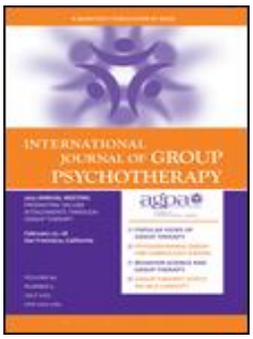

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READER'S FORUM

A Plea for Greater Recognition and Appreciation of our Group Members' Courage

JEROME S. GANS, M.D.

ABSTRACT

Courage–a mental act that involves a decision to face and deal with emotional pain as honestly as possible without any guarantee of a positive outcome–resides at the heart of the therapeutic alliance and the work of psychodynamic group therapy. The author's experience suggests that group therapists tend to take for granted or underestimate the courage required to join and participate in a psychodynamic therapy group. Written from the perspective of self-psychology, this article provides a theoretical rationale for courage recognition as a central and crucial leadership function. Examples of courage are presented and contrasted with behaviors that appear courageous but are not. A detailed case example discusses the courage it takes for dyads to work through reciprocal negative transferences. Suggestions are offered to assist the group therapist in recognizing and calling attention to courageous behaviors.

The author discusses some of the pitfalls of our profession's preference for value–free language and then shows how and why the occasional and judicious use of non–neutral language, courage being an example, can facilitate and deepen group work.

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Why are our group members much more likely to note and comment freely on the courage of their fellow members than we as leaders are? Why is courage so seldom mentioned in the psychodynamic group therapy literature when courage resides at the heart of psychodynamic group therapy and when so many of our prospective members have trepidation about joining? And why will group members actually use the word courage in referring to behaviors of other group members when we as leaders most often employ more neutral language? In addition to addressing these questions, this article will: (1) offer a theoretical framework using concepts from self–psychology that provides a rationale for courage recognition, as a central and crucial leadership function, (2) give examples of courageous expression so basic that they often escape recognition, as well as decisions that appear courageous but are not, and (3) offer suggestions that, it is hoped, will help the practitioners of group therapy to be more cognizant—and yes, more appreciative—of their patients' courage. Although the focus of this article is on the handling of courageous expression in the early phase of group development, group members exhibit courageous behaviors in all phases of group development and one such example is provided in depth.

Before addressing these topics, a definition and review of the literature with regard to courage are in order. Courage is defined as a mental act that involves a decision to face and deal with emotional pain as honestly as possible without any guarantee of a positive outcome. In describing and discussing aspects of courage in group psychotherapy, the author has no Platonic ideal in mind. The courage referred to here is not universal or absolute. It is not courage displayed in the past that a group member relates to the group. Rather, courage is conceived of as arising out of a particular context, one that is often spontaneous and unanticipated as well as co–constructed, rooted in the history of the individual, the group, and its culture (Westen, 2002). It does have to do with the many decisions in the here–and–now that each member considers in relation to him/herself, to other members, to the leader, and to situations that arise in the group.

Individuals differ in their ability to actualize courage and these differences may have their roots in character structure, ethnicity, group composition, trauma, family dynamics, identifications, and prior experiences in psychotherapy, as well as the role and belief system of the leader. A fuller discussion of these factors is beyond the scope of this article.

For heuristic purposes, courage, as used in this article, refers to internal, relatively invisible mental acts. Given its relative invisibility, courage may easily go undetected and unappreciated. The concept of bravery, which refers to actions that emanate from a courageous attitude, is, by contrast, easier to detect or observe.

Seldom has an ingredient as crucial as courage is to psychotherapeutic work received so little attention in the group psychotherapy literature and in the indices of the major textbooks on group psychotherapy (Alonso & Swiller, 1993; Ettin, 1992; Kaplan & Saddock, 1993; Rutan & Stone, 2001; Yalom, 1995). The references to courage that do exist in the group literature come mainly from the existentialist perspective. Mullan (1992) was one of the first authors to actually use the word courage and to applaud its use in recognizing the risks that patients invite in deciding to join and participate in a therapy group. Yalom (1980) comments on the courage involved as patients work to overcome alienation from parts of themselves, from others, and from existence itself. Frankel (2002), in discussing existential guilt, implies that courage is involved in a person's decision to truly exist, by which he means to fulfill one's potential, to be authentic, and to take responsibility for one's choices. Courageous choices differ from reckless choices in that the former are guided by the way one would want to be treated by others. Frankel (2002) also notes that "Some values are better suited to affirming our existence than others" (p. 225) and speculates on what existential guilt therapists incur by not having the courage to espouse such values in a therapeutic manner when indicated.

THE CENTRALITY AND IMPORTANCE OF COURAGE TO THE WORK OF A THERAPY GROUP

Courage resides at the heart of the therapeutic alliance and the work of psychodynamic (group) psychotherapy; and yet, my 35 years of running, supervising, writing, and teaching about group therapy, as well as attending numerous group therapy conferences and workshops, has led me to conclude that group therapists tend to take for granted or underestimate the amount of courage required of patients to join and participate in a psychodynamic therapy group.

Why have I come to this conclusion? First, the authors who contribute to the group psychotherapy literature have paid little attention to courage, or they discuss it in other terms—the latter a point that I discuss below. Secondly, in my leadership role in developing the Annual Meeting of the American Group Psychotherapy Association for several years, I have seen virtually no proposal highlight this topic. Third, our field tends to focus much more on psychopathology or difficulty than on resilience or strength—although, fortunately, of late there has been some reversal of this pattern. Fourth, as practitioners of group therapy we have not sufficiently looked into why many others are not as enamored of the field as we seem to be. Why do I say this and why is this observation relevant to our patient's courage and our sufficient recognition of it?

The answers lay partly in an appreciation of what it signifies—that group therapy, despite its proven efficacy, is such a hard sell. Patients rarely request group therapy as their primary mode of therapy or even at all. Therapists seldom consider the possibility of referring one of their patients for psychodynamic group therapy. Only a small minority of psychotherapists are group therapists. Even therapists who enjoy running groups, and do so successfully, rarely choose group therapy as a treatment for themselves. A thriving group therapy practice is difficult to achieve. Running one's first group during psychiatric residency is often the most fear–producing activity that the resident encounters.

Taken together, these observations suggest that patients and therapists alike, their preference for individual therapy notwithstanding, fear participating in group therapy. As Nitsun (1996) suggests, many of these fears derive from problems intrinsic to groups, such as public exposure, the fear of being attacked or attacking others, and the unstructured, unpredictable nature of groups. Billow (2004), explicating Bion's concept of K, the instinct for emotional knowing and being known, notes that the willingness to "enlarge the capacity to suffer meaning" (p. 200), while transforming, is also very frightening. This process of emotional learning involves relinquishing old constructs and suffering the fright of being temporarily lost until new understanding emerges. *Thus, it is axiomatic that participation itself in group therapy requires courage*.

OUR PROFESSION'S PREFERENCE FOR VALUE–FREE LANGUAGE

A fifth reason that we do not sufficiently value the attribute of courage results from our profession's preference for value-free language (notice that our group members have much less hesitation in using the word to characterize behaviors of others they find commendable). We prefer terms such as risk taking, adaptive self–disclosure or control relinquishment rather than courage. We want, at all costs, and often for good reason, to avoid any hint of being judgmental. In doing so, however, could we be unnecessarily depriving our patients of much needed and well–earned recognition with language that is more than neutral? Could it be that, *in some instances*, our adherence to neutrality, as evidenced by the use of value–free language, may do more for our sense of professional correctness than for our patient's need for forceful recognition?

While a posture of neutrality is important and, *in most instances*, commendable, I think it is important to wonder what we may be afraid of in using the word "courage." While the thrust of this article has to do with listening informed by an appreciation of the courage involved in group participation, the leader's judicious

and occasional use of the word "courage" to characterize certain behaviors or transactions can deepen group work. Are we afraid that a moral term will sound moralistic? Nicholas (1993) has written convincingly about how moral issues that arise in group therapy can be confronted without shaming the patient. Are we afraid, given the power inherent in leadership, that the group therapist's use of the word "courage" in referring to a given group member will be experienced as a preference for that member over others? And what if that happens and other group members direct such an accusation toward the leader? The leader could respond by asking the accuser(s), "What have I failed to appreciate about you?" Or suppose the leader's recognition of courage in one member "makes" another feel cowardly. Most likely, such a member, with the help of the group's compassionate inquiry, could identify the feeling more clearly. Perhaps it is overwhelming fear that the patient—like most of us—comes by honestly. Or perhaps it is cowardice, in which case the patient can be given credit for having the courage to reveal such a shameful feeling. And finally, are we afraid that we are going to induce compliance so that people become courageous just to obtain the leader's approval? While this is possible, might it not be more likely that the *judicious* acknowledgment of the courage of a particular group member could serve as inspiration for others to do their psychotherapeutic work at a deeper level? Ezriel (1973), in elaborating his concept of catastrophic expectations, discusses a variant of this idea. He notes that some members come into group with the idea that if they enact some feared behavior, there will be catastrophic results. When other members exhibit this very same behavior and the outcome is either benign or positive, frightened members often gain courage and overcome their inhibitions.

A THEORETICAL FRAMEWORK THAT UNDERSCORES THE IMPORTANCE OF COURAGE RECOGNITION

One of the major thrusts of the school of self psychology has been to change our conceptualization of narcissism: " . . . narcissistic

needs are not regarded as selfish but comprise basic needs of the self in relation to self–objects—objects which are experienced as belonging to the child as more or less extensions of himself, and who are responsively available to fulfill functions which meet developmental requirements for self–esteem regulation" (Bacal, 1985a). As Schwaber (1979) noted, self–psychological theory, in contrast to object–relations theory, places the introspective–empathic focus on how it feels to be the subject rather than on the quality of the relationship. And what it feels like to be the subject depends, to a significant degree, on the empathic attunement of self–objects to one's developmental needs.

Notice how this formulation addresses the experiences that cause many of our patients to seek group treatment. People come to us having internalized devastating imperatives of which they are often unaware. "Don't exist," "sacrifice yourself," "always be good," "remain invisible," "value my experience over your own," and "maintain my beliefs so I can maintain myself" are the kinds of messages that have been taken to heart such that the person has never possessed his or her own experience. Instead, a false self emerges in the service of survival (Winnicott, 1965). The road to authenticity entails hundreds if not thousands of instances of defying these directives, of violating the "commandments" set forth by one's family or surrogates. What appears to be an ordinary decision to speak up in a given situation may feel to the speaker like a revolutionary act (Billow, 2003), a determination to know and be true to one's interests, goals, and values. Dread and terror, even when not apparent, frequently attend such decisions (Mitchell, 1993). *Deciding not to follow the life map that one has heretofore relied on, the one drawn up by significant others, requires an act of courage.*

Since all of us like to be recognized when we do something very difficult, the absence of recognition—or in the language of self-psychology, of empathic attunement—can reinforce feelings of invisibility, self–doubt, loneliness, unfairness, resentment, and demoralization, feelings that have already caused many of our group patients to seek treatment in the first place. What is important to appreciate is that many behaviors that are products of courageous

decisions, especially ones that occur in the early phase of group development, are *so basic that they can easily be overlooked.* For example:

- Mary has a profound feeling that she does not exist. She misses two group meetings for reasons out of her control. Despite the terrifying prospect that she will return to group and have her feelings of nonexistence confirmed by a group that failed to note her absence, she decides to return.
- Nick feels he is toxic to other people. He comes to care about the people in his group. Even though he feels like his presence could be injurious to the very people he now cares about, he decides to continue to attend.
- Ginny is flooded with dependent longings that she experiences as humiliating. Terrified that she will be unable to contain her feelings of devastation when the group leader announces his vacation, not to mention her certainty that the group will notice these feelings and ask her talk about them, she decides to continue to attend.
- Alex has used frenetic performance and achievement in unsuccessful attempts to secure love. He decides to be relatively silent in the group to see if he can be accepted for himself rather than for his accomplishments. (Notice how in this example the absence of something can reflect a courageous decision.)
- Sandra has suffered sibling envy, the result of parental favoritism. As a result, she has underplayed her considerable talent and has underachieved. One evening she comes late to the group and encounters three empty chairs. She decides, for the first time, to sit in one of chairs next to the leader. Terrified that she will be resented and attacked, she decides to express openly her desire for the leader's special attention.
- Frank grew up with a tyrannical, abusive father. Full of dread, he decides to confront a bully who has been taunting another group member.
- Alice wishes that she had never been born. She believes that any worth she might possess exists in spite of her parents, not because of them. In the mature phase of development of a group that she has found helpful, Alice decides to express gratitude to the leader and the group members.
- Sam's parents were duplicitous, saying one thing but meaning

another. Sam decides to risk asking group members if they harbor thoughts that are at odds with the positive comments they openly express about him.

There are several reasons why the group leader, from the outset, must cultivate a mode of listening that is imbued with an appreciation of the courage involved in members' group participation. First, leaders know their members well, better than other members know them, as a result of having treated them in individual therapy or from pre–group evaluation meetings. Second, members of a new group are often too involved with their own concerns or problems to appreciate when a fellow member manifests a behavior borne of a courageous decision. More likely, especially in the beginning phase of group development, the opposite situation occurs where a member mistakenly identifies as courageous a behavior that is not. Third, manifestations of courage can sometimes feel abrasive to others especially when those involved do not know each other that well; in such situations it is easier to attempt to justify one's position, retaliate, or avoid the difficulty altogether than to appreciate the underlying fears and the novelty of facing them that have combined to make the courageous behavior abrasive or off–putting.

Self–psychological theory posits that the state of the self, its cohesiveness and sense of well–being, depends on the quality of the self/self-object relationship at any moment over time (Kohut, 1977). Imagine a patient who takes a monumental risk with no assurance that it has been noticed, let alone appreciated. Similarly, imagine a relatively new group in which other group members apparently do not realize what has just taken place. Suppose the leader, in an effort to evoke recognition, injects the simple question, "How is the group reacting to what just took place?" Out of a sea of blank faces, one member might have had enough of an inkling that something important happened to explore the question. Even those who "didn't get it" sense that something important must have happened because the leader selectively called attention to a particular interaction. It then comes to light that

Sandra, in confronting Alice with whom she has been fused since the group's inception, has taken what she feels is one of the biggest risks of her life, a risk that if hazarded with her mother would have resulted in rejection, if not annihilation. Notice what happens at this juncture, perhaps invisibly but significantly, with the other members. They have the opportunity to wonder what it is about *them* that has kept them from appreciating the significance of Sandra's courageous behavior. This opportunity for silent self–examination is what contributes to the group's heightened capacity for empathic attunement over time. In the language of self-psychology, as the leader functioned as a self–object for Sandra, opportunities were provided for the group to internalize the leader's self–object functioning and to become, in the process, a self–object matrix for each other.

THE IATROGENIC PRODUCTION OF RESISTANCE

The failure of the leader to provide self–object functions in the midst of unrecognized courage may well play a role in inducing group resistance. While the group psychotherapy literature is replete with accounts and analyses of group resistance (Cohen, 1997; Dub, 1997; Gans, 1996; Ormont, 1968, 1993; Rosenthal, 1987), the leader's contribution to this resistance is infrequently commented upon. Even the healthiest among us need to be noticed and appreciated, especially when we have done something that is difficult. Sandra, mentioned above, with her persistently fragile sense of self, requires consistent self–object functioning, usually first from the leader and later from the other group members. Without such positive mirroring, the following group–wide feeling may be enacted: "If we are not going to be recognized for the important work we do, why do any!" It is important to notice that such behavior is co–constructed inasmuch as the leader re–enacts the deprivation and lack of empathic attunement that originally contributed to the development of his/her group members' faulty self–esteem and ambition.

COURAGE IN THE MATURE GROUP

Once underway, a well–run group requires relatively less courage—or perhaps courage of a different kind—of its members. Such a trusting, cohesive group *encourages*—lends courage, as it were—to its members who now speak more easily about feelings and reactions that they previously had been careful to avoid. One of the most compelling examples of courage results when two members, ensconced in mutual negative transferences, display a willingness to visit and revisit such dangerous and upsetting territory. As the following example illustrates, resolution of such difficulties requires courage sustained over months and years, from the group-as-a-whole as well as the main protagonists.

VIGNETTE: THE WILLINGNESS TO REVISIT OLD WOUNDS

In the context of what appear to be ordinary interchanges, group members suddenly can have explosive reactions to one another. What soon becomes clear is that the participants, usually dyads, are caught in mutual negative transferences that evoke each other's narcissistic rage. The good news is that the psychotherapeutic work that each member needs to do is palpably present in the room. The potentially bad news is that deep wounds have been opened with no guarantee of resolution or healing. When such mutual negative transferences are evoked, many unsettling if not frightening dynamics can occur: loss of control, the unleashing of hostile if not sadistic impulses, relentless blaming, bloodthirstiness, and an inclination to defend oneself, to retaliate, or to shun the other. Both parties feel wronged, misunderstood, extremely hurt, and vulnerable. The material unleashed has usually been split off from the civilizing functions of the personality; it is unmodulated, unremorseful, uncompromising, and inconsolable. The artillery is firing, the walls are up, and the observing, reasonable ego is nowhere to be found. It becomes clear to the combatants as well as to the other group members that this is dangerous territory, to be revisited only with great trepidation.

Michelle and Rita had a series of such venomous interactions over their several years together in the group. It began one day when Rita mentioned that her father had "gone to Stanford," by which she actually meant that he had donated his body to Stanford Medical School. When this meaning became evident, Michelle let out what seemed like an involuntary laugh. Rita became furious at Michelle, whom she felt had shown utter insensitivity and disrespect for her deceased father. In actuality, Michelle's laughter was reflexive and a defense against the rage that Rita's euphemistic language stirred up in her. Michelle grew up in a family where realities were completely denied or sanitized with platitudes. In particular, when Michelle's father was deteriorating with Alzheimer's disease the family denied the seriousness of his condition until late in his illness. Michelle's fury over her family's insensitivity to her beloved father continued to interfere with her grieving process. Despite Michelle's repeated attempts to explain to Rita why the phrase "he went to Stanford" so enraged her, Rita continued to evidence disdain and hatred for Michelle.

No amount of explaining on Michelle's part could soften Rita's hatred. Rita's father had developed throat cancer when she was four and died when she was 16. His illness had dominated her family's life and robbed her of much of her childhood and adolescence. Twenty–five years later, much of Rita's rage and sadness about her father remained unresolved, if not untouched, and found its outlet in group therapy in her unremitting hostility toward Michelle. Rita persisted in believing that Michelle's laughter was a purposeful attempt to hurt her. She felt that all of Michelle's explanations were attempts to deny any responsibility for her behavior, an evasion that further infuriated the overly responsible Rita.

Rita also triggered core issues in Michelle. In a session about three months after this one, Mark was paying special attention to Michelle, telling her how much he cared about and respected her. Rita interrupted this interaction, saying she was bored by what was transpiring in the group. Instantaneously, Michelle launched a frontal attack on Rita, accusing her of being deliberately hurtful and interested only when group conversation centered on her.

Michelle had grown up in a household where her mother, orphaned at an early age and brought up by nuns, would pay attention to Michelle's two sisters and her sisters' friends but would ignore or find fault with her. Michelle also felt that her mother resented any attention she received. Thus, when Rita complained of feeling bored as Michelle received attention from Mark, Michelle's years of

unexpressed fury at her mother erupted toward Rita. Michelle accused Rita of being a "malicious, self–centered bitch." Despite Rita's acknowledgment that she was feeling unattended to and forgotten by the group, Michelle continued to ascribe to Rita's behavior a deliberate wish to deprive her of attention.

During these heated diatribes, the group looked on first with shock and disbelief, and then with mounting apprehension at the degree of ferocity and virulence expressed. To the group's great relief, Michelle and Rita studiously avoided one another most of the time; at the same time, everyone realized that the hatred between them was always in the room. Slowly, and at variable intervals, Michelle and Rita would re–engage. Each time a perceptible thawing in their icy antagonism would be evident; invariably, however, backsliding would occur. For example, about a year after the events described above, her new boss eased Rita out of a job in which she had performed admirably for ten years. Growing up in a family where she could never complain, Rita handled her fury at her boss with stoicism. At about the same time, Michelle became obsessed with the notion that she would lose her job. Over time, the group in general, and Rita in particular, became impatient with the vagueness, consuming nature, and seeming unverifiability of Michelle's contention. Finally, Rita told Michelle that she should stop complaining unless she had something "real" to talk about. Michelle became furious that Rita was invalidating her feelings, regardless of whether or not her concerns were justified in fact. Rita, in turn, excoriated Michelle for controlling the group with imagined persecutions.

These recurrent vituperations were as upsetting to the group as they were irresistible to Michelle and Rita. As much as the group braced itself for and endured these interactions, it became clear that important psychotherapeutic work was being accomplished through them. Gradually, Rita and Michelle, with the group's and leader's help, began to realize that what seemed like torture at the hands of the other was actually an opportunity to look inside, to take ownership of what it was *in themselves* that made the other so incendiary for them. This realization, however, did not mitigate the hurt, terror, loss of control, and consequent shame that occasioned these unpredictable confrontations, not to mention the rumination about them between sessions. Over time, although neither person wanted to "go there," they both realized that in order to make progress they would have to. Persevering as they did, everyone realized, took cour-

age and the credit they were given for it helped them continue to work.

The unpredictable, disturbing, polarizing, oh–no–not–again quality of the Michelle–Rita interaction made it almost impossible for other group members to remain neutral. Carol, who seemed fused with Rita, as she had been with her mother, summoned up the courage to confront Rita about her viciousness. Mark, who divorced after six years of an unconsummated marriage, was ashamed to realize, but had the courage to admit, that he had selected a wife as castrating as he experienced Michelle to be. The group–as–a–whole appreciated that for Peter, who had witnessed violent parental fights while growing up, just showing up to group week after week, not knowing when another eruption would occur, took great courage.

DECISIONS THAT SEEM COURAGEOUS BUT ARE NOT

It has been said that there is nothing more gratifying than doing something anonymously and then being recognized for it. It is equally true that it is very demoralizing to the truly courageous when behaviors that appear to derive from courageous decisions prove otherwise and receive undeserved recognition. The following examples illustrate behaviors that can be readily but incorrectly perceived as courageous.

Example 1

In a new group still in a pseudo–cohesive phase, Pam told the leader that he was withholding and not helpful. Others members were amazed at her ability to speak her mind so directly.

Pam could appear courageous at the group's outset because she had no emotional connection to the leader. However, after two years, Pam developed a deep attachment to the leader and felt that he cared for her. At this point, she idealized and repeatedly defended him when under attack by other group members; she herself was unable to feel any anger toward him. Feeling and acknowledging anger with the leader during this phase of treatment, not at its outset, might well have resulted from a courageous resolve.

Example 2

In the sixth meeting of a new group, Tony told the group how when he was 11, his father murdered his mother. The group was impressed with the courage it required for Tony to talk about this horrific event with such seeming equanimity.

Tony disabused the group of its awe at his apparent courage, "Oh, I've told this story hundreds of times in my life. What would be much harder for me would be to tell you—speaking to the person sitting next to him whom he felt hurt by in the previous meeting—how I am feeling about you right now." It often takes much more courage to talk about here–and–now transactions and feelings than there–and–then happenings.

Example 3

In a T–group, Andrea stated that the artificiality of the enterprise made it impossible for her to continue as a member. She repeatedly confronted other members about their unwillingness to go deeper, to reveal more. Andrea repeatedly opposed group consensus on most issues.

Andrea's behaviors did not result from courageous decisions because her oppositional stance is ego–syntonic, a reflexive part of her defense structure. Most likely, what would constitute an act of courage for Andrea would be to find value in the group, to develop and acknowledge positive feelings, precisely because such feelings terrify her.

Example 4

All of the participants were original members of a very cohesive group that had been in existence for 18 months, and they all had years of individual therapy as well. Mary, a woman in her 50s, joined the group because of her desperate desire to find a man to marry. She wanted to work in the group on negative ways, of which she was not aware, that she affected men. Exactly how her participation in the group would accomplish her goal was never clear to

her or the group. Despite her substantial intelligence and insight, her monomania about finding a marital partner remained at a concrete level. Laid off from her job, and reluctant to tap into her savings, she brought up the likelihood that, reluctantly, she would have to leave the group. Don said that he would not feel bad to see her leave the group. He also told her, near the end of a session, that he did not like her, a comment that clearly wounded her.

In the next meeting, Sam said that he thought Don's comment was mean and did nothing to further group work. He further remarked that Don did not seem at all curious about what his comment to Mary might reveal about himself. Les, on the other hand, said that he thought Don's comment was courageous and exemplified a determination to focus on feelings in the room in the here–and–now. After much discussion, Don said that he realized that he had displaced onto Mary anger that he had over a disappointment that day at work. He acknowledged also that much of what he said about not liking Mary was really about not liking himself. He talked further about his wife's complaint that he was often reckless with his anger, a tendency that was negatively affecting their children at home. Deciding whether a given behavior is the result of courageous resolve, as this example illustrates, requires a certain amount of processing. In some instances, one can never be sure.

SUGGESTIONS TO AID THE GROUP THERAPIST IN RECOGNIZING AND CALLING ATTENTION TO BEHAVIORS THAT RESULT FROM COURAGEOUS DECISIONS

The expressions of courage in the beginning stage of group development can be so subtle or basic that they can easily escape detection. The leader can remain attuned to such expressions by keeping in mind what is dangerous, difficult, or painful for each member and, as a result, what would uniquely constitute courageous behavior; for example, for the goodie–goodie, irreverence; for the performance addict, silence; for the misanthrope, gratitude; for the narcissist, sincere, sustained interest in another; for the moralist, unreasonable sexual attraction; for the constricted, the occupation

of space; and for the diplomat, truculent insistence. Sometimes, courageous behavior takes place in a dyad when one member of a fused pair finally risks a critical comment of the other. At other times, a usually timid member may be the first to make a leadership comment when others have been afraid to do so. The teacher's pet who points out a mistake in leadership may be feeling the pounding of his heart in this throat. As in all clinical matters, no formula suffices; the therapist must deal with the many levels of meaning and motivation inherent in human interaction.

Countertransference can serve as a clue to the presence of courage. In the midst of displayed courage, group leaders may find themselves feeling envious or proud of the group or experience the longing to be a member. And, leaders can wonder what it is about themselves that they might be resisting when they fail to recognize or appreciate displays of courage that are apparent to their group members.

CONCLUSION

When I recently learned about a new book entitled *The Mystery of Courage* (Miller, 2000) I was excited about what it might teach me about courage as it relates to clinical practice. Initially, however, the book proved a disappointment in its almost exclusive focus on soldiers, their memoirs, and war experiences, as they relate to courage. Upon deeper reflection, however, I revised my opinion. I realized that the human condition itself is a battlefield. Any number of feelings and impulses contend within us, causing us, like the soldier, great fear, anger, anguish, shame, sadness, and disgust. Some of us, as it were, hide in our foxholes while others rise to the occasion in moments of courage. It seems only fitting as our profession begins to honor human strength and resilience (cf. Seligman, 2002) that we pay more attention to our patients' courage. Similarly as we have come to appreciate that our patients often respond more favorably to optimal responsiveness (Bacal, 1985b) than to optimal frustration, we need to revitalize our appreciation of the courage that our patients, especially our group

patients, display in facing their fears and their impulses as well as the reactions of others. It is hoped that this article will encourage a sustained look into the complexities of this uniquely human quality that resides at the heart of the therapeutic process.

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