversity by becoming more connected.

One way to view anger is to see it as a reaction to the experience of disconnection in the face of intense yearning for connection. In a group it is often the very strategies that a person has developed to participate in some limited way in relationships that interfere with that person's ability to connect more fully. By empathizing with those strategies, we can help each participant become aware of them and the impact upon the relational experience. When two members' strategies collide with one another, resolution of the impasse can ensue when the group recognizes each

person's need for strategies and provides the mutual encouragement for each person to understand the force of those diverging needs and strategies. This allows for conflict in connection.

Connection

Connection is the second important concept of relational group work. While many group therapists would say that the group should create a feeling of belonging and acceptance, they do not say that the *primary* task of the leader and the group members is to facilitate a feeling of connection. In a relational model of group work, the leader is careful to understand each interaction, each dynamic in the group as a means for maintaining connection or as a strategy developed to remain out of connection. As in interpersonal therapy groups, the leader encourages the members to be aware of their availability in the here and now relationships of the group by understanding and empathizing with their experiences of the past. But it is the yearning for connection rather than an innate need for separation or individuation that fuels their development *both* in the here and now *and* in the past. The leader of a relational therapy group sets the stage for safety by providing a respectful, validating, and empathic relational space, rather than a critical or analytic atmosphere, no matter how "constructive" or essential the interpretation. Empathy is the primary emotional tool which a group therapist employs in understanding, validating and being present with each member's experience. However, it is always the group member who is the "expert" and who decides whether an interpretation or an idea fits her experience. In this context, a member is empowered to risk vulnerability and feels safe enough to be moved and to move others in the group.

We have lived in and live in many relational spaces, often simultaneously and sometimes contemporaneously. Creating a group is a process of creating a new relational space, a safe relational context, that for many people, even quite successful ones, is a unique relational space. How does a group leader create safety? It is essential that the relational group therapist is present in an emotionally available and empathic way; she must complete the circle of connection. The leader must establish the norms of mutuality, attend to the group process, and minimize the power differential. Further, she must safeguard the relational environment and enlist members' collaboration in its creation. For example, the group

therapist sets the tone with which to discuss feelings of anger or dissatisfaction with the group. Members are encouraged to discuss these feelings without judgments or harsh criticisms. In contrast to a model of a silent group leader, a relational one counters feelings of humiliation, endangerment or criticism for the sake of safety.

The group becomes a here and now relational space where transference relations of the past or devaluing relational spaces of the present can be safely and respectfully revealed in an atmosphere of emotional connection and healed in the dynamic process of ongoing mutual and empathic relationship. The goal of relational group work is to create a place where people experience a new possibility for connection, face inevitable disconnection, and strive for reconnection. This is the new and powerful experience that can occur. The group leader enhances communication by understanding the strategies that each member has developed to stay out of connection, and empathizing with the need for those strategies. She begins to visualize and articulate relational dilemmas or patterns for staying out of connection in the group. In a validating environment, the group can empower its members to utilize the strategies less and less. As one member described her experience, the group allowed her to "open up to the affirmations that had always been in the world, but that she hadn't been able to hear." At the same time, she began to "tune out the disaffirmations" to which she had been exquisitely attuned.

Some clients like to think of a group as a relational laboratory, where one examines old assumptions and experiences a new possibility of relationship, where vulnerability can be tolerated because of the experience of safety. Van der Kolk (1993) describes his amazement at women's ability to remain open to relationships in therapy groups even in the face of histories of tremendous trauma. Despite each person's strategies of disconnection, it is women's relational capacity to also remain vulnerable (Miller, 1976; Gilligan, Rogers & Tolman, 1991; Jordan, 1992) that is the heart of effective group work.

There are many aspects of relationship that need to be kept in awareness simultaneously: the transferences, the countertransference, and the real here and now relationship. The transferences certainly include all the connections and learned strategies for disconnections to all the relational figures of the past. In her book, *Trauma and Recovery*, Herman (1992)

describes a therapeutic context where the perpetrators of abuse are in the room. My experience is that in a group, everyone is in the room—all the important relationships are represented, some more vividly or audibly than others. I first realized this when I was leading inpatient groups that included women who had multiple personalities. We, as a group, would wonder how many people were in the room. But the reality is that there are always many relationships representing the connections and disconnections in the members' relational past. And the beauty of a group is that sometimes these transferences overlap with one another, that is, one women's transference toward another member is complemented by that member's matching transference. For example, Joan may be angry because Kathy's silence reminds Joan of her emotionally absent mother, while Kathy is terrified of Joan's direct expression of anger reminiscent of Kathy's volatile sister. Though this is a challenging situation in a group, it also provides an opportunity for both women to observe their reactions to familiar situations and see the impact of their actions. There is truly the possibility of movement. In the safety of a genuine relational context, representatives of old relational images can be expressed in the transference. Creating an environment that allows vulnerability in a group format involves the complexity of creating safety for all participants. The group therapist in understanding each member's transference can help the group understand what transference "locking of horns" might be impeding movement in the real here and now relationship.

Because of the group format, the presence of so many memories in a room, and the similarity to a family, many of the transferences evident in a group involve sibling issues in the family of origin, as well as issues with authority or getting enough from the family. Sibling issues can be quite profound, particularly when there is sibling rivalry or guilt because of the disadvantage of another sibling. There are often many strategies for disconnection around this material.

Certainly, it is important to understand our countertransferences as therapists. The relational view of countertransference (Miller & Stiver, 1991; Surrey, 1991; Steiner-Adair, 1991) includes anything which helps or hurts a therapist's ability to maintain a real connection with one's client—to be truly present and truly aware. Stiver (1992) encourages us to examine our own paradox, our own ways of staying out of

connection, and the impact on our work as therapists. I believe we do this by creating effective group networks to support our work and examine our own paradox in supervision groups and consultation groups. Understanding our strategies for disconnection allows us to resonate more effectively, and, ultimately, to be more empathic with, the group process.

This brings us to issues of the therapist's disclosure around difficult group process material. This is a particularly important question for the therapist, for example, around recent, unresolved grief or loss. It is a challenge to stay connected to a group that is dealing with intense feelings about loss without using your own strategies of disconnection. These strategies can interfere with your ability to remain connected and resonant with the group process. Since the anticipation of loss or rejection is always present in a group in some form or other, it is important to develop some authentic way of remaining connected with the group. One approach is to say "I can imagine what it feels like" or "I know what it feels like" without actually talking about your own experiences in the group. This authentic approach is usually honest and empathic enough to maintain the therapist's connection with the group. Because of the complexity of all the members' transferences, therapist disclosure of painful material needs to be approached with caution.

Another important countertransference issue involves not letting our biases, no matter how well meaning, interfere with the group treatment or influence our ability to allow each woman to find her own voice, her own experience, and her own feelings. The difficulties are demonstrated in the work that group therapists do with abused clients, whether the abuse is physical, sexual, or psychological. Group therapists need to provide members with a safe context to determine and acknowledge their own feelings. The therapist must be open to the level of positive feelings, as well as negative ones, that a client has towards an offender. The therapist cannot allow her own abuse or her own rage and feelings of helplessness at the amount of violence perpetrated against women to interfere with her openness to the member's full range of feelings. At the same time, therapists need to hold in highest regard the physical and psychological safety of the members.

To summarize, connection involves the development of the real here and now relationship in

an authentic, mutually validating, and empathic manner. It is this relationship that provides the hope for defusing devaluing transferential relationships from the past and the creation of growth-enhancing ones in the future. Whenever the therapist or client experiences a break in connection, it is important to raise the question: What is interfering with my/our capacity to remain in relationship? If the therapist cannot create a space for movement, the question can be raised with the group. Why is everyone having a hard time connecting? Why are people keeping their emotional selves out of the experience? The leader needs to return to the paradox. Members who feel vulnerable in the face of their tremendous yearnings to connect will utilize their strategies for disconnection. The work of the group involves understanding how each person's strategies contribute to the group process, especially during a group impasse. The group consists of different people with different vulnerabilities and, consequently, different strategies for disconnection. It is difficult, but tremendously powerful, work to begin to untangle the fears and strategies that each member has developed to protect herself from feelings of isolation. Again, ironically, in talking about the disconnection, the group can get back on track and experience reconnection.

Resonance

The power of experiencing one's pain within a healing connection stems from the ability of an individual to resonate with another. Resonance, which appears in the literature on the Stone Center relational model, Gilligan's work (Gilligan, Rogers, & Tolman, 1991), and on groups (Alonso, 1993), implies one person responding to another person. It manifests itself in group work in two ways: The first is the ability of one member to simply resonate with another's experience in the group and experience some vicarious relief because of that resonance. The member need not discuss the issue in the group, but the experience moves her that much closer to knowing and sharing her own truth without necessarily responding or articulating it. Another way resonance manifests itself in a group involves the ability of members to resonate with each others issues and thereby recall or reconnect with their own issues. This is an important element of group process in all groups but is dramatically obvious in groups with women who have trauma histories. Often, when one woman talks about painful material, other women dissociate.

It is a very powerful aspect of group work that, if acknowledged, can help women move into connection. It can also cause problems if women become overwhelmed or flooded. The leader needs to modulate this resonance by helping each member develop skills to manage and contain intense feelings.

Empathy is a sophisticated and powerful tool that has its roots in the capacity for resonance. Judy Jordan (1984; 1987; 1989; 1990) has done extensive work describing the cognitive and affective components of empathy in the relational model and empathy's role in the therapeutic relationship. In particular, she has described the various experiences of empathy that allows for a person's development in relationship. People experience empathy from others in the safety of connection. They are empowered to experience empathy with themselves (self-empathy), and they continue to develop the capacity to experience empathy with others. These three experiences revitalize empathic possibility and allow for relational movement in groups.

Given the proper conditions in a group (a safe, validating environment of connection), empathy becomes an essential element of communication and healing. It is often a woman's first full experience of others' empathy, of being heard and moving others in a dramatic way. This experience of empathy allows the member to re-experience her own feelings without immediately resorting to strategies for disconnection, even from herself. In experiencing these feelings within a safe group context the member develops the healing ability of self-empathy. In an earlier paper, Fedele and Harrington (1990) presented clinical material regarding the development of self-empathy in groups. The group environment also allows each member to fully develop her capacity to empathize with others. Although women have always had the ability to empathize, we need relational settings that validate this capacity because many popular theories about relationships cast this capacity in a negative light and cause women to blame themselves: "co-dependency," "masochism," or "love addiction" (Jones & Schecter, 1992). The ultimate relational goal of group work is the development of mutual empathy in growth-fostering relationships.

The use of countertransference material as a window into the client's experience is addressed in relational writings (Miller & Stiver, 1991). The experience of countertransference in a group is another example of resonance as a therapeutic tool. In

a group, the therapist's own strategies for staying out of connection, particularly if they are not her characteristic strategies, can indicate some group collusion to stay away from painful material. Extensive feelings of disconnection and isolation evident in the room are a good indication that the whole group is reacting and protecting their vulnerability. In group literature, this is termed a group-as-a-whole response. A leader might realize her own disconnection and share her own subjective experience of the moment in a way that discloses her present feeling. If this is empathically attuned to the other members' experience, someone often resonates with the expression and discusses her own disconnection which, of course, leads to connection.

A respect for the group's ability to resonate with, and possibly to access, material from the leader's unconscious is also important. For example, members might notice if a leader is tired or sick, or a leader's reaction when listening to sadistic or hostile feelings. Is there a way the leader tunes out (or uses her own strategies for disconnection) that communicates her feelings? Are these feelings in the group? Can the leader reflect them in an authentic way? Resonance is an important tool that fosters connection. And empathy, a more sophisticated and complex resonance, is the necessary catalyst that makes reconnection a possibility.

In summary, this paper has included discussions on three relational concepts that are the important threads of group work: paradox, connection, and resonance. There are many paradoxes in group work; three are highlighted: First, sharing feelings of disconnections helps one become reconnected. Second, discussing diversity leads to connection. And third, dealing with conflict can lead to connection. True, growth-enhancing connections in the safe relational space of groups are an integral part of the healing experience. The transference, countertransference, and here and now experiences are all important aspects of connection. Resonance and its more sophisticated counterpart, empathy, are central in the process of healing in group work.

Clinical illustration: Conflict in connection

The next section consists of two ongoing examples of group process. The descriptions of group members are disguised composites. The first example is about *conflict in connection* and involves two women in a women's group comprised of eight women. This is a

common group dynamic and the descriptions represent many different members who experience differences in groups. One married woman, called Sue in this paper, joined the group because of intense feelings in relationships which she wanted to modulate. She felt that she overwhelmed people easily. Her family of origin was a large chaotic Catholic family of ten; her mother had been diagnosed with a major mental illness and, in the best of times, would be silent. Her father was emotionally, and sometimes physically, unavailable to the children. He would put them in an orphanage when he couldn't take care of them. As you can see, there was a great deal of loss and grieving about what had been missing in the family. Sue had worked on all of these issues and had reached a good amount of satisfaction in her own life—a marriage and a successful professional career. As an adult, however, she saw a tremendous amount of dysfunction in her family members because they had developed dangerous strategies to deal with their feelings. Yet, she wanted to maintain some semblance of connection to them. She was the one that tried to help them deal with their feelings, and would usually be disappointed. In the group, Sue would always look deep into the heart of feelings and try always to help people grapple with them.

Another member, who will be called Sally, tended to be quiet and frightened of interaction. She had also worked extensively in individual and group therapy on issues with her family around abuse, as well as the death of her mother at an early age. She joined this group because of her progress in dealing with her sadness and because of her wish for movement to the next step: to develop more relationships. Her family history was different from Sue's, although some similar issues were present. Her WASP family had been punitive toward her whenever she had expressed feelings of grief or dissatisfaction. One of her older sisters had been spared this criticism because she followed the family dogma: "look good and keep silent." As a group member, Sally took a while getting used to the group. Her adjustment was so difficult that, at times, she would disconnect from the material, especially when it was about relationships that she felt, although difficult for others, were impossible for her.

As you can well imagine, the dynamics between the two were intense at various points in the one-and-a-half years they were both in the group. Over and over again Sue would want the group to grapple with

intense feelings and feel angry at what she perceived as Sally's silence, avoidance of feelings, and judgment. This was reminiscent of her mother's silence or criticism and her father's absence. Of course, this took a while to be expressed. Sally, on the other hand, would retreat because she was angry at Sue for being like her sister, getting all the attention and being what she considered the "group favorite." She would disconnect in the hopes that she wouldn't have to share her feelings. She literally would hold onto her seat in the hopes that nothing bad would happen and that she wouldn't be attacked for her feelings.

In each case, the group, by encouragement to express feelings, by empathy and by a sense of being moved by both of them, would move the pair closer and closer to recognizing both their experiences—fostering connection by empathy with divergent experiences. The emotional awareness that both women could safely reveal their feelings in this different relational space slowly produced movement in relationship. Sue and Sally found that they could both get nurturance and empathy with their experience.

At the one-year anniversary of the group, Sue brought in roses for all the members as a way to celebrate the importance of the group. She picked roses specifically because, though they are beautiful, they have thorns. To Sue, this represented the difficulty of the work in the group. The next week, Sally, when asked to share her feelings, carefully talked about how hard it was to have Sue bring in flowers. "It hasn't been a bed of roses to me." She was able to say that she knew that wasn't the true message, but it was her feeling, her reaction. Being able to speak it and be accepted without judgment was crucial. In an exit interview from the group, Sue acknowledged the group's help in teaching her to value differences in experience. She had begun to understand how to be in conflict without getting out of connection. For her, it involved the issue of acceptance versus judgment—both being judged by others and judging others. Her efforts to get at intense feelings that were often overwhelming to other members was a strategy for disconnection, because she would quickly judge those members as inadequate to deal with her feelings. She was replicating her experience with her family members who truly were unable to deal with her feelings in any way. By explaining her feelings and her judgments, the group could begin to experience empathy for her feelings

and remain in connection without utilizing their own strategies of disconnection. Sue and the other members began to experience mutual empathy in a conflict situation. This allowed her to enlarge her relational opportunities and develop more flexible relational possibilities.

Clinical illustration: Loss and deprivation

The second clinical example focuses on the experiences of loss and deprivation and their expression in the group. Since connection is the primary focus in our relational space, loss is an extremely difficult issue and permeates all aspects of change in a group. Group members often experience loss in reaction to the comings and goings in the group: the addition of new members, the absence of members, and the leave-taking of old members. Although there are many significant problems in groups, such as powerlessness and feelings of inauthenticity, loss and its resulting sadness are often the most powerful issues. The cycle of connections, disconnections, and reconnections is disrupted and sometimes drastically changed by loss.

Comings and goings both signify change and the potential for loss. I would venture to say that every therapy group session has some aspect of loss in it. Losing time. Losing dreams. Losing childhood. Losing members. Losing a leader or co-leader. Losing important relationships. Losing feelings of acceptance and belonging. Divorce, grief, depression. These are all frequent themes in women's groups. Memories of being left, of being put up for adoption, of being abused. One of the most salient factors in groups is sadness that underlies feelings of abandonment and isolation. Many members share the experience of feeling different, alone, and isolated—"the feeling of being the last kid chosen for the softball team."

A new person coming into the group engenders fear that the new person can change the relationships in the group in a negative way, fear that a new person would disrupt permanently the safe relational space and create an old transference relational space. The loss of a member feeds the fantasies that the group will no longer be able to create a mutually empathic and empowering space. At the same time, experiencing a different kind of coming or going in a safe and validating space can break new relational ground, as these quotes from group members illustrate: "The memories of connection in sadness can soothe your pain in the present"; "People leaving

catalyzes a process, it makes things happen; we get to a deeper level and talk about important things"; "I want to learn to say good-bye with the graciousness of a woman rather than the desperation of a child." They are all comments on the importance of experiencing a different approach to change and to loss.

The following is a series of group events that demonstrate how the creation of a safe relational space was crucial in catalyzing relational movement around deprivation and loss. The group had experienced a great deal of transition since a number of members had come to the group and a number had gone. These changes had been an integral part of the group discussion. During one particular session, the group was having a conversation about the experience of not having their feelings recognized and of "not having enough." One of the members talked about the group's experience as an indication "that I have never been heard in my whole life before." The members in this group discussed ways that each of them felt they did not have enough.

Trudy, the mother of three and herself a student, said she always felt that there wouldn't be enough. She keeps her refrigerator full of food, even though her children are away from home. Someone commented that they had seen a house while house hunting where someone had stored many gallons of cooking oil, a very neat stash; Trudy said that she had 15 gallons of oil. She then began to talk about always needing more food to assure herself she wouldn't go hungry. She talked about her fears, then told of walking out of Europe as a child during the war. She went to live at a refugee camp for ten years—the real fear of starvation was vivid—and had been diagnosed as malnourished at the time. It is important to note that in a pre-group interview she had said that she couldn't share these war memories in a group. She had been unable to share them with her mother and father, for it was "unspeakable." But she had been moved by the group process and, in turn, shared a poignant story that moved everyone.

A few weeks later, on her twentieth wedding anniversary, Trudy came to the group with a bunch of papers. She announced that, because of the occasion, she had brought each of the members a present—a poem. This ritual of bringing presents on special occasions was begun by another member in the group. As a rule, these small gifts are not discouraged or interpreted. Trudy, all the while keeping her head in the papers, told of how she had forgotten them at

school, and then had asked to use my copy machine but it had cut off the copies in the wrong places. She wanted to fix the copies and give us the poem at the end of the group. I clearly remember sitting in my chair and, in what might be described as the moment when a therapist's training flashes before her eyes, thought of all the things I could say. What was her resistance? First, she left the poems at school, now she is not paying attention to the group. Is she resistant to the group? Or, even, why is she not connecting to the group? And, of course, what is she trying to avoid by bringing presents? Or, the most insidious, why was she criticizing me as inadequate as a leader because my copy machine didn't work?

Luckily, I disregarded these old teachings and, simply, respected her decisions. I kept quiet, she finished quickly, and the group went on to talk about group transitions. I read the poem that night and discovered that it was a poem she had written. She graciously gave me permission to reproduce it in this paper.

15 Gallons

The list of possible compulsions
is endless—
hoarding junk mail,
reading *every* article in the paper,
storing old projects gone dry,
buying CD's or miniature things.
Mine is cooking.
Even with the kids
off in expensive American colleges
the refrigerator is crammed with food.

Once during an exchange with friends,
revealing our hordes,
I blurted out that I had
15 gallons of oil,
and could do with no less.
I heard gasps.
It was when
I stood in my pantry
in front of the oil (extra virgin, virgin and soy)
that I saw the shadows
of my ghost oil.
I can't fatten my grandmother's children
on their way to Siberia
in that cold cow cart,
no matter how much

food I cook.
But their shadows sit in my pantry
warning me there may not be enough,
ever enough,
and never to stop bringing food,
never to stop cooking,
never stop, never stop

11/02/93

As you can see, the group is in the poem: "Once during an exchange with friends, revealing our hordes . . ." In this description of the group, there is implied safety, validation, mutual empathy, and empowerment. The group process, however, had centered on the many transitions and losses in the group over the past few months. In the experience of connection within the group around feelings of never having enough, Trudy can connect with that part of her that holds painful memories of deprivation. She can speak the "unspeakable" and unburden herself of a painful secret. The sense of community is quite dramatic since there are actually two groups at work here. Trudy is also a member of a poetry group that gives interactive feedback on writing. This vignette demonstrates the power of issues of deprivation and loss to dominate our view of the world for a long time. Further, it confirms the healing climate of therapy groups and gives evidence of the enormous contribution of creativity as a transformative process. It is the ultimate paradox to create a meaningful and powerful work of art from the experience of extreme deprivation and sadness.

Discussion Summary

After each colloquium presentation a discussion is held. Selected portions are summarized here. At this session Drs. Judith Jordan, Jean Baker Miller, Irene Stiver and Janet Surrey joined Nicolina Fedele in leading the discussion.

Question: How much didactic work do you do in groups?

Fedele: The amount of structured didactic work depends on the type of group. The groups I discussed tonight are unstructured process groups, and I tend to hold back so members can share their experience. However, the relational model provides me with a different vocabulary to describe relationships and relational impasses. Therefore, I use a fair amount of

relational-cognitive restructuring to frame and reframe relational concepts. I do not contradict or interpret a woman's experience, but ask if this alternate way of looking at her feelings and actions fits her experience. In more structured groups or in other settings such as a day hospital, there may be a larger didactic component.

Surrey: I would like to add that Kate Dooley, Carol Kauffman, and myself developed an eight-session didactic group on the relational model for an inpatient population at McLean. Each group session began with readings and didactic presentation and then moved into group process. The mix between didactic and experiential was very powerful.

Question: Can you elaborate on the difference between resonance and empathy?

Fedele: I think it is interesting to think of resonance as the precursor of empathy. Judy Jordan describes empathy as comprised of an affective and cognitive component. Resonance could be described as the less sophisticated, less developed predecessor of the affective part. Resonance alone represents the preliminary part of the empathic response. In the example I describe from group process, one woman listens to another woman, resonates with her experience, is moved by it, and experiences some healing impact. This might allow her to connect with her own experience and feelings and, ultimately, share them with the group and experience their validation. This initial resonance sets the stage for further work. Alternately, a person could also experience the resonance but get lost in her own experience, in her own feeling.

Jordan: Resonance is being emotionally moved with another person. As Niki said, empathy is a much more complicated process. I want to stress that the part resonance plays in the empathic response is undervalued as part of the healing process. Two things happen: First, a sense of being joined with another brings a person out of disconnection and isolation, and second, she has a sense of somebody else being affected and seeing that effect. Empathy in therapy has typically been seen to be important because it brings about an increase in knowledge. The therapist interprets the experience with the goal of increasing the patient's self knowledge. The joining aspect, the resonance, the moving with another emotionally, is much less emphasized in the traditional literature on individual or group therapy.

Miller: Let's discuss an example. Someone is

talking about fear, and you are listening and start feeling fear. But you are not really feeling that person's experience in its totality. Resonance involves starting to feel fearful when you hear someone else talking about fear. Would you say that empathy is a further development where you more fully understand the other person's experience and you are within their context?

Surrey: It's not just feeling the fear but following their experience in a cognitive way when resonating with them. In resonance, you are understanding them, but you are not yet able to express on a deeper level what *their* experience is. I think empathy has the quality of a real depth of understanding of the whole picture. It involves understanding the present experience in a way that makes a connection between the person's behavior and the history that leads to that behavior.

Question: I was struck by the order in which you presented the different experiences of empathy: feeling empathy from others, self-empathy, and empathy for others. Many women with whom I work seem to be missing the experience of the first two but have experienced the third. They seem to be able to empathize with what it must have been like for someone else and how awful it would have been to be in their shoes. But they seem to be unfamiliar with a sense of empathy for themselves in the present or in the past. They seem to have no experience of others empathizing with them. It is hard for them to understand why we empathize with them. Do you think there is a specific order? Is what I call empathy for others more like resonance? Or is there a hodgepodge of development?

Jordan: I don't think of a specific order. What you're speaking to is very common among women. They have difficulty with self-empathy. They are socialized to bring their empathic capacity to bear on others. Women are discouraged from being empathic with themselves and women's own experience. I see that as an active shaping, so women have to re-learn bringing that active quality of attention to their own experience. Often this involves being empathic with some experience that had been disconnected in the past and is often filled with a sense of shame and/or worthlessness. I think this happens in groups when the members truly feel another's experience and identify with it. They feel empathy towards that person, and then they begin to see that that person isn't so different from them, and then they begin to

experience it for themselves.

Stiver: I think it is important to get clarity, but I also think that we run a risk of misunderstanding the interactive process if we try to delineate these concepts too sharply. In an empathic interchange, empathy changes as we get greater clarity and as there is more mutuality in the experience. That is, one person feels something, then learns more about another person and about her social context, and then finds out something more about herself. I think that is how mutual empathy develops. It starts with different degrees of resonance, to feeling the feeling more directly, to some understanding of context, to beginning to get some clarity about what one feels oneself to a kind of self-empathy. We need to see the empathic interchange as an interactive process without too much delineation.

Question: Is this type of women's group a good training ground for other group situations, i.e., family groups or work groups? Do women transfer the relational experience in the group to other situations?

Fedele: Women interviewing for the groups often describe the number of times that they are unable to connect with people in the outside world. They feel bereft. In the group many women discover the empathic possibility of movement in relationship. They themselves wonder in the group whether they can find or create the same relational context outside of the group. But members describe situations where they have carried the safety and validation of the group with them. They make different choices and develop new relationships with people who have the capacity to sustain a mutual relationship. They discuss their ability to tolerate old relationships that dissatisfied them in the past. They take risks at work or in their families. When they make more reciprocal relationships so that they feel more nurtured, they can make choices about the level of involvement in family or old friendships.

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