

Resonance among members and its therapeutic value in group psychotherapy.

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"Resonance" is one of the basic concepts in group analysis which represents a psycho-dynamic's perspective of group therapy. Based mainly on implication of psychoanalytic theory and practice, group analysis explores the matrix of communication between people, which may be transformed into therapeutic contribution. Resonance is a primal unconscious and spontaneous communication between people in which all-human themes inspire each other, forming an interpersonal group mind and common emotional experience.

In psychotherapy "Resonance" is an auditory metaphor for human interaction, based on the phenomenon in which "a sound is reinforced by reflection or specifically by synchronous vibration" (Oxford English Dictionary). The sound of one string may arise other sounding of another nearby string of the same pitch (frequency).

In group analysis the term "Resonance" was suggested by Foulkes (1977) as he noticed some spontaneous unconscious, verbal or non verbal interaction between members in the group that resembled for him strings that vibrate and reinforce each other. "The individual resonates in the key to which he is attuned, in which his specific personality structure is set [...]. ...the term resonance underlines that this happens quite instinctively and inevitably [...]. Each individual member picks out from the common pool what is relevant to him". (Foulkes, 1977, 298-299).

According to Foulkes, (1977) resonance always takes into account the unconscious meaning and the 'wavelength of the stimulating event', faithfully and correctly. In the group analytic group individuals not only resonate on a large scale to each other, simultaneously and reciprocally, but also to the group as a whole and particularly to the group conductor, who in turn is influenced by his own resonance. Under the conditions which we create in these groups, that which is deeply individual material is also shared in the group itself. Thus what is unknown and unknowable to each individual member is nevertheless activated by this common process and is in this way also fed back into the common matrix.

The term resonance is introduced now-days into psychoanalysis especially through the relational perspective which underlines reciprocal unconscious influence of both the patient and the analyst.

Resonance is considered as a basic aspect of human communication. For example Mitchell (2000) uses the term as being a part of human affective permeability. He writes surprisingly similar terms as Foulkes did some decades earlier: "Affect is contagious, and, on the deepest level affective states are often transpersonal. Intense affects like anxiety, sexual excitement, rage, depression, and euphoria tend to generate corresponding affects in others. Early in life, on the deepest unconscious levels throughout life, affects are evoked interpersonally through dense resonance between people, without regards for who, is feeling what." (pp, 61).

It seems that the psycho-neurological discovery of the mirror neuron system (Iacoboni, 2008) had created a basis for better understanding resonance (and mirroring) as the innate and earliest form of human communication. Mirror neuron system demonstrates how expressions of feelings, behavior and verbal communication in one person stirs the same reaction on another person's brain and duplicate the experience in someone else's mind. "The registration of other people's experience is "wired" into brain structure, much like vision, hearing, or movement itself". (Seligman, 2009). Minds that are mutually connected through mirror neuron system form together what we may term a "we-self". Reis suggests that resonance is one form of mirror neuron communication. It is immediate and prereflective. (Reis, 2009).

When resonance is elaborated through self reflection and verbal conceptualization it may create more developed forms of communication. Our conscious experience of empathy and identifications are probably based on spontaneous and immediate resonance reactions elaborated by reflection and thinking. Projective identification may demonstrate is probably a phase in the reflective and verbalization of resonance into more developed communications' forms. In this phase mutual emotional experience is still preconscious and the sense differentiation between subjects is half blurred.

Clinical Illustration.

I would like to demonstrate the spontaneous enactment of resonance, between two members in a therapy group, through the following example.

Sara is a new member in the group. She is 28 years old intelligent and elegant looking woman. She never imagined herself turning to therapy, let alone, going to a group therapy. It had been always difficult to her to self-disclose herself to other people. Although she yearned for love and intimacy, her relations with men were short and superficial. She had been referred to my group by a psychiatrist who met Sara after talking with one of her superiors in the bank where she worked. Her superior told her that she was found to be a good candidate for promotion. Yet they noticed

how difficult it had been for her to talk with other people, work-mates and client alike. She looked tense and avoidant. They needed her to be more open and friendly. They suggested that she would meet a psychiatrist. She did and start taking some medications that really calmed her down but unfortunately made her more shameful and even more socially avoidant.

The group members welcomed her warmly. At that stage they had already gained significant trust in each other and in me as their conductor. They could identify with her anxiety of feeling strange among strangers. Sara came to each session hesitantly, smiling, not talking, sipping silently from a small bottle of water and trying to hide herself throughout the meeting. The other members turned to her from time to time, inviting her in but mainly they just let her be.

As a conductor I preferred to avoid putting any pressure on this young woman. I made sure to address her at least once on every session and wait patiently for further developments. In group therapy, as I see it, the members, partly through resonance, take part in building its psychotherapeutic value. In this case something new happened spontaneously through the participation of another member, Daniel.

Daniel was a young man in his twenties. He had been a member in the group since its beginning. He worked in a software company as a programmer and was an armature actor. He was shy and hesitant and had some difficulties addressing women and forming relations with them. He was greatly encouraged in the group, firstly by understanding his experiences of exclusion, coming from a lower social class into an arrogant high school class. As he gained more self confidence in the group, through the support and empathy from the members, he began to dare more and took more risks in his life. He began to sing and play his guitar in front of young audience. As he told this in the group he was loved and admired by all the members.

This proved to become an inspiring event for others and for several weeks some other members came back to the group with some new beginnings in their lives.

Yet, the atmosphere in one of the next session was very different. Daniel asked to speak first. He looked tensed and sad. The group became very attentive immediately. Daniel took us five years back to his great journey to India. This was, as we could understand, some sort of an initiation quest for him. It had begun joyfully: a small group of three friends went together to India on their own, into the unknown, far away from their parents. They had had some great time together, enjoying parties on the beach, dancing to Indian music and trying some Indian local drugs.

Daniel went into many details. Gradually the group members and myself could grasp that some important punch-line is waiting for us further on at some point. There in India Daniel met a girl, they fell in love and they became a couple. They travelled together for three months. At first they

enjoyed closeness and harmony but later Daniel became tensed and reserved and she became angry and dissatisfied. Those drugs didn't work too well any more. On the contrary: he felt then more anxious and suspicious. Conflicts caused distance between them and eventually they broke up. Daniel went to Thailand and then travelled back home.

At this point, in the group, Daniel became silent for a couple of minutes. Then came the punch-line: as he came back home he was so anxious and frightened that he needed to see a psychiatrist. He had to take psychiatrics medications and Yes he is still on them.

Daniel self-disclosure was elaborated in the group for several sessions, among other themes. It became clear that he could not enjoy the members' affection and appreciation without telling them the painful (shameful) truth about himself. Most of the group members could understand him. Most of them reacted with empathy and support. Yet two members expressed their reservations. One woman, Hanna, who was older than most of them said that drugs probably ruined both Daniel's relationship with his girlfriend and mental stability. She was angry at all the members who did not object using drugs as she did. Three month later she told us that her son used to take drugs. He quit his job and lost his relationship with his girlfriend. She blamed herself for not knowing enough about his life.

I often focus on Daniel group sessions when I am talking about the emergence of the "true-self" (Winnicott, 1965) in the group and the basic need of a person to be loved and appreciated for what he really is, and not only for the grandiose-self impression he wish to make. Yet, now I would like to focus on the impact of Daniel story in the group in terms of resonance.

Let's go back to Sara. As a conductor I observed every other member's reaction to Daniel story. Sara had a clear and acute response from the moment Daniel mentioned his anxiety in India. She was moving nervously in her chair, looking at me as if she needed my attention and help, smiling all the time as if she felt constantly observed by others or maybe even psychically transparent to others. (they did not seem to notice her reaction being so concentrated on Daniel). She was clinging to her bottle of water sipping from it intensively. When Daniel disclosed his weak spot of taking psychiatric medications, it seemed that Sara couldn't take it any longer. She used swore to herself that she would keep her private life behind her walls of privacy even at the expense of being socially distant and banal. Yet now she just had to speak. Moreover, although she did not say anything yet, she felt so exposed that she felt she had nothing to lose. She spoke next to David, who was the first to address Daniel console him and expressed appreciation for his sincerity. Sara said: "I understand you Daniel (The first time she ever mentioned anyone's name in the group) I am like you. I take those drugs too. I always had difficulties talking to other people. My boss at my work told me that people don't know how to deal with me. They think that I am

cold. She said she know I am not and know that I really need people and do not express it. So I went to a psychiatrist, like you did, Daniel, and he told me that I am Agoraphobic. He gave me some tranquilizers and recommended group therapy".

Almost needless to say that following her very personal sharing in and her soft and warm relating to Daniel she was welcomed in the group. Daniel thanked her for joining him in his lonely planet of psychiatric cases.

Until that point in the group process I almost did not intervene. My main intervention in that session dealt with identifying common themes in the group and giving words to difficult disavowed feelings. I referred to Daniel and Sara experiences as representing other members unconscious experiences too. I talked about shame as

Other members had joined both Daniel and Sara later during many sessions, each of them with his own version of shameful secrets. As he gradually believed them more Daniel could benefit from their mirroring. He became more assertive and self-confident and his life continued to change.

The therapeutic value of resonance.

Foulkes (1977) referred to resonance as a universal aspect of human communication. Yet in his analysis of clinical implications of resonance he focused on pathology and mechanisms of defense. According to his perspective, understanding the phenomenon of resonance makes it easier for the conductor to respond to destructive development and narcissistic character formation. "All well known 'defense mechanisms' such as repression, denial, somatic or conversional representation, acting out, isolation. Projection, introjections and projective identification come into operation". (pp 298).

While many of the resonance responses express exact attunement to the emotion that is brought up in the group and identification with its content it is obvious that others express defenses against the vulnerability they may cause in other members who feels suddenly confronted with their denied psychic aspect. Therefore, as Foulkes suggested, members in the group may react with spontaneous (sometimes hostile) rejection of the possible personal meaning of what is brought up in the group. A member who stirs emotional response in others might be answered by projection of the relevant denied content in another member. This process facilitates better self-recognition of split-off self-states that are projected on others. (Bromberg, 1998). Let us consider, for example Hanna's response to Daniel in the above clinical description. She blames him for

damaging his own psychic condition by using drugs. Only three months later she tells the group about her own remorse for not detecting in time her son's similar behavior. This later sharing of hers gives an additional meaning of projection for her angry reaction towards Daniel. Therapeutic benefit in the group takes time. This is the time Hanna needs to reflect on the meaning of Daniel's story for her. Following Foulkes I suggest that what begins as a resonance expression of rejection, projection or other mechanisms of defense may be elaborated into beneficial self-reflection. It is true that many times the raw resonance reaction may present not only simple identification with the theme that is brought up or with the person who brought it but rather a form of denial, or even some hostile reaction formation of this very subject. We all might jump to deny something that is most relevant to our hidden painful issues in life. Nevertheless raw reactions give way to further elaboration much more than supportive good relations let alone safe avoidance.

Yet, in our contemporary thinking resonance reactions in the group do not have to be always of pathological meanings. They often present our universal psychic lives. Every theme that is brought up through resonance is a part of our common inner reality. Therefore resonance clarifications in the group may enhance the sense of belonging of each member and enable a benign transformation from loneliness and over-individuality into meaningful relationship.

Sara's response to Daniel story is an example of spontaneous inevitable resonance response. In the above example, Daniel in his decision to self-disclose his psychiatric situation took a risk that made it possible for resonance responses to occur in the group. She just couldn't help express herself in a form of identification with his anxieties. On one hand her agoraphobic symptoms presented some aspects of her pathological condition which brought her to group therapy, as Foulkes argued. On the other hand it enabled her to step in and belong to the group for the first time. Moreover, she helped Daniel to feel less lonely in the group by joining him as a twin patient. Her equivalent self-disclosure, made with such an effort, meant to him more than the support of his veteran friends in the group. I believe it even meant more than what I, as a conductor, had to say at that moment. Daniel and Sara could understand each other a little bit better than all those who had never experienced this kind of shame and fear.

Moreover, the universal themes that were brought up in the group by Daniel and Sara were broader and deeper: Every one might feel shame and fear of rejection by others for his secret truths. Many times people find it hard to resist the temptation of being accepted and loved and therefore keep their false-self presentation. We all oscillate between feeling hidden and safe and the risk of exposing our true-self among others. The wish for intimacy entails self-disclosure which may be felt as crossing an interpersonal barrier for anyone who goes for it. The inevitability of resonance responses makes those leaps of self-disclosure surprisingly more possible

especially for avoidant or self-critical people. Many times I noticed that their ability for engaging in intimate relations benefitted from initial resonance in the group.

In this group process, no wonder other members followed Daniel and Sara through their own resonance responses. The whole group process was inspired by the possibility of sharing hidden self states and overcoming shame and fear of rejection. The growing acceptance in the group that was demonstrated in this case encouraged other members to dare more. Sharing of feelings of inferiority for self-doubts about body image, lack of formal high education, and unsatisfactory marriage followed Daniel and Sara's example. Their anxieties turned into new unexpected experience of leadership for that time. This experience was a significant therapeutic value for them and for other members as well.

In group therapy resonance reinforces self expression. Growing self-expression in the group enhances mutual recognition (Benjamin, 1988). Personal private contents may be transformed into group-as-a- whole themes and at the same time mirroring of other members amplifies everyone's sense of subjectivity and uniqueness.

The experience of resonance and the group mind enhance the sense of belonging. Experience of belonging in itself is considered (Foulkes, 1948, Fromm, 1947) as a therapeutic factor in human's life. Resonance promotes both psychic and interpersonal transformation from loneliness to belonging. The here and now realization that "my sharing of a personal content in the group inspires others" may create a personal feeling of togetherness. At the same time being deeply touched by somebody else's personal and unique aspect may result in feeling of closeness, empathy and concern.

Resonance: The subjective experience

Resonance is a professional term given by an observer to some group process. The personal experience of the participant is not that objective. I suggest that there are two main aspects of a participant's subjective experience whenever he is unconsciously involved in that interpersonal process. The first is an experience of emotional over-involvement. In the process of resonance one may feel that he is getting extremely emotionally involved in some theme in the group. This theme is usually represented in the group by some other member who becomes charged by one's emotional reaction. Strong identifications or antagonisms are typical in those emotional reactions. For example, a woman in the group complains at length about being constantly rejected by men despite her devoted efforts. Two other members respond immediately by intense emotional involvement: One man goes out of his way to promise her his help in every future

session. Another woman gets very angry at her mocking her dependency. (in future session it would become clear that those resonated reactions are relevant to each of these participant personal therapeutic work in the group: The man had been emotionally abused by his mother who wanted him to be almost unable to separate from her. He reacted to the suffering woman with some regressive overdoing of trying to save her. The woman had had to overcome her wishes for benign dependency as a child after the death of her mother and her father resulted depression. She expressed her life-long counter-dependency by projecting her antagonism on her woman group-mate whom she considered as childishly dependent.

The second form of subjective experience of a member who is involved in the process of resonance is the feeling of being transparent to others. In other words, any member in the group may feel that when some very relevant theme is brought up in the group his emotional reaction is so obvious that he is losing his social manners that usually help him to defend his privacy. He may feel that his inner world has become exposed to others without his control. That might be a very difficult moment for any participant.

Most of the patients usually chose to self-disclose themselves more, provided that they feel that the group has become a safe place to do so. Others may feel extremely unsafe and even paranoid. In one case a new member joined the group in a session where another member just told the group about his stage fear of failure in his final exams for MD. Examination's anxiety has always been her ultimate nightmare. She could not speak about it yet. At the end of the session she approached me and said she decided to quit: "Do you remember the film "Roger Rabbit"? - she asked. "Roger Rabbit is hunted by the evil Tune figure when this bad guy plays a song that rabbits sing. Roger Rabbit cannot help singing the song and that's how he is caught. This man with his stage-fright is singing my song. I don't want to speak about it yet because it might ruin my inner balance. So I have to leave". She left and then turned to an individual therapy.

The conductor should bear in mind how strong resonated reaction might get. I'll come back to it later.

The Role of the Conductor

Therapeutic elaboration of resonance in a group requires good enough safety. Unlike in individual therapy, the patient in the group rarely feels completely safe among people who have their own needs and unexpected behaviors and who are not professionally committed to him as a therapist is. Yet most of the patients who join group therapy are ready to take some risks, provided they experience the conductor as a professional figure who bears in mind their needs for safety and promotes this

Holding the group in terms of fix rules of time, place and roles contribute to the members' experience of safety. Reminding the group members of the basic rules of confidentiality is of basic importance. Yet, in my mind the conductor should also detect any pre-mature self exposure in the group and bear in mind that the intensity of resonance process might cause members to lose their social defenses and over-expose themselves too soon. This might result in some cases in paranoid anxieties or even masochistic submission to other people voyeuristic needs. I suggest that the role of the conductor in these cases is to remind members of their conscious choice to regain self-control of their sharing in the group and to decide when and what they want to share aspects of their life and their inner realities in the group. By these interventions, not only does the conductor enhance the members' ability to use their ego-functions but he is better regarded as their protector against interpersonal pressures in the group.

In time group participants gradually come agree upon their basic mutual needs for safety. They form mutual concern and sensitivity for each member's personal pace of self-disclosure. They learn how to help each other to express more and at the same time how to respect needs for privacy even in the presence of people. Under these conditions resonance may be most therapeutically fruitful.

It seems that once good enough safety in the group is established the basic role of the conductor is to contribute to the elaboration of resonance into mutual self reflection and verbal communication.

I suggest that working with resonance requires the conductor counter-transference belief (or should I say "faith" in the sense of Eigen, (1981) that everything that happens in the group, verbal as well as non-verbal, may be the result of resonance and the reason for further resonance. Empathic response as well as antagonism, excitement as well as over-expressions of boredom, gesture of closeness as well as going to the toilet at a certain moment – all may be forms of resonance. For instance: one woman takes the courage to say in the group that she had been cheating on her ex-husband. Another woman intervenes quickly and asks her: "For how long have you been married?". It turns out later that the second woman deals in her marriage with exactly the same subject with similar experience. Her quick trial to change the subject proved to be her resonance response to something that bothers her. The basic criteria for detecting resonance should be the "Now moment" (Stern, 1998) of the events and the time proximity of behaviors. The conductor should ask himself "why now?" Then he may explore those reactions with the members.

The other function of the conductor is, of course, identifying similar themes within the discourse of different members. Usually resonance is most powerful when it reveals themes that are so emotionally loaded that they are usually consciously hidden, denied or split off. Deep shame and

fall of self esteem (as I tried to demonstrate in the above clinical example) may be brought up sometimes only through inevitable resonance. Resonance may touch upon disturbing or repressed memories of ancient psychic pain. The conductor should bear in mind that however lonely and exceptional a group member might feel, no man is an island. There are always other group members who share similar pain. Practically it may be useful for the conductor to listen to each member while exploring systematically the reaction of all the others.

The conductor may contribute a lot to the group when he suggests what might be the hidden or unconscious theme the needs resonance to be amplified in the group. He may say: "What Ann just said about marriage, unfaithfulness and secrets may occupy the mind of others in the group". This kind of group intervention may help other people to join in and talk about their most difficult issues and at the same time help Ann to feel more at home with her fears of being considered a bad wife and a bad person.

Resonance reactions need space. This kind of space may be provided in the group when the conductor refrain from intervening too soon and let members respond first. I refer here to the psychoanalytic concept of Negative capacity (Bion, 1962, Ogden, 1997a, 1997b) in the sense of the therapist emotional ability to wait and contain.

On the other hand, over controlling conductor might arrest the process of resonance in the group. Some interpersonal reactions among members might be difficult to contain and arouse the conductor's annihilation anxieties in his counter-transference. Consider, for instance the reaction of the woman in the group who gets angry at another woman who complains of being constantly rejected by men. The conductor might worry that some member in his group might get hurt and even quit, or that aggressive motivations would go out of control or that members would accuse him for not protecting them.

Last but not least: The conductor should be aware of his own resonance reaction which may cause him to feel exposed with his own over-emotional reaction. In this case he may withdraw his possible intervention. It is often much better for the conductor to use his inner reaction as a reverie (Ogden, 1997a, 1997b) for better understanding the unspoken agenda in the group and to come forward with his ideas of what may be the theme that is difficult to talk about.

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