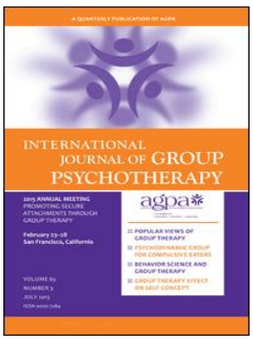

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On Attacking and Being Attacked in Group Psychotherapy

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ABSTRACT

Verbal attacks are unavoidable within long-term psychotherapy groups. This article examines the inherent therapeutic value of potentially destructive exchanges. Group leader attempts to objectively define and regulate "attacks" are critiqued. A case example illustrates how leader interventions using induced feelings can enhance the therapeutic process and subsequent relational repair. Leader difficulties in identifying with the relational positions involved (attacker, victim, bystander) are explored, and a framework is offered for illuminating unconscious, dissociated, or unformulated emotional communications. It is argued that leader resistances may inadvertently promote and maintain group members' damaging tendency to direct aggression toward rather than away from the self. Instead of being avoided or controlled, verbal attacking can be considered meaningful developmental progress and leveraged clinically to promote emotional maturation within the group.

Verbal attacking is inevitable in group psychotherapy and a universal, primal fear of attack lurks beneath the group process. Contending with aggression in group therapy is such a prominent concern that the *International Journal of Group Psychotherapy* devoted a special section to the topic in issue 45(3), including important articles by Alonso

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(1995), Buchele (1995), Kirman (1995), and Stone (1995). Additional contributions to the literature on aggression in group therapy include Gans (1989), Hinshelwood, (1994), Livingston and Livingston (1998), Ormont (1984b), Schermer and Pines (1994), and Zeisel (2009). These authors provide theoretically grounded perspectives on the role of aggression in personality development, the effects on group process and countertransference, and ideas about therapeutic strategy. Since this article addresses a specific manifestation of aggression, the verbal attack, rather than aggression in general, much of this literature will not be fully reviewed. Notwithstanding past contributions, the literature lacks a meaningful, actionable definition of what constitutes a verbal "attack" (despite the common use of this word within therapy groups), as well as a conceptual framework to decipher the relational meaning involved to inform therapeutic technique. This article attempts to partially address these gaps in the literature.

Leader efforts to prevent or regulate verbal attacks among group members can lead to unanticipated practical, theoretical, and clinical problems that are more damaging to group process than the attacks themselves. This article uses a case example to explore the therapeutic value within an interpersonal attack, as well as potentially interfering leader resistances. The relative merit of objective versus subjective definitions of "attack" will be considered. In addition, the enacted roles of the group members (attacker, victim, bystander) will be described as an interpersonal context that may help to explain, and resolve, unique countertransference resistances that can arise during verbal attacks. Finally, a framework is explored for deciphering the unformulated and unconscious emotional communications involved in attacking. This article argues that efforts to prevent or control attacks are better directed toward mitigating aggression directed at the self (Spotnitz, 1985a; Spotnitz & Meadow, 1977), as a group's collective ability to interpersonally express and receive aggressive feelings can enhance emotional development over time (Ormont, 1984b).

Leaders are often anxious about verbal attacking from the start (Van Wagoner, 2008). Such fear is related to beliefs, biases, or internal conflicts about aggression as a potentially destructive force (Gans, 1989). Consequently, some authors forbid attacking

in the group agreement, along with guidelines like arriving, leaving, and paying on time, announcing absences, and so forth. For example, Rutan and Stone (1993, p. 120) recommend that "verbal violence" be prohibited while others (e.g., Hepple, 2012) actively forbid "verbal abuse." Likewise, Buchele (1995) advises group members "that anger must be expressed in as nonhurtful a way as possible" (p. 283). Though the distinction between acting and talking is relatively clear, the boundary between abusive and nonabusive words is not. With the need for "emotional safety" as a rationale, the well-intentioned group therapist may define "attack" in order to regulate potentially damaging verbal exchanges (assuming that physically violent patients have been screened out). An objective definition seems straightforward enough: An attack is any attempt to deliberately stimulate emotional distress in another group member. In addition to neglecting unconscious motives, defining "attack" objectively and forbidding language deemed abusive may unintentionally impede therapeutic progress by: elevating reality-based experience over subjective experience (including fantasy); discouraging the expression of feelings that seem misaligned with objective events; promoting caution that suppresses emotional spontaneity within the group; reinforcing the malignant perspective that anger is always toxic; inhibiting the development of language to regulate aggressive feelings, leaving them unformulated (Stern, 2003); and undermining the utility of the group agreement, as the absence of verbal attacking does not, like other elements of the group agreement, identify cooperation versus resistance with treatment (Brook, 2001). Since aggressive feelings tend to press for discharge, self-attacks (Spotnitz, 1985a; Spotnitz & Meadow, 1977) are likely to increase when outward expressions of aggression are stifled. Thus, group leader efforts to manage verbal attacking through objective definitions or rules may actually increase resistance rather than resolve it.

While group leader anxiety about aggression is common, such fear can be induced by the group itself (Geltner, 2013). The leader may use this awareness to help the group explore this fear rather than managing the feeling in isolation. Similarly, it is useful to assume that verbal attacks are co-created relational events (Mitchell, 1993) or mutual enactments (Grossmark, 2015a, 2015b) rather than the

responsibility of one individual. To highlight the complexity of attacking dynamics, I use this example with my groups: "Let's say you are walking down the street, and an unfamiliar person walks up to you and shouts, 'You are a despicable person! I hate you and hope you drop dead!' What would this be like?" Members generally say they'd feel nervous and confused and would want to get away. When I ask, "But would you believe what was said," group members usually say, "Of course not! He's a lunatic. I wouldn't believe a word of it. He doesn't even know me." "Very well," I say, "but what if a group member said the same thing to you?" Not surprisingly, many members say they'd be deeply hurt, even emotionally devastated. This discussion highlights a critical feature of verbal attacks in group therapy: The mind of the attacked is as important to understand as the mind of the attacker.

While the dynamics of the overtly aggressive group member are important to consider, attacks involve everyone in the group. Indeed, aggression can be instigated by an individual, a subgroup, the therapist, and the group-as-a-whole (e.g., scapegoating). Verbal attacks can be motivated by any combination of sources, including unconscious conflicts and defenses (Buchele, 1995), developmental deficits (Livingston and Livingston, 1998; Stone, 1995), unresolved childhood trauma (Fonagy, Gergely, Jurist, & Target, 2004), instinctual drives (Kirman, 1995), enactments (Grossmark, 2015a, 2015b), envy and destructive fantasies (Klein, 1946), sibling rivalry (Gans, 1989), primitive object relations (Klein, 1946; Schermer & Pines, 1994), phases of group development (Gans, 1989), and transference and resistance (Ormont, 1984a, 1984b; Stone, 1995). Because verbal attacks exert their influence through complex intersubjective relational processes (Stolorow, Brandchaft, & Atwood, 1995), the emotional experience of the targeted member is often a better indicator of an attack than the observable events within the group. In this highly subjective view, one may feel attacked any time another person helps one have an unwanted feeling (i.e., fear, shame, guilt, hurt, helplessness, or anger). As such, collusion between at least two minds is required to construct a verbal attack. Consequently, every group member's experience has potential value in uncovering, understanding, and metabolizing the varied psychological elements contained within a verbal attack.

ATTACK AS A METAPHOR

Treating verbal attacks in group therapy as literally dangerous has drawbacks; however, the use of "attack" as a metaphor can be clinically useful. A common manifestation of aggression is a self-attack, or aggressive feelings targeting one's own mind. Spotnitz (1985a; Spotnitz & Meadow, 1977) referred to this as the narcissistic defense, meaning that by protecting a caregiver (on whose life the child depends) from anger, the child is protecting her own well-being. A child's anger at a caregiver might cause abandonment or punishment, so it is safer to attack the self. Attachment theory (Fonagy et al., 2004) makes a similar observation. Unfortunately, when internalized aggression becomes rigidly fixed, it leads to excessive internal tension, psychological disruption, poorly differentiated mental representations of self and other, and a paucity of aggressive energy available for personality development (Ormont, 1984b; Spotnitz & Meadow, 1977). Spotnitz (1985a) argued that healthy development is predicated upon aggression being directed away from the self toward others and the external environment. Consistent with Freudian drive theory (see Greenberg & Mitchell, 1983), he considered aggression to be a biologically based emotional energy that manifests in both constructive and destructive forms. Ironically, this suggests that expressing verbal aggression toward another group member is developmental progress when compared with attacking the self (a more primitive use of aggression). The following continuum of aggressive functioning, from more primitive to more mature, can be a useful guideline: self-directed anger (most primitive); other-directed anger without awareness of the other's feelings; other-directed anger *with* awareness of the other's feelings; other-directed anger *with* awareness of, and interest in, the emotional impact on the other; and other-directed anger *with* awareness of, curiosity about, and active engagement with the other person's feelings (most mature). At the highest level of aggressive functioning, one is equally curious about the nature of one's own anger as the effect one's anger has on the other. Our ability to regulate affective intensity (Fonagy et al., 2004) partly determines our place on this continuum. Emotional stimulation produces regression to primitive mental states (Levine, 2011) such that members vacillate dynamically along this continuum, akin to what Zeisel (2009) refers to as the *development of the interpersonal*

ego. The increasingly mature regulation of aggression is an important goal of group treatment (Ormont, 1984b), as transforming angry feelings into language organizes and structures aggression in the service of personality and relational development (Spotnitz, 1985a; Spotnitz & Meadow, 1977).

Given this theoretical perspective, what should be considered an "attack" in group treatment? I suggest that members use their emotional experience as a guide—that is, a wholly subjective definition—and encourage them to announce when they feel attacked, and then invite the group to explore the related dynamic(s). Of course, "feeling" attacked is not actually a feeling. When a member "feels attacked," this is usually a proxy for feeling hurt, anger, fear, or shame. Thus, I use the word "attack" to stimulate the exploration of deeper emotional material. After helping the member identify her feelings, additional work can proceed: Why does she feel this way, who helped her feel this way, and how did that happen? Thus, "attack" can have a different meaning for the therapist and the group. The group generally understands attack as meaning, "He is harming me." The leader may become anxiously bound to the identical meaning, or more usefully, she may see it as a sign that a member feels threatened or injured. Often, this patient needs emotional insulation (Ormont, 1994) in the form of help managing feelings, protection from self-attacking, or help mobilizing a response. Minimally, the dynamics involved require investigation as they have emotional implications for the entire membership.

Effective group psychotherapy can enhance the ability to be internally supportive of oneself when receiving aggression and to use aggression in the service of one's well-being, such as self-protection, setting boundaries, being understood by others, and, when required, attacking back. Being the target of aggression frequently stimulates a re-living of childhood memories of victimization from which there was no protection, as well as activating toxic internal objects related to that victimization, both consciously and unconsciously. In order to allow this re-living to have a useful trajectory, the therapist can marshal group resources to provide support to the injured member and thereby provide new relational experiences (Geltner, 2013) required for personality development. In the case of under-controlled aggression, the therapist and group may help members manage anger in ways that facilitate greater self-control without sacrificing meaningful emotional communication.

While converting angry feelings into language has substantial clinical benefit, just as valuable is the ability to receive aggression from others without attacking or abandoning the self. Psychological immunity (i.e., resilience) is built in much the same way that our physiological immune system is strengthened. In the latter, pathogens invade our bodies, which the immune system learns to identify and defeat. Likewise, graded exposure to the criticisms and judgments of others helps the mind learn how to protect itself from damaging, distorted projections while internalizing emotional nutrients essential to development (Ormont, 1994). It is empowering to be the target of aggression and decide consciously how to respond, rather than via compulsive, automatic reactions. Our mind is never truly our own unless we learn to retain full executive control in the face of another person's aggression. Like a spark on dried tinder, external attacks trigger our tendency to repeat destructive past relationships through such mechanisms as the repetition compulsion, identification with the aggressor, enactment, and toxic internal object relations. From this perspective, being attacked in group is like a strange gift: It doesn't feel pleasant in the moment, but contending effectively with aggression from others can facilitate enhanced emotional resilience and growth over time.

While the following case illustrates how verbal attacking can be leveraged therapeutically, unrestrained aggressive interactions should be minimized whenever possible due to their corrosive influence on group cohesion (Yalom & Leszcz, 2005). Rather than overt prohibition or regulation, however, indirect methods can create an interpersonal milieu that fosters constructive expressions of aggression and limits potentially damaging exchanges. To cultivate constructive verbal aggression, the leader must establish a group culture in which aggression is valued and where language is the favored pathway for discharge, as opposed to action. This culture-building process is nurtured when the leader demonstrates interest in engaging aggression (Ormont, 1984b), educates the group about its value as emotional energy (Spotnitz, 1985b), and promotes curiosity to distinguish between constructive and destructive verbal exchanges (Kirman, 1995). Fortunately, there are myriad ways to achieve this aim. I find that inviting members to voice anger with me early in the process creates a model for the verbal discharge of aggression. These

moments are often provided when members veer from the group agreement (Brook, 2001). For example, in a newly formed group, a man touched his female neighbor on the knee while addressing her. I said nothing, as I wanted the group to notice and name this obvious deviation from the group contract. At the next meeting, the woman became angry at me for failing to "call him out" on this impulsive act. While we explored her feelings, she shared with the group some new painful details about her relationship with her weak, ineffectual father and the sadness she feels about the distance between them. I suggested that she was using her anger to prevent *me* from being a weak father to her in the group, and I encouraged her to continue to tell me how angry it makes her when I seem weak and impotent. I said that I was very interested in her anger and that this could help us have more, rather than less, emotional contact. She agreed that she felt emotionally engaged, which allowed me to suggest that using anger for verbal self-advocacy can be an effective use of aggressive feelings, as she had demonstrated for the group. This sort of intervention, followed by subsequent emotional education, models a viable pathway for the constructive discharge of aggression, one that other group members can then rely on when they become angry. Such interventions nurture an emotional climate where the constructive expression of aggressive feelings is welcomed and valued while impulsive, destructive displays of aggression, such as verbal attacking, are minimized.

CASE EXAMPLE

The interchange below took place in the group's sixth year. I was working with all of the members in combined individual and group therapy. The group consisted of nine members, five women and four men. Six of the members were present at the start, while three were added later. The group met in the standard 90-minute format, once per week. Prior to this, the group had already experienced and resolved many conflicts among members and had expressed a range of angry feelings toward the group leader. Pete and Ellen, the source of the conflict to be described, were both mid-30s divorced professionals with children. Pete and Ellen each had developmental histories rife with alcoholism, violent trauma, and poverty. Within the group, both members had been emotionally compelling figures with a

history of generating strong feelings among group members, including love, hate, and, to a lesser extent, sexual feelings.

Pete appears agitated as he sits down in the group circle. He gazes around the room, making little eye contact, while bouncing his leg up and down rhythmically. Miranda, the woman sitting to his left, asks, "Pete, are you OK?" He stares at the center of the room, as if in a trance. "Yeah, I mean no," he responds. The members prompt him to say more.

He goes on, "Oh, it's just the same crap all over again. Lisa posted photos of her kissing some guy on Facebook. I'm so fucking angry! How could she do this? We just had sex on Thursday! We're fixing things, and now she pulls this shit? She's all I can think about. I love her so much. I just want her back, and she pulls this on me? Now? What the fuck!" This pattern was familiar to the group. Pete gets into a relationship, becomes bored, undermines things, ends it, then wants the woman back, and the process repeats. The group is initially silent. A few members then ask clarifying questions. Pete offers rambling, circumstantial comments, none of which clarify his feelings. Pete turns to me, with annoyance, and says, "And you, you were so unhelpful when I called you. Normally, you help so much, but this time I got nothing from you." Jamie, a quiet 30-something, turns to him and says, "What were you hoping for from Aaron?" Pete continues in a mocking, sarcastic tone, "Some support or something. Jesus! Is that too much to ask for? All he said was, 'Pete, this is what you wanted, isn't it? You broke up. You moved out. Is Lisa supposed to wait for you forever?'" "What would have been a better thing to say?" I ask. Pete counters, "I don't know, but something better than that." The tension is building, and I could feel it in my stomach, but I had no idea what my body might be telling me. Finally, Ellen chimes in, "I don't get this at all. What the hell is going on? I've got no idea what you are talking about, Pete. You are just leading us on a wild goose chase. You broke up with her, so move on. You've got no right to be angry at her. Something's not right here. You're lying to us or something. None of this makes sense and I'm getting really pissed off. I hate liars. Just tell us the story already. I can't take this anymore!" The tension in my stomach is clear. A simmering rage is surfacing in the room, and it is a warning that this exchange may escalate.

What happens next is disturbing and surprising. I watch Pete's face as the word "liar" lands with him. He grows quiet and his face turns red. The following exchange ensues: Pete (turning to Ellen, screaming): "Fuck you! You fucking self-righteous bitch! You are going to call me a liar? Who the fuck do you think you are? You go fuck yourself, you fucking bitch! Nobody calls me a liar! Nobody! Go fuck yourself, you stupid fat bitch!"

Ellen (looking stunned and speaking quietly): "Why are you saying…" (Pete interrupts).

Pete (still screaming and now leaning forward in his seat): "After all the crap that I've listened to from you! After all the fucking bullshit you talk about here! You are going to call me a liar! You stupid fucking fuck! How dare you! How dare you! I come into this group, and I try to put my thoughts and feelings into words. Just like we are supposed to! And you have the nerve to accuse me of lying! You stupid fucking bitch! Every word I said was true, you fucking asshole! What the fuck do you want from me?"

Ellen (again speaking quietly): "I just didn't think you were making any sense. We've been down this road with you before. You want the woman back after YOU decide to get rid of her. It doesn't make any sense. I was just trying to say that. Maybe I used the wrong word, but I was really confused. I wanted…" (Pete interrupts again)

Pete (still screaming): "What the fuck! The wrong word! I used the wrong word! Fuck you and your fucking vocabulary! Who put you in charge of what words we are allowed to use! Fuck you!"

Ellen (again speaking softly): "Pete, I didn't mean to…" (Pete interrupts again)

Pete (screaming): "You didn't mean to what? You didn't mean to what? Fuck yourself! You call me liar again and watch what happens, you stupid bitch! I tell more of the truth here than you do!" (To himself): Call me a liar."

Ellen: "Pete, I don't know…" (Pete interrupts)

Pete (screaming): "You don't know what! You don't know…" (I interrupt Pete)

Therapist (leaning forward and yelling with an angry tone): "Pete, everybody in this group knows that you are angry! But you're not

saying anything about what you are feeling underneath all of that anger! Stop bullying Ellen and start talking about your feelings!"

Pete (looking shocked that the therapist yelled at him, but lowering the volume of his voice and appearing to calm down): "I'm a bully? I'm a bully? Did you hear what she called me? She's calling me a liar and I'm the bully? Yeah right!"

Therapist (still yelling but lowering the volume to match Pete's de-escalated voice): "You're talking right over her and screaming names at her. How's that not bullying? Pete slowly sits back in his chair and, clearly enraged, stares back defiantly. The group is silent. Pete is clearly challenging my authority with his threatening stare. I respond, again with my voice ever lower in volume.

Therapist (speaking forcefully but no longer yelling): "Look Pete, you are free to leave this group and go out and get drunk if you want (the patient had been abusing alcohol to numb his feelings). That will certainly get rid of your feelings for a while. I think a better choice would be to talk to us about what you are feeling underneath all of that anger. We all want to know about that, but the choice is yours."

The group falls quiet. Ellen looks surprised and alarmed, but does not seem agitated or overwhelmed. Quite the contrary; she's composed, with moderate, manageable anxiety. Soon Pete begins to cry and talks about the shame stimulated by the word "liar." The group comes to Ellen's aid once Pete begins to cry. Several members comment on her ability to be non-reactive during the interchange. Two members give Pete credit for bringing anger into the group in a risky way. Several irritated members ask why I didn't intervene sooner, and I encourage the group to speculate about this. The group concludes that because Pete used words, not action, and Ellen was coping effectively, urgent intervention was not required. The group noticed that I mirrored Pete by sitting forward in my chair, and several female members said this helped them feel safer. I commend Pete and Ellen for each staying in their seat. They both indicate that they felt an impulse to leave. I suggest that the act of sticking to words when angry is a major contribution to the work of the group. I ask Ellen if I should have intervened sooner. She said she had a wish to be protected but that she could tell I was paying careful attention to her and would not let Pete physically harm her. Somebody asks what I would have done if Pete had gone into action, and I say that I would have gotten out of

my chair and asked him to leave immediately. Pete indicates that he has no intention of ever physically harming anyone in the group. Finally, I ask Pete if he was at risk for attacking himself for his display of anger, and he agreed that he was. I suggested that he avoid self-attacking, that he had taken a risk that would benefit all of us, and that he had expressed his anger in words, not action. These are achievements that are reasons for celebration, not cause for a self-attack, I suggest.

During her next individual session, Ellen realized that she had unconsciously intentionally provoked Pete by calling him a liar. She knew from his history that this would trigger shame and anger in him and had sought to provoke him. She also identified that, in her childhood, provoking her abusive brother and father relieved her anticipatory anxiety and gave her some power and control. Why wait for the inevitable abuse when she could "force" them into action? Thus, her provocation of Pete was an attack in a much less obvious way. Identifying her role in the attacking process helped to mitigate some of her understandable anger and hurt at how she'd been treated by Pete. She agreed that she would bring this new understanding to the group for further discussion.

The next group is dominated by the unspoken thoughts and feelings from the last group. Several members talk about "freezing" or hiding lest they become a target of Pete's rage. Two members are furious with me for not intervening sooner. Pete apologizes to Ellen and explains why being called a liar was a potent emotional trigger and describes his shame about behaving that way. Interestingly, he had the idea that I was kicking him out when I suggested that he could go get drunk or stay with us, that is, Pete thought I wanted him to leave despite my overt support for his continuing to talk. I explore this without interpreting it; however, I viewed this as a transference test about Pete's abandonment fear. Ellen explains to Pete that she had provoked him deliberately as this was how she would sometimes try to find safety and control in her abusive family. She poignantly describes the terror of waiting to be violated and how safety was only available afterwards. Provoking her tormentors brought safety sooner and reestablished some control. Upon hearing this, Stephanie (a survivor of childhood sexual abuse) starts crying. When prompted, she indicates through her tears that Ellen had just helped her learn something profoundly important. She shares that she

hated herself for "willfully" engaging in sex with her abusive older brother. Her superficial cooperation made her think that she wanted him to "fuck her" (which, coincidentally, was the same word Pete had used repeatedly in his attack on Ellen, suggesting a larger, unconscious meaning). When I ask what her tears were saying, she responds that Ellen put words to her experience in a completely novel way: She didn't want to have sex with her brother. She just wanted it over quickly to avoid feeling the helplessness and anxious anticipation of the inevitable. Her tears signaled freedom from the guilt that had haunted her since childhood. She sobs uncontrollably for at least five minutes. Pete and Ellen, as well as other group members, offer words of empathy and compassion. Jane and Susan feel ashamed for being passively fearful while Pete was screaming at Ellen but acknowledge relief that they had not been in Ellen's shoes. John remembered how each of his bickering parents would try to enlist his support against the other. He feels that his silence was an angry protest at being "forced" to get involved. He discloses feeling guilt and shame at taking pleasure from Pete screaming at Ellen, as Ellen "rubs [him] the wrong way." Pete spoke for him in a way that he never could. The group reflects on how remarkable it was that something healing for Stephanie could be stimulated by such a powerful, painful conflict between Pete and Ellen.

My confrontation of Pete used induced anger to shift his attention from aggressing against Ellen to the nature of his behavior (i.e., bullying) and his underlying feelings. This intervention involved two different types of therapeutic mirroring: *dystonic mirroring* (Margolis, 1986) and *marked contingent mirroring* (Fonagy et al., 2004). *Dystonic mirroring* involves emotional communication infused with a tone that reflects the disrupted emotional state of the patient in order to resolve a resistance to putting feelings into words. When effective, dystonic (i.e., aversive to the patient's ego) mirroring communicates understanding and emotional "sameness" between therapist and patient, which opens a pathway of communication. In contrast, *marked contingent mirroring* helps the over-stimulated patient regain self-regulatory control similar to how an infant's emotion is co-regulated with a caregiver (Fonagy et al., 2004). Like Bion's (see Billow, 2003) concept of containment, marked contingent mirroring involves "holding" overwhelming affect and returning it to the patient in a more tolerable form that can then be re-integrated. My mirroring

communications were "marked" in that I displayed a version of Pete's feelings with greater self-regulatory control rather than my own raw anger. They were contingent in that they were timely responses to his need for greater self-control. And they mirrored the same category of overwhelming affect, anger in this case. Another critical feature of this intervention involved a de-escalating cascade of emotional intensity. In each statement to Pete, I consciously pitched the intensity of my tone and volume to reach only 85–90% of his. It helped that my emotional arousal was moderate, as indicated by a manageable uptick in my heart rate and body temperature. I sounded angrier than I really was, giving me maximum control over the intervention's emotional impact. By slightly under-shooting his intensity, I offered Pete the opportunity to deescalate by meeting me at the lower level of intensity. This process is motivated by the group member's natural capacity to seek attachment (Black, 2014; Flores, 2010; Fonagy et al., 2004) in order to co-regulate overwhelming affect. Three deescalating, tone-matching interventions helped him regain self-regulatory control and constructively shifted the interaction. The mirroring interventions resolved a resistance (Margolis, 1986), illustrated by Pete's shift from screaming at Ellen to putting words to his underlying hurt and shame. From a relational perspective, the tone-laden mirroring interventions were responsible for containing simultaneous, unconscious enactments from damaging the group or the therapeutic frame (Grossmark, 2015b) until the group's capacity to mentalize (Fonagy et al., 2004) was gradually restored.

It should be noted that my relationship with each patient involved both individual and group therapy. Because the transference intensity developed in each modality, it allowed for perhaps more therapeutic leverage in my confrontation of Pete and delayed responsiveness to Ellen. With Pete, a longstanding idealizing transference may have infused the confrontation with more emotional potency and receptivity. In fact, Pete may have felt attacked by me during the "unhelpful" phone call prior to the group meeting where the conflict with Ellen emerged. Due to a disrupted idealizing self-object transference (Livingston & Livingston, 1998), Pete may have brought unformulated angry feelings into the group and was indirectly attacking the disappointing group leader. With Ellen, much prior work had been done within a negative transference to resolve the repetition of

finding yet another, neglectful, narcissistic parent figure. As a result, Ellen experienced the time delay in my intervention as demonstrating belief in her potency and ability "to stand on her own two feet" rather than as an enactment of the relationship with her neglectful mother passively witnessing Ellen's abuse. Thus, my delayed "protection" of Ellen was highly reparative, but only in the context of long-term individual and group work on her negative transference. Finally, her vulnerable disclosure about provoking Pete first appeared in an individual session, raising questions about whether this would have emerged at all if not for the combined treatment arrangement.

DISCUSSION

Verbal attacks can permanently damage, even destroy, group functioning without inflicting enduring harm to a single member. Thus, therapists are wise to be mindful about the effects of verbal attacking. Unbridled aggression can create a toxic environment where members prematurely discontinue treatment to protect themselves and thereby "kill off" the group. The therapist has a duty to protect the viability of the group-as-a-whole. Yet it is equally true that when aggression is limited to words, not action, individual group members are rarely harmed. Injured group members may *feel* harmed, temporarily, after an attack; however, Stark (2002) suggests a useful distinction between the lasting emotional damage of childhood trauma versus the non-traumatic pain naturally re-stimulated in psychotherapy. The re-living of emotional pain in an adult is different than the original developmental experience. In fact, healing can occur when a patient's core emotional injuries, conflicts, and deficits are engaged within the therapeutic process, and verbal aggression provides access to the related emotional states in a highly immediate way. Many patients have been verbally abused as children and have a part of their mind that is also capable of *being* abusive. When confronting attacking clinically, the leader may confuse the duty to protect the group-as-a-whole with protecting specific group members. The group itself can indeed be destroyed, that is, lose all of its membership, while it is unlikely that any one member will be permanently damaged by angry words. Generally, the most devastating outcome is premature dropout. Even then, one's mind must actively cooperate with the attacker in order to

destroy one's group membership by leaving precipitously. Like the "sticks and stones" proverb, verbal attacks are simply words, and the stimulation of aversive feelings is frequently the worst outcome.

Pete and Ellen co-created (Mitchell, 1993; Stolorow et al., 1995) an attacking exchange, and the group's passivity (Phillips, 2015) in the face of their aggression aided and abetted the process. Pete's mind transformed Ellen's accusation of his being a liar into something internally toxic for himself that created overwhelming shame, in that he joined her provocation by attacking himself, and then later attacking her, in an attempt to rid himself of the resulting shame. Ellen, in contrast, had the presence of mind NOT to align with Pete's attempt to attack her. She felt scared, angry, and hurt; however, she was able to recognize consciously the repetition of childhood family dynamics and refused to attack herself. In other words, Pete's mind cooperated (perhaps due to his unconscious guilt and belief that he should be punished) with Ellen's attempt to attack him, while her mind *did not* similarly cooperate, thus causing more painful feelings of anger and shame for Pete than for Ellen. This developmental difference highlights the intrapsychic dimension of feeling attacked and further underscores the value of subjectivity as a way to gauge verbal attacking. In most instances, one cannot truly be attacked by another person's words. Rather, one tends to attack the self when experiencing another person's anger. Directing aggression outward rather than inward minimizes the potential harm of aggressive language. Conceivably, Pete might have said, "It hurts my feelings and makes me really angry when you call me a liar. In fact, it makes me so angry that I would like to attack you," which would have been well received by the group. Instead, Pete used Ellen's accusation of being a liar to attack himself, and he then tried to rid himself of the resulting shame by attacking Ellen in return. Overall, this illustrates how self-attacking may be more emotionally destabilizing than being verbally attacked.

Like other illuminating moments in psychotherapy, verbal attacks can be considered part of the ongoing flow of enactments (Grossmark, 2015b), which Bromberg (2000) and others consider a "royal road" to the unconscious. The multilayered enactment between Pete and Ellen partially symbolized their unconscious, mutually antagonistic "not me" self states (Grossmark, 2015a), thereby introducing into the process previously unavailable

emotional material. Despite the disruptive nature of the interaction, this co-created attack signals developmental progress in their ability to manage aggressive feelings and to symbolize in language aspects of their experience that had previously been dissociated, repressed, or unformulated.

Therapist Countertransference

When a group member feels attacked, the leader often experiences fear, anger, shame, and guilt. The superficial meaning of these feelings is clear enough: The therapist is at least indirectly responsible for the results of the group process. Indeed, I have been accused of being neglectful during aggressive exchanges, and receptivity to this transference communication can anchor a larger exploration. To better contextualize the sources of countertransference resistance, it's useful to consider the interpersonal roles involved in attacking dynamics. First, there is the attacker, the angry group member. Next, there is the victim or target of the attack. These positions are generally clear enough (though not always). The third, less obvious actor is the bystander (this can include the therapist), a category that can be further divided into two distinct subgroups: the avoidant and the gratified bystander. The avoidant bystander is relieved of an uncomfortable feeling (like anxiety) by avoiding conflict. The gratified bystander derives pleasure from conflict and may have contributed to it. In both cases, the bystander is clearly, but silently (Phillips, 2015) connected to the aggressive exchange through avoidance or gratification. As the clinical example illustrates, feelings of shame, guilt, fear, or anger serve as a resistance when they transform an otherwise engaged group member into a bystander. It's no coincidence that these roles mirror the dynamics of child abuse and neglect (i.e., perpetrator, victim, non-protective parent).

The positions of attacker, victim, and bystander can serve as reference points for the therapist to interpret induced feelings for therapeutic use. Like sound waves from adjacent, vibrating tuning forks, the group's feelings will be experienced by the receptive leader. Resistances to these emotional communications arise from the leader's discomfort with aspects of her mind that correspond to these relational positions. Some group leaders, for example, defend against

aggressive or sadistic feelings that threaten the preferred identity of the empathetic, protective therapist. By denying aggressive impulses (Alonso, 1995), the leader may blunt her identification with the attacker, which can have damaging consequences for the group. When a member becomes overly aggressive, this dysregulation requires containing, constructive responses from the leader and the group. The therapist's impaired identification with the attacker can inhibit sensitivity to the aggressive member's underlying emotional pain and the need to be emotionally understood and contained (rather than punished). Similarly, when the therapist resists identifying with feelings of victimization, she may be insensitive to the injured member's needs, or fail to thoughtfully explore the victim's role in the aggression (if there is one). Further, the therapist's resistance to the bystander's feelings may be the most challenging to the group process. Therapists may feel rage, shame, guilt, fear, and helplessness when witnessing aggressive exchanges in group. She might experience herself as cowardly for not intervening, think she violated a grandiose ideal of being the group protector, or feel she even took pleasure in the attack due to her resentment toward the targeted member. The therapist must thus identify loosely and flexibly with each of these positions, without becoming lodged in or avoiding any particular perspective, in order to gauge the range of feelings alive within the group (Ormont, 1990, 1992). Awareness of the feelings induced by each relational position can allow for an effective working-through of the complex affects and unconscious conflicts embedded in verbal attacks. When the therapist is receptive to induced feelings, new opportunities for growth and healing emerge, and previously dissociated or unconscious material may appear. The therapist can "catch" the disavowed feelings and help the group members put these painful thoughts and feelings into language. Resistances to doing so require investigation and resolution in clinical consultation.

Assuming that, through partial identification (Zeisel, 2009), the leader is receptive to the feelings induced when a member feels attacked, the concern naturally shifts to understanding what they symbolize. Verbal aggression involves emotional communication; however, the group leader's resultant anxiety and resistances may interrupt the detection of unconscious or unformulated forces guiding the process. The over-stimulated group leader may instead

become embedded in the group's prevailing concrete, dichotomous thinking. In order to distill unformulated relational meaning, I find it useful to consider five possible modes of emotional communication (Geltner, 2013) when unraveling the meaning of verbal attacks. These categories are overlapping, and more than one can apply to any aggressive exchange. First, the attacking member may be aggressing against a part of his own mind, as represented by an aspect of the targeted member (*narcissistic transference mode*; Margolis, 1979). In this case, a hated part of the self is attacked in the other person. This dynamic is rich with clinical potential because it externalizes a self-attack that is typically hidden within the mind of the attacker, that is, it transforms an intrapsychic event into an interpersonal one. Thus, the aggressor is treating the targeted member as he treats himself in a way that is accessible to the entire group. Second, an attacking member may be re-experiencing a conflicted past relationship (*object transference mode*; Racker, 1968) as stimulated by the targeted member. Here, the aggressor may be playing out the role of either the parent or the child she once was, with the targeted member assigned a complementary or similar role. Here, the clinical value is in illuminating the attacker's history, as it is re-created within the group. Third, verbal attacking can be motivated by the need to rid oneself of an unwanted, intolerable feeling by "giving" that feeling to another person and placing relational pressure on her to identify with it (*projective identification mode*; Klein, 1946). Fourth, verbal aggression may constitute a needed emotional experience that was denied in one or more group members' development (*anaclitic mode*; Geltner, 2013). For example, people need to be mad, and have others mad at them, without doing damage or being damaged. Fifth, an attack may be an unconscious attempt to defensively thwart, block, or alter emotional experience (*emotional negation mode*) through dissociation, suppression/repression, or enactment (Grossmark, 2015a), attacks on the group's collective ability to think (Billow, 2003), or "irruptive experience" which temporarily blocks the flow of communication (Billow, 2016). As a defensive process, emotional negation signals the possible emergence of psychically disturbing, previously unconscious emotional material in observable, raw form. In each mode of emotional communication, a wide range of clinical interventions can be directed

toward resolving resistances to constructive, mature forms of emotional self-regulation and interpersonal relating. This approach may help the leader avoid a narrow over-focus on managing offensive verbal interactions in a way that overlooks clinically rich material.

Often, I find that the intensity of verbal attacking is related to the condensed nature of the particular emotional communications involved. When multiple modes of communication are operating simultaneously, attacking gathers intensity, as Pete's aggression demonstrated. He attacked Ellen as he attacks the antisocial (as represented by the word "liar") part of his own mind (narcissistic transference mode), and as he wished he could have attacked his abusive mother. He also treated Ellen the way he was parented (object transference mode) in order to rid himself of unbearable shame (projective identification mode) and out of a thwarted developmental need to be angry in words rather than action and stay relationally engaged without being abandoning or abandoned (anaclitic mode). Ellen, in her role, attacked the part of her mind that invalidates her abuse history (narcissistic transference mode); she sought to provoke Pete as she had provoked her brother and father, in order to gain a sense of power and control (object transference mode), and she attempted to rid herself of the unbearable anticipatory fear of violence (projective identification mode) out of a need to contend with a man's rage without fleeing in terror, capitulating, or being physically harmed (anaclitic mode). Finally, these clients co-created a conflict to prevent painful dissociated and repressed elements (and the associated self-states) of child abuse and neglect from emerging into the process (emotional negation mode), including thwarting additional exploration of the unconscious meaning of the word "liar." The intensity of their exchange was directly correlated with the multidimensional nature of these overlapping modes of emotional communication.

In summary, verbal attacks are an unavoidable dynamic in long-term group therapy, as they are in interpersonal life more generally. When the leader is able to recognize and engage this fundamental existential reality, it allows for greater emotional freedom within the group and therefore enhances the potential for healing and growth. Ultimately, a self-attacking group may be more psychologically damaging to its membership than a group where people sometimes verbally aggress against one another. Group leader countertransference resistances (Billow, 2001; Ormont, 1984a, 1992; Spotnitz, 1985b) blunt

identification with the full range of feelings within the attacking process and create difficulty in interpreting unconscious and unformulated emotional communications. At a minimum, these resistances lead to missed therapeutic opportunities and sap the emotional energy from the group because the self-attack is maintained as the primary outlet for aggression. A consistently welcoming, curious stance on the part of the group leader ensures that the full range of emotional communications will be engaged and understood within the group process.

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