

“I Took the Group in my Pocket!”

Every blade of grass has an angel that bends over it and whispers, "Grow! Grow!"

The Talmud

“I’m eating myself into a coma,” blurted out 26-year-old Reena. The group therapy session was coming to an end and she had been too ashamed to share her dilemma until now. “How could this be happening to me--again?” For months she had been free from the binging and purging that had brought her into therapy. “I’m afraid to admit it but I’ve been pigging out all week—and I’m tempted to purge, too,” she admitted ruefully. An impending public speaking presentation had pushed her over the edge. Being invited to speak in front of the entire hospital staff of over 500 colleagues was terrifying her. She was filled with anxiety and dread.

Two years prior to this session, shortly after dropping out of college and returning home, Reena had arrived in my office. Soon after beginning therapy she returned to school and now was completing a nursing program at a local university. Assigned to a Rehabilitation Unit as her practicum experience, she had spent a year working with burn victims, survivors of a horrific plane crash. A month prior to this session she had been invited to participate on a panel addressing the rehabilitation of burn patients.

At first she was honored by this invitation—her first professional presentation. Now, the thought of facing a huge professional audience was paralyzing. Her dread of public speaking had reduced her to return to her old “crutch,” bulimia

“Every time I think of standing there, speaking to the entire audience, I break out in a cold sweat.” And now in addition to coping with her public speaking anxiety, she was obsessing about food, fat and her failure to overcome her battle with bulimia.

Our individual work had focused on how her role in her family contributed to the development of an eating disorder. As the youngest of four daughters, she had felt silenced and invisible, was unaccustomed to taking up time, space or being in the spotlight. Group therapy offered her a forum to create a new identity: one where she could be known, admired, receive and offer help. In both treatments she was learning how to feed, nourish and nurture her internal desires.

In response to Reena’s plea for help members mobilized, stepping in and speaking up. One person reminded Reena of her poise and tactfulness in handling difficult doctors at

the hospital. Another suggested Reena more carefully monitor the events and situations that triggered these devastating feelings. Another member suggested alternative self-regulation strategies—rather than eat, could she consider taking a bath, writing a letter, calling a friend. Learning to identify, feel, contain and live with her feelings—basic steps of recovery were discussed. Group members identified with Reena, as they reminded her, relapses were an expectable part of recovery. . And yet, as the group was coming to a close, it was clear that Reena was unable to over-ride her negative self-talk—she couldn't free herself from the crippling beliefs that she wouldn't be able to give the talk. What I wondered would be most helpful to Reena now?

Finally Rosanne, one of the most outspoken members of the group spoke up. “Judy, you do a lot of public speaking. Do you ever get nervous?”

My first thought was to avoid her question. My traditional training kicked in: Answering personal questions can interfere—even jeopardize the therapy. I had been taught that therapeutic neutrality and a warm but impersonal therapeutic stance is the best way to foster patients’ self-reliance and independence, the *sina qua non* of growth and maturity. Just as I was about to flip Rosanne's question back to her, and ask her whether she imagined I had anxiety about speaking publicly and to explore how she imagined I might handle my anxiety, suddenly, a message from my right brain, the seat of intuition kicked in. An old memory emerged:

The year was 1978, I had just completed my Ph.D. dissertation, and I was invited to present my data in Washington DC at my first professional conference. After two years of researching and writing up my results, I knew my material and yet, like Reena, I was terribly nervous about giving the talk.

The fear of public speaking was universal, I was told, just lighten up. Of course that didn't help! I talked to friends, family, colleagues, my supervisor, mentor and therapist—to anyone who would listen. People offered me words of advice, comfort, encouragement... suggestions galore. Finally I left for Washington filled with an anxious pit in the bottom of my stomach. It wasn't until I was seated on the platform in a huge auditorium that I suddenly recalled my husband's words of advice:

It was a hot July evening a month earlier, when the days were still long. As the sun was setting he advised me, “When you get up to the podium, don't look at the entire audience. While you are up there, find one person to focus on. Don't look at the room full of people—speak as if you are talking to one—and only one person.”

Up on the stage, his words returned and saved the day.

I peeked out into the huge audience. Within a moment, the blur of faces melted away and my eyes fell upon a woman whose long, silky hair and intriguing earrings reminded me of my beloved cousin Winnie. As I gazed into her wide blue eyes, suddenly, she stared back. A moment of eye contact, she smiled at me, I smiled back...and something shifted inside of me. I couldn't have labeled what occurred but now, I imagine that establishing this mutual gaze tapped into the universal need for security and now, offered me a sense

of comfort and safety. I looked down at my notes, out into the audience, and there she was again: her eyes offered a steadying gaze, an anchor in an unknown sea of faces.

The auditorium filled, the chairperson introduced our panel and suddenly, the microphone was passed to me. A brief boost from my unknown anchor and I was off, delivering my presentation.

After the presentation, my anchor-person stepped up to the podium and introduced herself to me (No, her name was not Winnie!). I don't remember her name but how well I recall what she said. "Your talk was so informative," she began. "I really was impressed with your findings—and what was so great was listening to you—it felt like you were talking to me personally." I burst out laughing, told her about my husband's advice and her resemblance to my cousin Winnie and the two of us chuckled.

In the split second between Rosanne's question and the emergence of the memory that followed, I made a decision. I took a breath, and shared my experience with Reena and the group. While talking, I kept track of Reena's face. It didn't take long before I knew: my story had bombed.

"Dr. Rabinor," she said after I finished, "That might have worked for you, but it wouldn't work for me, because if I were to look out into a roomful of people, I wouldn't find kind eyes. I wouldn't find your cousin Winnie. I would probably feel alone and lonely."

As she spoke, my palms began to sweat. Like most people struggling with eating disorders Reena anticipated feeling rejected rather than connected. My story seemed to highlight her sense of insecurity. She probably felt disappointed in herself and might even feel badly for disappointing me. What to do now? I wondered. As I sat in the uneasy silence, a little voice within kicked in, reminded me to do what I always do when I don't know what to do: just breathe.

"Let's take a moment and just breathe," I said to the group, knowing that deep breathing usually calms me down and has that effect on most of us. "Take a moment and dip down, deep down, way down deep inside. Just allow yourself to breathe, in and out, no place to go, nothing to do, just breathe," I said. And in sitting in the silence, just noticing the sound of all of us breathing together, I became aware that I felt more connected to myself and to the others. "Breathe relaxation in, and tension out," I suggested and as I spoke slowly, absorbing the cadence and rhythm and tone of my own words in the stillness of the room, suddenly, I knew which direction to go.

I imagined the others in the group would easily identify with Reena's dilemma and I asked them to do so: "Just think about a time when you were faced with a problem that was really tough—and may have even seemed insurmountable. See if you can remember a hard moment—a difficult decision or situation, a time when you had to do something that was really tough." After giving the group members time to think, I asked people to speak directly to Reena, rather than to me. Next I suggested that Reena remain quiet, just noticing her internal experience as members recalled their personal qualities

that had helped them deal with inner obstacles, make hard choices, solve insurmountable problems:

Member #1: “Do you all remember last year at this time? I was so frightened about going home for Thanksgiving. It took me so much courage to go home. And I'm so glad I did—that was the beginning of reconciling with my mom.”

Member #2: “I was sure that going home for Thanksgiving would be a disaster, so I didn't go. That took a lot of strength. And I decided to join up with a group from my dorm who were making dinner, and we made our own Thanksgiving. That was a turning point for me and it was the happiest Thanksgiving I ever had.”

Member #3. “I had to dig deep to find all the self confidence I needed to quit the job I hated. I didn't really feel confident, but I acted like I was—and it paid off. Acting confidently helped me finally get the job I deserved!

Group members continued, recalling moments of emotional strength and pleasure in overcoming difficulties and making painful decisions:

“I asked for a raise.”

“I threw away my scale.”

“I told my sister to keep her hands off my clothes.”

“I told my mother's boyfriend to keep his hands off my little sister and me.”

“I told my boyfriend to stop cursing.”

When Reena tried to interrupt, I gently requested she just listen, rather than slide into her automatic “yes, but” response. When the group finished, I asked Reena to look around the room and make eye contact with all the members and to simply breathe in their energy, their words of support.

“Take what you need and leave the rest behind,” I said, words that frequently close my groups.

The next day, after completing her presentation, Reena left a message on my answering machine. She told me her presentation had gone very well and then, she made a statement I've never forgotten.

"Last night, you were all with me at the auditorium. I took the group in my pocket, sat you down in the front row and there you were, smiling at me as I gave my auditorium. Thank you."

Reena's words made me shiver. Her voice communicated excitement and new energy. I was filled with a sense of awe—Reena was blazing a new pathway! So often

insights and skills learned in therapy sessions are forgotten when people leave our offices and face the challenges of everyday life, but something important had occurred in the group: Reena had internalized the support of the group. The care of the group had registered. Not only had care been given: it was received. And clearly, the group had impacted her—and her response would, I imagined, help the members feel vital, useful and empowered. What, I wondered what were the crucial ingredients that had allowed this process to unfold?

Several thoughts came to my mind. First, members are often better teachers and role models than are therapists, who, may appear to have unachievable strengths and skills. Perhaps hearing others voice their struggles normalized the trials of everyday life, and reminded Reena not only of her own weaknesses, but of her own strengths, resources and generativity.

Next: In stepping out of my role as a “silent expert” and offering my authentic experience, I, too may have normalized her sense of shame. If I could admit that public speaking scared me, perhaps her fears were not so ridiculous. I took a risk that initially didn’t pay off—she dismissed me and yet, I survived, stayed related and engaged and found a new pathway to work with Reena and the group. And when my experience was dismissed, I didn’t label her as resistant—instead, I looked for a new way of making contact with her. Perhaps witnessing me blunder—and survive—showed Reena that everyone makes mistakes, and even when we err, things can work out. And although my personal story didn’t, according to Reena, relate to her, perhaps she took a seed from it which blossomed into exactly what she needed.

“I took the group in my pocket!” Those words have stayed with me for more than a decade and remind me of the rewards I reap in being a therapist. Not only do my patients take me in their pockets, but I take them as well. Witnessing Reena struggle and grow reminds me that growth—my own as well as my patients’—is a never-ending process. All that is necessary are a few crucial ingredients: the capacity to tolerate living in the unknown, take risks and fail, and the belief that our own struggles allow us to build new resources and teach us unexpected lessons.

Ts search for the alchemical ingredients