a brother, much older, who had no time for him, and his father, reticent by nature, withdrew from him early. Growing up, Reggie had one friend at a time; he put himself through school, was effective but isolated. He was, in Tennyson's words, "always roaming with a hungry heart."

Perhaps in an effort to puzzle out his own problems, Reggie chose to become a psychologist, and in private practice he established solid and lasting relationships with both men and women. He was liked, even adored, by his patients. Only a sophisticated observer might have deplored Reggie's failure to have any patients who vented rage at him, who told him off.

After nine years of seeing patients individually, some lying on the couch and others sitting in front of him, Reggie decided to start a group. He put into that group people he liked and who relied heavily on him, but whose personal isolation baffled him and appeared to limit their progress. There was Claire, a librarian with a vast vocabulary but no social life. There was Martha, also isolated, who ran home at lunchtime to feed her cat; there was Eduardo, a computer repairman who spoke to very few; there was Ralph, a back-room lawyer at a big firm, who hit the books when others were out to lunch. And there were a handful of other isolates.

Reggie's first session was a smash. The members jumped at the chance to talk about themselves and their difficulties. They felt no longer alone. Several told Reggie at the door that daylight had come for them at last.

"I couldn't possibly have been in a group like this two years ago, the timing is perfect."

"You've been saving this up for us all along, haven't you, Reggie?"

Reggie continued to see a few of those same patients individually, and the sessions burst with new material: members recalled past social humiliations and years of being in private hell. For weeks, the new experience kept its hold. They felt bursts of energy at work, they could do dull tasks with grace, they were emboldened to talk to higher-ups. It all seemed too good to be true.

And it was.

The sixth week showed signs of reversion.

Claire became reticent and resorted to discussing only generic facts: political, geographical—even which celebrities had died that week and were mentioned on the obituary page. She was trying to offset her fear of looking stupid, but by using a mechanism that put people off.

Eduardo's device was to become absentminded when others spoke; he seemed constantly distracted. Martha seemed to suffer from malaise; she clutched her side, and from time to time popped a pill or two while someone else was talking.

In their own characteristic ways, the members had begun isolating themselves, using techniques they had employed all their lives. That is, they were resorting to their characteristic resistances, devices they had used to conceal from themselves what they were feeling. In using these resistances, they were pushing other people away. After all, what are other people if not stimuli that provoke feelings? And when our feelings are unwanted, so are those who induce them in us.

While all that was happening, Reggie, the therapist, felt some frustration but had no idea what was causing it. Naively, he assumed that whatever had clouded the group in that session would pass. He dimly recognized that people were retreating into themselves, but that was all. He had no idea what to do, partly because he had no idea of how much material the group was actually giving him, even in that recalcitrant session.

Though Reggie didn't know it, the members were doing much more than retreating. They were engaging, each in his own way, in a form of communication, and a very meaningful one at that!

Claire's talking about dead celebrities was not only a retreat to an isolated topic but also a communication that the group was dying for her. Eduardo's absentmindedness was a form of dismissal. Martha's popping pills while other people spoke was both an avoidance of them and a statement that she would have to supply herself with energy because the group was offering her none.

Within a few weeks, real interaction came to a halt. Some of the members stopped talking altogether, as if waiting. Waiting for what? And those who did speak were very obviously only filling the void, reducing their own anxiety but not saying anything meaningful. They talked about the old and familiar, introducing nothing new. The group had become repetitive and felt stale.

Though no one said as much, everyone knew that it had lost its stuff. Whereas originally the sessions had been an oasis for the members, the group-room now became merely another place for them to conduct their sterile lives.

Reggie felt the tedium, but had no idea what to do next. Techniques that he'd used with patients he'd seen individually were of no avail. Alone in his office with a single person, when he'd been stymied, it
had sufficed merely to bring the person out. Here something else was required—that he elicit an interpersonal flow. But Reggie did not even attempt this.

Ironically, the warmer Reggie was, the more inventive he was in dealing with any individual in the group, the more his other patients regretted having shared him in the first place! Some were sorry that they had sacrificed individual sessions with him to go into the group.

One patient after another told him, either after a session or over the phone, that they wanted out. Some denounced the group as superficial, others blamed themselves for not being up to the experience. The most sophisticated complaints sounded like compliments.

"Thank you," said Eduardo. "Putting me into this group showed me how isolated I really am. Now I've got to get down to basics, just you and me. I'll be stopping the group because what I really need is to see you more often."

Reggie didn't catch on to the implied criticism of him as a group leader. He threatened them, cajoled them, remonstrated with them to come back. But they were adamant. The group fell apart.

It need hardly be said that the members got little or nothing of durable value out of that group experience. They had utterly failed to derive the rich benefits that a successfully run group might have afforded them. If anything, as with bad therapy of any form, they felt they had tried it out and wanted no more of it. In that sense, they were worse off.

What Reggie had confronted was a shared refusal by the members to interact with one another. They wanted their cure, and their love, from Reggie—and they perceived what others had to offer as sorry substitutes. This had been the crux of their resistances; each was expressing a variant of his or her defensive pattern.

They had wanted something only from a figure they could adore. They had no idea that a group working in harmony, they might have given one another ten times the insight and strength that Reggie or any other individual could have supplied them.

Reggie had failed to show them the power of the group. They had seen life itself, interactions with their peers, with friends, lovers, colleagues, as a poor substitute for what they really wanted—nurturance from a parent who wasn't there. In effect, they had disdained others like themselves and kept their relationships highly superficial.

When treating any resistance with a person on the couch, our aim is to identify the resistance and bring it to the person's attention. This must be done repeatedly, and from many angles, before we can resolve the resistance.

Also, with groups we faced shared resistances, ways of resisting communication that a set of members or a whole group used in common. A group may be stymied or overintellectualized or sadistic, for example, and we must help the members reveal to themselves and to each other what the precise nature of that resistance is. We cannot possibly confront a group and do all the work ourselves.

Thus we see how and why Reggie failed. Far from analyzing the shared resistance, Reggie had not even identified it.

Reggie had regarded himself as the sole force for change. It was he who would help them, not they who would help one another. Yes, they might have something to say to one another, but the ultimate leverage would come from him; that was how Reggie saw it. For that reason, and because essentially Reggie was untrained as a group therapist, as someone geared to utilize the group as an instrument of cure, he defaulted in many ways.

Consider these examples of how Reggie botched the job, each bearing an implication for what he might have done.

Often a member had helped another, as by naming the fellow member's feeling or by giving an interpretation or simply by expressing warmth. Virtually as often, the recipient shrugged off the comment.

For instance, Eduardo had remarked to Claire that she would constantly correct people even when they wanted to help her. Claire had responded automatically, "Well, I like things to be said politely, I can hear them better that way. Otherwise I just tune out." In this way, Claire used her inveterate criticality to defend her criticality—that is, as a resistance.

Such moments might, ideally, have prompted Reggie to intervene, to help Claire see that she was throwing away people's potentially valuable contributions to her self-understanding. It is perhaps too much to hope that Claire would have come to perceive her resistance the first time it was noted, but the accumulation of such interpretations by Reggie might have afforded her insight.

If Reggie had broken in, those who could have been of benefit to Claire might have pressed on. By even a few words pointing out Claire's tactic of refusing help, Reggie might have encouraged others to tell Claire how they experienced her. Eduardo, who in actuality fell
by the wayside when Claire rebuffed him, could have benefited Claire and himself by becoming even more explicit—with Reggie's support.

Reggie defaulted, too, on another occasion when one patient's potential contribution was refused by another. When Martha spoke about her sense of isolation and hopelessness, Maria, another woman in the group, responded empathetically, saying that she often felt just the way Martha did. But Martha, paying absolutely no attention to her, went on complaining as if no one had even heard her, much less sympathized with her. She acted as if Maria wasn’t in the room. Thus Martha paraded in front of the group the very activity that, over a lifetime, was dooming her to her own sense of isolation.

Could one hope for more than that a patient in group would do the very thing that had been self-destructive elsewhere! However, here too Reggie had said nothing, thus allowing Martha to re-create the worst of all possible worlds for herself, without improving that world. In the process, Reggie had allowed Martha’s potential rescuers to go on feeling unwanted; he virtually discouraged them from trying to rescue poor Martha.

These were two instances in which it might fairly be said that Reggie had, unknowingly, permitted people to resist intimacy in their customary ways, without helping them achieve any insight. It wasn't simply that he himself didn't confront them—a direct confrontation from Reggie might have been overwhelming. The members were far too reliant on his good opinion to have been anything but crushed by his public censure of them. However, he might have veered the group toward those loners. In each case, the group's reactions to the person who spoke could have been very helpful to that person and to others.

And, ideally, Reggie could have done much more. After all, the loners were more than victims of neglect, they were inflicting their own experiences of neglect on others. This means that Reggie could have profitably brought in still other participants by asking them how they felt about those who had spoken. Having them talk about their own sense of being neglected would have been invaluable.

For instance, Claire was not merely a victim but had her own victims. Surely there were others in the group besides Eduardo who felt excluded when Claire told Eduardo to address her politely or not at all. And those “victims of her rebuffs” within the group, if appropriately brought in, might have helped Claire understand how she affected people—and even what she herself was feeling.

As it turned out, those who might have spoken to Claire must have been discouraged by what happened to Eduardo. Instead of participating, they elected to remain a silent majority. Almost surely, if Reggie had made an opening for them, at least one of them might have told Claire that she was asking for too much. Later, others might have joined in. Without Reggie’s intervention, such potential agents of change found it easier to defer, and the power of the group was lost.

A seasoned Reggie might have enjoined one or two of the silent majority to speak. By well-aimed questions, he could almost surely have gotten them to help expose what was going on. After all, they too must have felt walled off by Claire. For instance, Reggie might have asked one woman, “Jane, how did you feel when Claire said that?”

Had Reggie done this, it might have astonished Claire to see that she influenced more than one person by her unconscious rebuffs—that there is a near-universality of response to such behavior as hers. To put it another way, it was not Eduardo’s problem alone that made him feel unwanted when Claire spoke to him as she did. Claire’s behavior by its very nature was destructive to intimacy. And Reggie might have helped her see this, using the whole group.

All this may sound unduly complex, and in its presentation it certainly sounds that way. However, there are solid principles behind these interventions. What must necessarily seem complex before one gets accustomed to thinking about the orchestration of groups may become second nature the more one thinks this way.

Once we appreciate that the aim of group analysis is to utilize all the members as players, we see that a variety of techniques may further our objective. Indeed, the very progress of group analysis as a science and art may fairly be described as the unfolding discovery of methods to accomplish this. Even members not directly involved in an emotional flow (such as those who sided neither with Claire nor with those she rejected) become useful as observers. “Yes,” one member on the sidelines might have said when asked about the speaker, “you are doing what they say, and this is how I feel about it.”

The group analyst’s task is to deal with the group as a whole, to bring people in when needed. The analyst should always deem himself or herself responsible to those members not talking as well as to those who are.
A successful group moves forward as a whole. If the analyst does include all the members all the time, he will find to his delight that, before long, the group members themselves will assist the cohesiveness of the group. They are quick to feel any disturbance in its intactness. They are alert to stragglers, to those who are not contributing, and thus every member becomes part of the organism that is a successful group.

So far, I have meant merely to illustrate how patients create their own impasses, and why the analyst working alone has insufficient power to resolve those impasses. The most he or she can do is to help the group identify obstacles and to use the group as a whole to resolve them. However, that “most” should prove more than enough.

Exactly how, then, are we to get a group to work as a whole, as a creative unit?

Let’s look next at the fundamental methods for uniting a group, for enabling the members to work together in a common enterprise. The methods by which we do this, taken collectively, I call techniques of bridging.

Let’s consider now how we build bridges between the members, so that they have easy access to one another. Only as we bridge does a group develop a therapeutic force of its own.

CHAPTER THREE

INVOLVING THE PLAYERS—
The Technique of Bridging

For any group to succeed, it must go forward as a unit, as an organism. Ideally, every member would have reactions and attitudes toward every other member and would express them freely. But if this ideal were a reality, the members wouldn’t need us; they might not need treatment of any kind. And so it is a safe assumption that such open expression is an end product if we are successful, and not a starting condition.

We’ve seen how therapists fail by trying to treat patients individually, one after the other, in the presence of others. The crisscross reactions of the members, one to the other, will do more to impede a group than to advance it, unless we get the members to say in no uncertain terms how they feel. On the other hand, if we get the members to express their reactions to one another, we are tapping a powerful resource for treatment. It matters less who is speaking than who is feeling the import of what is being said. Even silent members feel their participation and their progress.

Our primary task then in making our group function as an organism is to do what I have called bridging between the members. By “bridging,” I mean any technique geared to evoke meaningful talk between group members, to develop emotional connections where they did not exist before.

In bridging we are uniting what sociologists call a “scattered community,” namely an array of people who, despite similarities, do not
ordinarily identify with one another. To the extent that we succeed, our group patients supply insights and support to one another and draw strength from the recognition that they are no longer alone.

Doubtless, most highly intuitive group therapists, regardless of their orientations, have at times felt the need for bridging. Even without having the word bridging in mind, these therapists have devised techniques of their own to link the members. But they do so only under certain conditions and in crude ways. When they create bridges, they do so intuitively, not as professionals who should have an explicit consciousness of their purpose and who are drawing from a corpus of knowledge. With a clear formulation of what bridging is, its purposes, and its values, group therapists will in the future have a lexicon of techniques to draw from and of indications concerning when and how to use these techniques.

In the future, the very word bridging should serve group therapists as a reminder to keep thinking about their groups as working units—and never to become diverted by the problems of individuals. Ideally, what is now only occasional practice will become the expected and near-universal procedure of the trained group therapist.

Helping the members build bridges to each other—that is, establishing meaningful communication—is not the same as bridging might be in an ordinary social gathering. “John, let me introduce you to Bill. You both went to Yale within three years of each other. I guess you had the same president. You must have a lot in common.”

Such introductions do not establish emotional communication. By pointing up coincidences in the past histories of the members, we are, if anything, stopping them from conveying their personal experiences. Under the guise of giving them something to talk about, we are, to some degree, preventing their forming a real emotional bond. They are meeting under our premise on our terms, instead of on their own personal terms. For this reason, we should try not to make demographic introductions between members in group treatment.

Nor is bridging synonymous with establishing common interests or even warmth between two members. Once again, that would be insisting too much on our terms. Bridging is, pure and simple, a mode of getting people to expose their inner lives to one another, to reveal what in usual conversation they might not consider saying.

Bridging consists of bringing out differences as much as similarities. It is by bridging that we bring out the latent psychological energy of the group. No individual analyst has the energy necessary to sustain a group, but all groups contain more than enough energy themselves.

When is Bridging Called For?

Always we want our members to interact, for the sake of group fluidity, and there are times when unless they do, a group will absolutely fall apart. Let’s start by looking at some of these extreme instances, when if we don’t build bridges our group will self-destruct, before going on to discuss the technique of bridging more generally.

As implied, bridging is especially useful in the early stages of treating any group. Doubtless, all therapists with even a modicum of experience attempt to bridge members in the early sessions to get a group started. They feel a need to have the members talk about themselves, about each other, about anything. Where there is talk, there is life—this is the premise, and it has much to be said for it.

Also familiar is the need to bridge as a remedy when there are lulls in a group. Nearly all therapists recognize the potential dangers of prolonged silences. When a group is bogging down, the members feel this as keenly as the therapist does. They sit fidgeting and with bored expressions. They drift off into their private fantasies. We may see them peeking at their watches, and we ourselves wonder with them, “When will this session ever end?”

We can guess at such times that their experience is more one of captivity than of making progress, and at least some may be hatching plans to leave. Prolonged silence often signifies that they resent us, that they regard us as inept—and in a sense we are. The experience is deadly for them and for us.

It is not enough for us to surmise exactly what is on their minds, to foresee their disgruntlement before they express it. We must do something. And our choice of intervention will determine whether the group self-destructs or whether the members will convert the energy now used for defiance into the constructive energy that is needed to do creative work in the group.

An understandable first impulse might be to interpret how it is going wrong. “You people are using silence to express your annoyance and disappointment. You would be much better off talking.”

Such a communication, however, could very well drive the members even further into silence, by making them feel helpless or guilty.
Indeed, nearly anything we ourselves might say runs the risk of confirming the members’ sense of inadequacy and their expectation that we, not they, will do the work.

This is where the technique of bridging becomes indispensable. By asking questions of the members, we pointedly release their pent-up energy, enabling them to express it in making contact with one another.

"George, how do you feel about Edna’s opening and closing her pocketbook?"

"Jerry, why that look of impatience every time Marty starts whispering to Al?"

"Jack, when you stretch out and cross your legs and yawn, looking at the ceiling, does that imply that you’d rather be home in bed than here?"

Such questions are designed to bring the members into direct touch with what they are feeling and doing in the moment. It is this very consciousness of feeling that becomes an antidote to the silence and that helps the members use their energy in the new way.

And the right questions do more than start the members talking. They invite the members to discuss what is central to them, at the heart of their experience. Silence, as mentioned, has its own intensity. But by asking well-timed and well-placed questions of silent members, we can convert that into group intensity.

Another kind of impasse that requires us to do bridging may hide behind wordiness. I mean the impasse resulting from excessive self-preoccupation. A set of members, or perhaps the majority of them, blocks out the rest of the would-be participants and thinks only about itself. Or an individual may do this.

We are all painfully acquainted with the person whose every sentence begins with “I,” and who constantly complains of being neglected. In his own convoluted way, he tells us over and over, “My boss bypasses me for opportunities,” “My wife ignores me,” “My mother ignores me too,” “Everyone has it easier than I do.”

In group, while complaining that the others neglect him, he tries to monopolize the total attention of those present. The other members get the message after a while and give up.

As group therapists, we may find ourselves facing a gallery of narcissists, who have come to air their grievances, and would use the group as their own private looking glass. These people resent any intervention we might make; they won’t even sit still for a description of what they’re doing or how it affects others. Our best recourse is to spot those in the group who seem most visibly affected by the narcissist’s exclusion of them, and to use those impacted members to highlight what is going on.

For instance, we observe that while Nate raves on about himself and his misfortunes, Edith, another member, scowls and stops talking. After waiting for an opening to edge in her own few words, she has apparently given up in disgust.

We approach her. “Edith, why do you think that Nate won’t give you any time to talk? What has he got against you?”

But Nate won’t let us finish our question. “Look,” he explains, “I can’t listen to anybody until I get this out.”

At best, Edith will follow our lead and say something indicating that she feels bullied. But, just as likely, Edith won’t be the one to respond. After all, we’ve chosen Edith as our protagonist because her discomfort seemed most apparent to us. However, another member, anyone in the group feeling stifled by Nate, may be the one who speaks out against Nate. Our intervention, our bridge, was something we put there for anyone to cross who chose to.

Of the many other indications for bridging, one especially worth mentioning is the problem that arises when a subgroup dominates the room and would, if left to its own devices, deprive the silent majority of its chance to talk. For instance, four women in a group feel discontent with their husbands, who, they argue, tend to be taciturn and uninvolved. It’s as if these four women have decided that the theme of the session—of every session—is “How to Endure the Man Not in Touch with His Feelings.”

As with all outside problems presented in group, the therapist’s first task is to find their expression within the group and deal with that. To the extent that the problem is truly her patient’s, she can always do this. That is, she must deal with the expression of the problem in group, instead of merely reporting. She has far less leverage with events that took place in the past and with people not in the room with her. In effect, we want to keep the plot but use as players the group members rather than people we know only by hearsay. Here, addressing the collection of complaining women in the group, the therapist might ask, “Which men in this room are uninvolved?”

Instantly, one or more of the plaintiffs will tell us. “I could walk in here in tears, with mascara all over my face, and Bill wouldn’t notice it.”
We turn to Bill, asking him, “Why do you think she has this idea about you? Why does she think you’re so oblivious of her?”

Bill answers, “Believe me, if she had something sincere and honest to say, sure I’d respond, but I don’t want to be manipulated like her husband. I’m no sucker.”

Having heard him out, we might ask others if they feel the same way. They begin talking. Whether they are right or wrong is not the point. They are communicating, building bridges themselves.

Conceivably our very question, our attempt to start the bridge, will itself be ignored. The complainers are truly bent on blocking out those in the room and are concentrating on themselves. They are excluders, either by nature or because they have also had traumatic relationships with important men in their lives. Feeling helpless, they are resorting to shared complaints, acting out their aggression toward their husbands by cutting out the men in the room.

“We might construct our bridge elsewhere, for instance, by asking some particular man in the room if he feels that he is being given ample time to talk. Very likely, he or someone else will take the lead by complaining that he doesn’t feel that he’s getting a fair chance. That person may go on to vent his anger at one or more of the women who treat him as if he’s made out of stone.

For example, Eddie says, “I can’t stand the way Maria talks to me. She talks to me just the way my brother did. She treats me as if I’m defective and there’s no hope for me. All she ever does is cry about having to deal with me. Well, I have a terrific impulse to just walk out of the room. You know I left home when I was seventeen.”

Not content with this, we may scan the room for other men likely to feel the same way. We see John also looking crushed and ask him, “Do you feel the way Eddie does?”

John concurs, and adds, “Yeah, every time I start to talk, they just listen and then go back to their standard complaint. About a month ago, I just gave up.”

Now others, liberated by these two men, chime in, “I know. I felt that for a long time. No matter what we talk about, they always go back to themselves and their husbands. It’s a big waste of time.”

Accuracy of perception is not at issue here. Far more important is that the members are participating. Our aim when we bridge is not to do analysis but to involve people in the group with one another—to turn the group into a coherent whole.

METHODS OF BRIDGING

Open-ended Questioning

Since an open-ended question is one that can be answered in many ways, the very choice of answer the patient gives is hard to anticipate and therefore diagnostic. It is the kind of question most individual analysts ask, especially in the early states of treating someone.

In group treatment, our most usual open-ended questions are inquiries of one patient regarding what he or she imagines another patient is feeling. Open-ended questions become a powerful means of bridging because whatever “inference” a patient makes indicates her own feeling as well as that of the person she is discussing. Open-ended questions are a primary invitation for the member to establish a bridge to another by a demonstration of awareness of the other person.

For instance, we might ask Jane, “What do you think Leslie is actually feeling when she purses her lips?”

Jane answers resoundingly, “Disappointment!”

Jane, almost surely, has told us a little about herself as well as about Leslie. But more important, to the degree that she is accurate, she has built a bridge, one that others will cross.

Revelation breeds revelation. Jane’s insight disposes others in the group to reveal themselves next, and a desire to be understood activates the whole group and not merely the two women. The members feel less isolated and more willing to extend themselves.

We might, if we wish, frame our question so that, in answering it, the member is describing himself as well as the other person. For instance, two men in a group are each inclined to react with great irritation when their suggestions go unheeded. We ask one of them what the other is feeling and doing while the second is on one of his rampages. He tells us, “Bill is battering Brook because he feels ignored and is willing to settle for any kind of attention.” His is a twofold revelation, and both profit.

Directed Questioning

Another way of bridging is to design our question so that it sounds like an interpretation, asking it almost as if we were referring to a forgone conclusion. We ask Arthur, “I guess you’re aware that Mickey feels injured by what you just said?”
In posing such a question, we are not merely bridging between Arthur and Mickey; we are alerting the others in the room to Mickey's inner state, converting potential adversaries of Mickey into sympathetic students of his condition.

However, when using such a technique, there is a caution. If the person about whom we make our conjecture tells us we are wrong, we must instantly retract and inquire of the person himself what he really feels. It is never our domain to be proprietary about anyone else's inner state. Always the person with the feeling is the ultimate judge—his assertion about how he feels must stand. Whether we are right or wrong becomes a trivial matter alongside his feeling that we are superimposing our conception over his regarding his own state of experience.

Much is gained by our speculations if they are timely and right, and if we are also flexible, we actually help the patient by allowing him to rebut us and "win." The patient must learn, if he or she does not know it already, that, no matter how insightful an expert we may be, each person is the ultimate judge of his own inner states.

Directed questioning is a powerful technique for bridging in group. The method enables us to form links that remain imprinted in the members' subconscious minds. However, we must remain mindful that all such interpretive questions are only invitations for the members to form their own liaisons—and to bond with one another as they will. If we attempt to make them more than that, they become less.

Sometimes we bridge by asking a critical question not of the two people engaged in an interaction but of a third member.

Pam, a woman of thirty-four, had been molested in childhood by her father; over the years he would make bawdy references in front of her and observe her reactions. Not surprisingly, Pam learned to play dumb when he did, and had trouble with men while growing up. Now in adulthood, Pam was unresponsive and overly suspicious of men, and virtually blind to an expression of genuine interest in her.

In treatment, Pam would resist even the most tentative suggestions of mine concerning how she might feel. Clearly I had taken on the role of lecherous father in her mind, and she would concede nothing to me beyond her presence in group.

I realized after a time that I would have to communicate with her through a third person—ideally, someone who could also profit.

In that group was Carlos, an ebullient youth given to overstatement. "What a wonderful day!" "You make me feel like Superman!" And to Pam he would often comment, "You look like an angel!"

In the face of such flowery prose, Pam would do her best to act unmoved. She sought to discourage Carlos by nonresponse, but one could detect the light of pleasure in her eyes. Even before Pam could acknowledge wanting a relationship with a man, she would have to see how she pushed men away. Her refusals of men mirrored her psychic refusal to accept the sense of delight that men gave her.

What better place to start than with Carlos? He meant no ill. And yet she routinely discouraged him, doing her best to appear utterly unmoved by him.

Though I wanted her to see what she was doing, and to recognize what she truly felt, for me to suggest these things seemed risky. I was, after all, a father figure to her—the last person whose references to sex, even oblique ones, Pam could accept. Even to imply anything about a man's interest in her, to broach the topic of sex or affection, I would run the risk of looking like a child molester, a derelict, or worst of all, like her father.

Therefore I scoured the group for someone to create a bridge between Pam and Carlos. Ideally it would be someone who understood Pam's reaction, who liked Pam, but who did not push men away so instinctively.

A woman, Judith, emerged as the best candidate. Judith had grown up in an unexpressive, overtly unemotional home—her parents loved each other but seemed always to take that love for granted. Both worked hard and created security in the home, but there were few overtly tender moments. Judith had wept at her mother's reaction of profound sadness when Judith's father had died the year before. "If only they had acknowledged each other and enjoyed each other while they lived."

During the previous year, Judith had succeeded in breaking through the pattern of nonreaction that she had acquired in her parents' home. She had freed herself to express warmth for the first time.

The more I thought about it, the more Judith seemed the perfect choice to bridge the gap between Carlos and Pam. Pam liked Judith, and was unafraid of her.
Carlos had just finished telling Pam how pretty she looked that day, and Pam had assumed her usual stoical aspect.

"I asked Judith, "What feeling is Pam hiding from Carlos right now?"

Judith responded at once. "She's scared but delighted that he's attracted to her, and maybe she's sexually turned on."

Pam blushed. She looked down for a moment but then over at Judith and at Carlos. "You're right." She laughed.

Others in the group chimed in. Someone added that Pam always blushed when a man praised her. Pam didn't corroborate what they said but didn't refute them either.

After that, Pam often became much more responsive when men spoke to her. She seemed less threatened by affectionate gestures and had more access to her own positive feelings.

In this case, Judith did what I could not possibly have done alone. The very words, which would have sounded intrusive and gross coming from me, did not seem so coming from Judith. Quite the contrary, they lifted Pam's spirits and eventually helped her appreciate how she had fended men off, and why.

The use of a third person to bridge, more than any other tactic, taps potentialities that a working group has for unlocking inhibitions—potentialities that no single individual, no matter how talented, could possess all by himself or herself.

These modes of bridging are not exhaustive, though they are our first recourse. Beyond their own value, the discussion of them helps us appreciate the power—indeed, the necessity—of bridging when we conduct groups.

All techniques of bridging utilize the power of the group, the specialness of the group experience, and the leverage of having different people seeing the same problem and addressing it from different vantage points.

**THE RIGHT AND THE WRONG TIME TO BRIDGE**

Though the purpose of bridging is to open lines of communication, not all bridging accomplishes this. What may appear as a bridge can sometimes turn out to be an impediment between members. No technique is valuable apart from how we employ it, and bridging is no exception. For instance, few group therapists would hope to employ someone seething with aggression to interpret between two members straining to draw closer, to understand each other better. And there are less obvious contraindications.

With timid people, there is a special consideration. Though such people often benefit by acting as bridges, we must always consider risks in using them. In our attempts to draw them out, we may unwittingly drive such persons deeper into themselves. By calling on these people at the wrong times, we make the group a frightening place, rather than a sanctuary where they can learn to express their ideas and feelings. And such people, when mortified, may not reveal it, but rather they retreat.

The gingerly approach is best. "Have you any opinion about what's happening?" is a far better question than "What's your idea about what's going on?"

Whoever hesitates may cross our bridge or not as he chooses, and we spare him even the mildest comment about whichever choice he makes.

Also, it is especially important that when we address the timid person, we do so early in the session so that he or she has plenty of time to talk, to tell us his or her reaction to being spoken to. Even if we think it would benefit that person to serve as a bridge, we should never do so toward the very end of a session.

Though we are active and engaged, and words come easily to us, we must always remember that for the reticent member every word is a challenge. The patient who, when called on by us, gives his opinion but has no time to see its impact on the group may feel desperately unfulfilled. After participating only at the end of a session, unless there is a very full response from the group, such people are almost sure to leave the session feeling trivial and peripheral—even invisible.

And naturally, we should avoid introducing an outside person into an exchange when two members have just discovered each other and are communicating well.

Still another pitfall might best be described not as misusing a bridge but as mistaking a defensive tactic for bridging. It occurs most often when therapists, who have not explicitly formulated the notion of bridging, bring in outsiders to help them handle what they see as a dangerous uprising.

For instance, the therapist is under attack and worries that he or she
is coming across badly. Instead of merely becoming quiet or coping directly with the attack, the therapist calls in an outside member. Such a call for help is not truly bridging. The mistake is that of turning for help rather than dealing with an assailant directly. Communication is not truly progressing. After all, the aim has not been progressive understanding, but self-defense.

As an example of this mistake, someone, who has been silent for a long time, accuses us in no uncertain terms of neglecting him. He lambastes us for our lack of compassion and announces that our professional degree is phony.

Actually, we never doubted what he could contribute, but were afraid that if brought into a discussion, he would seize the moment to dominate more timid members. But now we feel as if our back is to the wall.

At such a time we might indeed feel the impulse to call in the Marines. We have a cadre of highly educated, sympathetic men and women in our group who, though they are low-key, would put him in his place. A few of them have shown active dislike of him already.

However, any impulse we may feel to conscript an outside member as a mercenary in this skirmish, as by asking a hitherto silent ally what he or she thinks, should be resisted. Hiding behind a defender is never tantamount to constructing a useful bridge. On the contrary, such a tactic makes our assailant a scapegoat of the group and, before long, creates distance between him and the group, rather than bridging the gap between him and others.

Throughout this book, I will be mentioning a variety of bridges, often without identifying them as such. They range in complexity of design and in function, as real bridges range from the primitive rope bridge to the high-suspension bridges and high-tech cantilever bridges that are works of art as well as functional. Most important is that the therapist appreciate the necessity and value of bridges, the connecting of members, which is always far preferable to the analysis and interpretation of individuals in a group.

CHAPTER FOUR

HOW GROUP HELPS

I saw a man chasing the horizon.
Round and round they sped.
I said, "Sir, you can never."
"You lie," he said, and ran on.
—Stephen Crane

Freud once observed that if a patient could simply lie down on the couch and say everything that came into his mind—report without scruple every feeling, impulse, misgiving, fantasy, and idea, he would not need therapy at all. We might or might not like the person, but he would be his own person. Whether he chose to be productive or destructive, liberal or illiberal, would be up to him. He would be someone who weighed his feelings, but was not actuated by them unthinkingly.

Whatever his life plan, this ideal patient would have the ultimate power over his destiny that we want for those who come to us. He would be the rare individual whom Hamlet described when he said, "Give me that man that is not passion's slave, and I will wear him in my heart's core." We like to think that such a person would use his powers for his own good and that of others. But that too would be up to him.

By analogy, in the ideal group our patients would work so cooperatively that they would have no need of us. They would comply with our contract, telling one another what they felt and why. Always they would put their thoughts into words, rather than express them in physical actions. They would keep confidentiality. They would, in effect, constantly rebuild those bridges that we helped them set down at the outset. In theory, such a group would run smoothly without us.

Naturally, none of us has seen this ideal group, but it is important to hold it in our minds, as a template against which we measure the failings and difficulties of the members who do come to us for help.