

The *Seelsorger*
in Rural Vermont

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The Seelsorger in Rural Vermont

Akin to “Cultures in Conflict,” this is a meditation on working with people in such a way that they, in turn, find the work usable and then useful. It can be read—as it was written—with a broader view: are we iatrogenically hindering people from finding the deep delight and special virtue of “the examined life” (Socrates thought the unexamined life not to be worth living). From that question one can quickly come to another: of that which the analyst thinks and does, what is form and what function: what necessary, what part of the cultural artifacts we have inherited?

One day I was sent a patient, not someone indigenous to the community, with the counsel: “She has a hole in her ego a mile wide and ten deep. What she needs is support. Help her figure out how to get meals on the table.” After a half-hour this person, sobbing heartbrokenly, prepared to leave, saying, “I had hoped for better from you, I had hoped you could see that I am perfectly well capable of getting meals on the table when I am capable of it.”

I think people of all sorts are perfectly well capable of having a nice analysis if one becomes capable of making it usable and useful, thereby assisting them to be capable of it. In the part of *The Question of Lay Analysis* (1926) in which Freud alluded to the *Seelsorger* function, he was in some despair about how good a therapeutic instrumentality psychoanalysis was going to become. I wonder if he was not about to notice that the analyst’s “therapeutic” purposes can ruin the analysis for the patient. And not alone because they bring countertransference into the matter—but because they introduce the analyst as a member of a culture to which he attempts, through what he calls an alliance, to acculturate the patient as part of a pair.

Lawrence S. Kubie used to say: “Each thing you do, everything you say, must be designed to rescue the analysis from the repetition compulsion, yours as much as your patient’s. Now....”

Our nation’s foreign policy has been much in the news in recent years, and as I have followed the debates, I have gained the conviction that there is an analogy to be drawn between it and the foreign policy of the mental health community. In the national sphere there is on the one side the fervor of the Dulles-Rusk position, with its difficulties concerning neutrality and its missionary attitude toward cultural differences. This establishment, if it can be called that, appears to have in mind certain goods—self-determination and autonomy—which it wants for the world, so much so that it seems at times to such critics of the establishment as Senator Fulbright that in the name of fulfilling what it takes to be universal aspirations, it positively wishes to impose these goods. The antiestablishmentarianists hold that to want these goods for our sister nations really means wanting things *from* them, thus constituting, in Fulbright’s phrase, the exercise of an arrogance of power. They observe that to enforce self-determination is a contradiction in terms, while to impose autonomy constitutes a usurpation of it.

Let me now assume (in order to pursue the analogy) that a community, in the sense of the mental health

community, can also have a foreign policy. In its essence, the practice of mental health undertakes with willing people a study of their motivations. Now, of course, anyone can undertake this with anyone else—friend with friend, spouse with spouse, bartender with customer, hairdresser with client—but we have come to learn that the success of this undertaking is intimately related to a particular stance on the part of the one who would assist the other. The assistant, we have learned, is far and away most useful, perhaps only useful, when he can manage not to take on the subject of the self-study of motivations as an important object for his libidinal-aggressive needs, when, that is, he wants next to nothing for or from the subject, save, perhaps, some recompense for his time and energy.

In this disposition, the assistant, as representative of the mental health community, has no foreign policy. His commitment extends only to the goals of the process in which he collaborates: the fullest revelation of motives and the management of their vicissitudes, past and present. This would be simple enough were the subject's commitment so uniform and enduring as the assistant's, but, of course, it is not. There will be times, and for very long periods indeed, when the subject will propose to change the contract in such a way that, rather than merely studying the subject's motivations, the assistant can be induced to collaborate in fulfilling them. But with tact, sensitivity, and very considerable skill, the assistant will help the subject use these times as a rich source of material for the investigation which prompted the formal alliance. His neutrality toward the subject, his capacity not to need anything for him or from him, and hence his ability to both forswear and withstand invitations to fulfillment, will prove to be the assistant's, and therefore the subject's, greatest asset.

This, it would seem, goes without saying. But let us take a second look. Let us look at the assistant in four of his professional aspects: as a psychotherapist, as a community mental health specialist, as a promulgator of findings, and as a social programmer.

As a psychotherapist, he is a functionary who wishes to regard himself as one whose purpose it is to cure and whose work, therefore, is with ill people called patients. His desire to cure he communicates by calling himself a therapist and by dealing in such terms as diagnosis, symptomatology, pathology, illness, cure, improvement, and change. People are thereby warned that this personage, this representative of the mental health community, does not merely wish to assist in the investigation of motivations but to bring or return ill people to something called normal, for illness, pathology, health, and cure all imply norms, statistical norms or inherent norms, or both. And it cannot but follow that a community, representatives of which intend to treat ill people, will seek to have them obtain or change to a norm. The purpose of the undertaking, then, is no longer self-study, or even self-study for

purposes of autonomously established objectives, but self-study as a means of physician-induced change toward physician-held norms. The doctor wants something for his patient. The doctor has an objective. There are goods and values involved.

For the potential self-surveilor of his motives, this, of course, means that first he has to be sick and then he has to want to become better. “Better” is the accurate word, since it encompasses both a return to health and a return to social virtue. This is nowhere clearer than in the process the patient goes through when deliberating about seeking psychotherapeutic assistance, for a central feature of his considerations is the question of whether he is bad and can help himself or sick and cannot. Fortunate is he whose manner of compromise formation lends itself to symptoms that are ego-alien. For the characterological types and many of the so-called borderlines who lack clearly alien elements in their make-up, this debate can become agonizing and endless.

The logical inference for people, then, is that their motives will not come to be merely described, that is, identified and defined, but altered, with good ways of being or behaving implied or prescribed.

It has been but a step from this missionary zeal for health to the fuller blossoming of our foreign policy as exemplified by our other professional activities. For the representative of the community in his second professional aspect, as a community mental health specialist, we have the pattern whereby some people—clergy, police, physicians, parents, or teachers—are instructed in goods so that from them the mental health specialist may exact behaviors deemed good for third parties—parishioners, patients, children, and so on.

As promulgators of findings, it is clear that the profession has in mind ideals for the socialization of the presocial—the child, for example—and for the dis-social—those adults, such as the drug-taking student, whose behavior violates institutional or social canons. Our advice and consent on these matters we convey to the layman as we advise on the proper modes of child rearing, family management, and institutional organization.

But our prescriptive role is nowhere clearer than in our fourth professional aspect, our role in interventive programs. This can be illustrated by taking the “Head Start” program as an example. We begin, of course, with a group called culturally deprived or disadvantaged. It is not seen that this group has other ways of doing things, another culture and social organization, another form of personality patterning; rather, it is seen that this group, lacking our own folkways and mores, is considered deprived or, more sociocentrically still, disadvantaged; and so we want things for them. Sometimes it is clear—almost—that we want things from them: to get off the streets and

stop making trouble, or off the relief rolls and stop costing us our hard-earned money, or to stop their profligate, impulse-serving behavior so that we can stop contending with our unconscious envy.

An article in *Psychiatry* argues for making our disadvantaged socially competent. The author, Thomas Gladwin (1967), a consultant to NIMH, reporting on a conference held at the Institute, offers as one of the conferees' conclusions the following: "In order to become effective the psychologically inadequate person not only needs to relieve his anxieties and correct his maladaptive behaviors, but also to learn alternative success-oriented ways of behaving in society" (p. 37). Note the words: effective... inadequate... correct... maladaptive... success-oriented... society.

Shared countertransferences have a way of escaping notice. If, however, we apply the theories we have learned so well, we shall not miss the meaning of these gratuitous assumptions. Since we know that in psychoanalysis Freud designed a procedure in which the assisted, systematic selfstudy of what Hartmann has called "selfdeception and its motivations" could and would result in the autonomy of the ego, why need we ask more or other by way of objectives? Why do we not simply offer self-determination of outcome or autonomy in undertaking? What is our need to cure or save, rescue, socialize, or acculturate? Our own theories tell us that such zealousness conceals an ambivalence about our own ideals. And since we know that in wanting things from others we seriously compromise the very process which would provide them, we are, moreover, acting out that ambivalence. Were it possible for social systems to be interpreted in the same fashion as psychic systems, we would recognize ourselves as unconsciously impeding precisely those ends we ostensibly seek. As Eissler (1963) puts it:

The analyst must never become an evangelist: insight into psychological processes, to the analyst an end in itself, is usually aspired to by patients for purely therapeutic reasons. It is one of the many apparent paradoxes I have encountered... that just those patients who are less interested in their therapy, but become absorbed in the delight of increasing their knowledge of self have, in my experience, a better chance of recovering from their psychopathology than those who adhere to what psychoanalysis offers at the social level—a therapy, [pp. 461-462]

Bion makes the same point in a slightly different context. Speaking of the psychoanalytic investigation of the delinquent, he writes:

I suggest that the lack of success will continue so long as the investigation is carried out with the predisposition to see the object of the investigation as a "delinquent," no matter what his life may have been, and to do so with the humorless attitude that seems to be inescapable from having suffered a psychoanalytic training course. [Bion, 1966, p. 576]

Carrying out his discussion of such predispositions, Bion adds:

There may well be vertices which are not regarded by the group as respectable and therefore of which it needs to be unconscious. The group tendency would be to foster unconsciousness in other groups of these defects in itself while claiming their discovery elsewhere, [p. 576]

To my mind, the key term in Bion's observation is "to foster unconsciousness." I take it to suggest that in order to preserve certain hopes of our own—and to keep them immune from self-study—we must find people who share them (colleagues) and people who have reciprocals to them (patients). The agreement, tacit or otherwise, is to maintain a system within which our hopes will not be jeopardized. But to do so means that we cannot examine with those who consult us their motivation for undertaking their work with us because we cannot examine our own motivation in doing that work. In our domestic policy, then, a peculiar and not altogether helpful situation obtains.

But that is the least of it. The greater by far is that such a domestic policy obviously calls for a foreign policy which has the effect of excluding those who will not play things our way. In this context our enemies are those who, like the little boy in "The Emperor's New Clothes," can see through us by virtue of not sharing our predilections: the so-called hard-to-reach and the "disadvantaged." Our failure to foster unconsciousness in them causes us to need to "help" them toward a position of common investment in our ideals, for only their willingness to share our hopes and the unconsciousness which protects those hopes will preserve the nonphysical sanctions that a community can exert.

A PARTICULAR COMMUNITY

These remarks have been in the nature of a prologue to the introduction of a particular rural Vermont community and an alternate mental health function, that of the *Seelsorger*.

In 1962, I moved to a village of some 400 people through which, five years earlier, I had passed at tourist speed on my way to a vacation in New Hampshire and Maine. I remember wondering at the time what it might be like to live in so tiny and isolated a village with its paint-flaked houses, collapsed porches, and tumbledown barns. I could almost smell the dank, musty air of the interiors, see the faded floral wallpaper hanging from the cracked plaster of the walls and the water-stained ceilings. Against the backdrop of the conversation in the car, in which my wife and the friends who were traveling with us were exchanging the sort of gossip members of English departments of universities do, I briefly mused whether someone like myself could ever live and work in so lost and ramshackle a

community: I could just see the farmers and their crusty wives lining up for their consultations! And yet, I was struck by what their inner experiences of life must be like, given the desolation, the isolation, and the decay of their surroundings. With the once-cleared pastures gone over to bracken and thorn and the hills more scrub than timber, there was nothing even of the Eugene O'Neill neoclassical about it. It was as if everything had collapsed downward upon itself, and no proud tragedies could be played again.

Five years later I moved from a high-rise apartment building on Chicago's lakefront into a house in that village.

The farmers, by then mostly ex-farmers, and their wives did not line up for my services, nor did anyone else. In five years there I received only two self-initiated requests for my services. Fortunately, I was paid out of NIMH grant funds. The life I had envisioned for this village was not materially different from the life I found. Granted that I had painted the scene with a fairly broad brush, if I had exaggerated at all, it was in overextending the uniformity of what I had assumed. People in some instances were livelier than I had believed, in rather more instances depressed in ways that begged my earlier imaginings.

It did not take me long to learn that my presence in the area was not to be greeted with impassivity. People were actively indignant. The foreign policy of the mental health community both preceded and accompanied me, and when I moved in, the clear implication of my presence was that I was out to burrow from within, to take over and change the villagers. It took no time at all, in this land of the nine-party line, for people to identify me with a conspiracy, although opinions varied as to whether the conspiracy was Communist (like in Moscow) socialist (like in Washington), or hippie (like in the college with which I was affiliated). In any case, not only was I alien, I was inimical.

At first, of course, I put all of this down to transference, an unconscious desire of the population to be taken charge of, entered, raided, freed, and raped, against which, naturally, were pitted part of the superego and most of the ego forces of resistance. And, indeed, there is no doubt in my mind that this was in fact the case; but what I only gradually—and I may say painfully—came to realize was that before this fantasy I was helpless because it was not, in truth, a fantasy. The mandate of my grant called for the inculcation of mental health principles and practices in the life and schools of this and neighboring communities. And being an emissary, a sort of CIA-diplomat with an embassy appointment in this foreign land, I was presumably supposed to see to the salvation of these lost tribes,

this anachronistic culture.

That the people understood this better than I is natural. It is hard to see one's own values as values; to oneself they are truths. But since I had no alternative but to learn, I learned. I learned well enough, at any rate, to abandon my mandate.

Having abandoned my mandate, I lost, too, something of my role and function, which, of course, catapults one into a small identity crisis, ideology being an important element in identity. To resolve that crisis, I looked about for something to replace my clinical-psychotherapist-educator role and function and remembered Freud's notion of the *Seelsorger*.

Freud, you may recall, was ever reluctant to give up the idea that in psychoanalysis he had constructed a method of study of motives and their means which incidentally, as it were, also had effects that could be regarded as therapeutic. In *The Question of Lay Analysis* (1926), he wrote not only to argue the more familiar point but to reaffirm his conviction that the analytical process need not be restricted to the medical or therapeutic model. He conjured as an alternative the idea of the *Seelsorger*, a kind of secular, nonreligious, or lay pastorate in which the analyst simply assists his neighbors in the care and tending of their psychic life. No doubt Freud agreed with Socrates that the unexamined life is not worth living, no matter the precise state of one's intrapsychic organization.

The model is not a very good one, and Freud did not pursue it very far. But it does evoke a posture toward a function which I prefer to regard as the consulting function. The consultant, like the *Seelsorger*, is an assistant to those who are in business for themselves, are capable of doing the work, but who require or want the advantages of specialized expertise. Just as the consulting physician does not undertake to cure the consultee physician's patient, so the consultant *Seelsorger* does not undertake the care of his neighbors but assists them to take care of themselves. In any case, a function like that seemed a legitimate one to me in my Vermont work, and I trusted that my neighbors would view it in that light as well. Certainly I could not ask or expect them to become patients for my benefit and go through all the prerequisites we commonly require of those with whom we work; I could not, that is, require that they conclude that something was amiss, require that they assume their difficulties to be rectifiable, require that they must feel their difficulties to be germane to what our profession concerns itself with, require that they feel they were unable to change themselves, require that they must be willing to change, must share our presumed loathing for the way they were and our valuation of the way they wish to be, and require that they must

believe that we have the wherewithal to convert their inability into willfulness and then into willingness.

The question then became a technical one: could one conduct analytic consultation, arrange some forms of group procedure, on behalf of people who were not motivated as we understand that term today, given, that is, our foreign policy?

Theoretically I saw no problem. Freud's method provides, in the transference, an intrinsic motivation, and in the splitting of the transference into the so-called working alliance, a second source of motivation. Too, resistances also split, following part of the transference into the alliance through introjections and identifications and opposing the other aspect of the transference in the more usual sense of the term "resistance." And, so far as I knew, the duality of motivation is the sole dynamic required for analytic consultation on motives and their vicissitudes, whether conducted individually or in groups.

Empirically I saw that transference and resistance were already present, if in negative form. This meant to me that the structure of the situation was appropriate. The next question was how to bring the two, structure and theory, into propinquity. Clearly, one major requirement toward that end would have to be my making plain that I had no foreign policy. Since logical inference that I had was backed up by transference, against which was pitted "resistance" of a very high and socially organized sort, words would not do at all. I should have to demonstrate my stand. Still, in the face of the threat and the costs involved in interaction with me, this was manifestly impossible. One cannot ask defenses to be relinquished unless there are alternatives for these defensive needs. I had, therefore, first to provide such alternatives if later I proposed to interpret the defenses.

Of course, what I am saying of this rural Vermont community is true in every psychotherapy. Something has first to make defenses dispensable. What we are accustomed to using to achieve this is amelioration; for example, in hindering mobility by asking the patient to lie on the couch, we ameliorate for him the threat that an upsurge of impulse may, among other things, cause him to harm us. In like ways, the milieu created in institutional care, in a hospital, for example, when well thought through, creates a powerful adjunct to interpretive work by creating alternatives for defensive operations or by diminishing the strength of the impulses.

I had, then, first to create, or at least to sketch in, the rudiments of the milieu in the out-of-doors of the community. Needless to say, it took me a good deal of time to figure out how to do this, and in the end I cannot say that I managed it as successfully as I might have. But as in all milieus, matters of time and timing, inclusion and

exclusion, organization of activity, example and demonstration, had to be arranged and meshed. While attempting to do so, I remained aware that amelioration is worse than useless—it is destructive—when it creeps into the range that properly belongs to the consultative process.

Since generalities are confusing, let me take the problem of initiative as an example. Our profession is used to yielding the initiative to its patients or clients. But need can be very great indeed without there being corresponding motivation, and thus, I decided that, just as one may visit people on rounds in the hospital, the *Seelsorger* may visit people on rounds in the community. If one is rejected, one is rejected. One's narcissism need not be wounded. On the other hand, to maintain the initiative beyond the point at which one's consultee can gracefully assume it is an expression of countertransference or ignorance and no longer a useful amelioration. Thus, it was necessary to construct a program in which initiative would be gradually relinquished by the professional and passed over to others. Because of the very strong feelings toward me, I employed and trained several local people who made the rounds, calling on everyone. This ameliorated the fear of being singled out that characterizes small communities in which individual autonomy is reposed so largely in the social matrix, and, at the same time, this procedure demonstrated that I was not interested simply in certain sorts of people (patients, for example) but in everyone. We called to ask how life was going and whether we could be useful. In calling, our purpose was to demonstrate what the assisted self-study of motives is all about.

People know all about our values, all about our forms and formats, all about our ideology, but next to nothing about how we function. It was this that we showed them. And when we did it well, it made a very great deal of sense to people.

Space prohibits my outlining this overture phase and the rest of the ameliorative measures in any detail, and indeed I am sure the reader can imagine what these must entail as people, safe from having to ask for anything, struggle to tell us or, as often, show us, what they want but cannot accept and what they forever accept but no longer want, and of all the puzzling and fightful things in us and in themselves.

As we got better at this, we succeeded in enabling forty percent of the families in the area to "send" one or more of their members to consultation groups. (Dealing in terms of families is an amelioration, as is offering groups as a context for consultation.) These groups met with me weekly for an hour and a half at the members' homes with the object of discussing whatever the members felt a psychologist could be useful with. People might talk of

themselves, their children, their spouses, or anything else; but what we studied was motives. The groups were made up by design of “everyone,” of that is, an absolutely faithful cross-section of the community, something I checked out with census indices. I worked with the poor and the better-off, the educated and the dropout, the farmer and the truckdriver, and the storekeeper and the mechanic, with the married and single, older and younger, clinically sick and enviably well.

I suspected that the very first session would prove to be the crucial one. In it I should have to accomplish three major tasks: I should have to pass the tests made of my intentions, and so enable resistances to be lowered; I should have to enable internal resistances to come into active conflict with wishes for some benefit; and, finally, I should have to be of use in interpreting the resulting inner conflict in ways that people found meaningful and interesting. As I pondered these inherent requirements, it seemed to me that I should have to work fairly actively, even deeply, with people I had either not yet met or was far from knowing well. But active, deep work can be very frightening unless a collection of people can first be helped to hold and strengthen their natural proclivity to identify with one another. Since my own theory (Boris 1968, 1970) was that the development of an alliance through means of orientation, contract, and other procedures designed to elicit some identification on the part of the members with the consultant would serve only to weaken the group members’ allegiance to each other, I decided I should have to forgo any such efforts. Rather, I reasoned, I would have to adopt the exclusively interpretative stance Bion developed, but adapt his procedure of referring only to group phenomena in the situation I was working with, in which motivation would not be sufficient to offset “flight” reactions (Bion 1961). I suspected that the material brought in by the members would soon center on the transference preoccupations of the group and that I would have to touch on them in displaced form. Active work is experienced as assaultive, and though the experience of feeling assaulted can also be interpreted, so much interpretation induces passivity, with some chance of ego regression. I concluded, therefore, that it would be useful to proceed by exemplifying how analyses of experience can be made. So much, then, for methodology.

The next matter to consider was the content that would likely preoccupy the groups. I have already referred to the population as being of a depressive cast. If I were to succeed in passing the tests of my intentions, and thus decrease the need to take arms against the projections with which I had been filled, then the conflicts that result in depression would be activated. If a depressive posture became paramount, narcissistic issues and introjective solutions would become rife and make for an initial session that held relatively little personal meaning for the participants. I, therefore, had to find a way to alleviate depressive experiences through interpretations of oral issues.

It naturally took some time to translate these rather abstract schemata into passably sensitive work with groups, but I was benefited by having thought this much out ahead of time, for I then could concentrate more closely on the material and experiences I was exposed to in the sessions themselves. No two groups were alike, of course, but there was a pattern to them that was not out of range of my anticipations.

The eight or twelve people gathered in the living room or kitchen of one of the members' houses would, as I entered, have been idly chatting, each making himself known to the rest. Soon after I got seated, but not so soon as to suggest a lack of collective self-sufficiency, a silence would fall and the women present would look to me. The men would usually look out of a window or at a magazine. Regarding the women's gesture as an invitation to take over, I would decline, remarking, instead, that no one seemed to want to begin.

Since plainly the people present felt that in putting themselves at my disposal they had begun, my remark was treated with some surprise and annoyance. But in time someone would begin again, often by asking what they were supposed to do; were they supposed to ask questions or what? To this, I generally replied that I was getting the feeling that the group was taking charge of me in order to tell me to take charge, as if there were some trouble about doing what one wants to do.

After whatever small space of time it took for the group to agree to ignore that comment, someone would go ahead and ask a question: "What should you do about a four-year-old who...." I often had the feeling that asking such a question was the last thing the group would do for me, that once it was answered, the questioner and the others would go home and never return. Beginning seemed to mean that the people present wanted something from me, just as if, had I begun, it would have signaled some wants of my own. Since wanting was, for them, a pretty bad business, it meant that something even more urgent had overcome their powerful reluctance. Perhaps it was an answer from me that would at last indicate the nature and extent of my ideology, show what I thought of them, how even I assessed their intelligence and experience, and so reveal what I really wanted of them.

Aware of these feelings and their intensity, I knew that, were I to fail to speak in order to increase their need of me, they would recoil violently from need altogether, turn briefly to one another, and soon angrily leave.¹ So, I would ask what the questioner did about a four-year-old who.... When she told me, whatever she told me, I would ask how it worked. She would say it worked fine, and I would say, great.

There would be a brief silence while the group considered my hands-off attitude. Then there would be a further

spate of questions, with some cross-discussion. The feel of things at this juncture was quite different. In the earlier segment, my fantasy was that it was as if the group would rather make the breast bad and suffer persecution from it than feel it to be good and abjectly hunger for it. Now my fantasy would be that it had proved less dangerously bad, but elusive, even tantalizing, and that it brought out the impulse to bite at it with a barrage of questions. There was a livelier atmosphere, but one still cautious about whether I in my turn could be made to bite. Often the questions that the group would settle on would concern feeding situations with their children.²

In the situation portrayed in the questions and cross-discussions, the conflicts were experienced as a struggle between parent and child, sometimes between two parents and/or the child. Here is where I opted to accept the externalizations and displacements and deal first with the manifest form of the conflicts rather than directly relating them to the transference in the group to me. Thus, when (and only when) I was invited to give an opinion, I would explicate the two sides of the struggle, first in terms of the anxiety, then in terms of the impulses. I would remark that the struggle was about finding a compromise between the parties to the conflict, adding that it seemed that, even when compromises were not very satisfying, they were better than the conflict itself. In framing these analyses, I did much of my thinking out loud so that the group could see how I derived my formulations. I generally treated the anxieties very seriously, but in stating the thrust of the wishes, I dramatized the conflict, exaggerating the impulses slightly, as a way of offering a manic icing to the interpretation. People could then smile or laugh or argue provocatively at the same time as they seriously assimilated the interpretation. After some of this, usually by way of clarification of what I had said, I would often allude, as if in analogy, to the here-and-now group situation and speak of a reluctance to “taste” strange people, the inclination to clam up, mixed feelings about swallowing what I had to say, feelings of being fed up or, the reverse, feelings about what one can do to others.

Interpretations at this level, when they do not imply the need to change one’s disposition or behavior, exert a fascination for people, though, at times, an unholy fascination. When the session ended (I would ask, not say, when it did) and I left the house, the people would remain behind. Then, together, they would organize a collective response to the experience, orienting one another to positions from which they could accept the next encounter without intolerable shame, anxiety, or guilt. Often they would close ranks for a frontal attack—a denial of what I had said or an elicitation of what they wished to require of me. That strength allowed me to continue the intensity of my work, until I sensed that the group could do a fair bit of its own work.

I worked somewhat differently from the way others in our field do because I worked not only with a culturally

different population but also under different contractual terms. People in my groups did not think of themselves as patients, nor did they consider themselves in any other category, except as citizens of the towns they lived in and as members of a family. They sought not cure but proficiency in self-understanding, not relief but competence in understanding the life situations with which they were intimately concerned. Accordingly, I made efforts to enable that motivation to endure, for truth is anguishing until it is firmly enough established, until, that is, the blessing of coming close to the heartfötness of things repays anguish. When that happened, I could become the passive consultant, the role to which we are all more accustomed.

It is a deeply meaningful experience when women, for example, talk about their kitchen floors and gradually come to see that this has to do with their bodies, and then talk of the issue in those terms—with a man, in a group—without first having to become sick nor, in the end, having to become well. It is a meaningful experience, and also in its way an astonishing one, as I think back on that initial ride through my village those years ago and consider in juxtaposition how these depressed and isolated people found it possible to come into groups with me and came to call these weekly events their “mental hygiene parties.”

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Notes

- ¹ In Bion's terms, a (barely) dependent group would turn abruptly into a flight group (Bion 1966).
- ² One group of six couples were so incensed by my opening remark, which in that group was, “Who wants to begin?”, that they ignored it and me, talking only in cliques to one another or leafing through magazines. When they finally did begin, they raised questions

concerning kids who regularly held their breath until they turned blue. Four of the couples had such children.