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Envy and Generosity Between Co-Therapists

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This paper explores the dynamics of envy and generosity between co-therapists. Generally speaking, co-therapists can be drawn into the same social comparisons (overt and covert), competitiveness, and envy as their group members. The list of valued resources can include the group's affection, appreciation, and recognition, or, more generally, one's status, popularity, creativity, sensitivity, understanding, or parental functioning. The group in turn, will sometimes tend to divide the therapists into the "good one" and the "bad one" in order to serve its own developmental needs. This process can increase the tension between the therapists, and feed their envy. I present an argument for processing those feelings and assert that awareness of co-therapist envy can promote the expression of generosity and enhance the capacity of group members for similar experiences. Clinical material will be presented to demonstrate how this works.

KEY WORDS: envy; generosity; group; co-therapy; group therapy.

INTRODUCTION

Co-therapy is a widely used treatment modality, although the amount of psychoanalytic writing that addresses it is relatively small and the systematic study of co-therapy is scarce. This scarcity may be partly due to the firm belief of therapists that they have the capacity to manage their relations effectively, as well as the hope that after years of introspective training they *know* how to work with each other. Apparently it is difficult for us to accept that we are subject to the same unconscious dynamics that we frequently see manifested in our patients.

The recent interest in co-therapists and the dynamic forces that operate between them is in line with the growing tendency, in the last 15 years, to include the *subjective* life of the therapist as a meaningful part of the treatment process.

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However, up to this point, most of the difficulties between co-therapists mentioned in the literature have related to conflicts around competitiveness, power struggles, control, and personal or theoretical disagreements. Little attention (if any) has been given to the idea that envy and generosity might be powerful dynamic forces in co-therapy, so in this paper I will explore the dynamics of *envy and generosity* between co-therapists conducting group psychotherapy.

The exploration of these issues is especially pertinent in Israel, since Israeli professionals must share a limited space, which no doubt intensifies their difficulties around envy and generosity. Dealing with these issues in the context of the pressures of Israeli reality has the potential to make co-therapists more anxious about exposing their vulnerabilities, but it can also allow them to gain richer and more relevant insight. In addition, co-therapy is a prevalent treatment modality in Israel, which gives us a unique opportunity to study various significant aspects of its dynamics and their impact on group processes.

A BRIEF SUMMARY OF THE LITERATURE

It may be worth noting that the ideas and opinions about co-therapy are decidedly mixed. It seems that co-therapy (like relationships in general) is a mixed blessing. Klein and Bernard (1994) make a compelling rationale for the use of co-therapy as a treatment for severely disturbed patients. In a detailed chapter on this subject, they argue that co-therapy constitutes a structural analogue to the family constellation and as such provides the opportunity for a corrective emotional experience for many borderline and narcissistic patients who have been damaged in their families. In fact they think that co-therapy can be curative for *all* patients. In concluding this chapter, they write: "When the new 'family' works in the benign way for the betterment of the patients being treated, the experience can result in a working through of some of the trauma of the original family experience. In fact, this can occur whether this aspect of the treatment experience is explicitly discussed or not. *We believe this can be one of the most powerful curative factors in a successful treatment conducted by co-therapists*" (p. 235, my emphasis).

Most writers who extol the virtues of co-therapy agree that the achievement of a mature capacity for co-existence in the dyad is essential; and it can be beneficial if the co-therapists are able to contain their anxiety and to work out their difficulties in a cooperative way. Almost all theorists agree that co-therapy by therapists who do not share the same theoretical framework, activity level, or tempo tends to be extremely disruptive (Davies and Lohr,1971; Heilfron, 1969). Respondents to a nationwide random survey of American Group Psychotherapy Association members, conducted in 1983 to ascertain the standard of practice in the field, cited a *complementary balance* of therapist skills as the *number one* factor in co-therapy team success. (Roller & Nelson, 1991). Beck and Dugo (1986), who have presented the most comprehensive schema to date for the development of

co-therapists, go so far as to claim that psychotherapy groups do not achieve a higher stage of development than the one the co-therapists have achieved. Thus they make the maturity of the co-therapy team a criterion for the progress of the therapy group and the healing of its members.

There is also a small group of theorists who outline some objections to co-therapy. Rutan and Stone (1993) think that the notion that a co-therapy team can represent an ideal mother/father pair is somewhat grandiose since few co-therapy teams "suggest such maturity or perfection in their relationship" (p. 163). They also write: "Many of the arguments for co-therapy turn out to be arguments against it. For example: is it really advisable to reduce the therapist's anxieties? Should not the therapist confront anxieties about entering the group alone that are similar to those our patients must face?" (p. 161). Their arguments are joined by other opponents of co-therapy (McGee & Schuman, 1970), who contend that it confuses transference and countertransference responses; that it should be used only for special purposes; that it is inefficient (MacLennan, 1965); and that it increases the likelihood that special forms of resistance will be manifested (Anderson et al., 1972).

As is well known, Foulkes was not in favor of co-therapy. He wrote: "Co-leading is of great value for training purposes and offers some general advantages... [but] altogether it is better for the group to have one conductor only.... In any case, only one of them should take the leading function, while the other will act more as an assistant.... Conflicts between the therapists will be frequently provoked by the group, but should best be avoided" (Foulkes, 1975, p. 102). In addition, Foulkes believes that therapeutic considerations demand that group members should have only one therapist upon whom to project their unconscious feelings; he feels that having two therapists dilutes the transference process.

On the other hand, Yalom (1970) suggests that a co-therapy arrangement of anything other than two therapists of equal status is inadvisable. Most of the advocates of co-therapy think that if it works, the benefits are numerous. The following is an inconclusive list of the advantages that co-therapy provides:

- A built in support system for the therapists.
- A working model for managing interpersonal complexity.
- Assistance with maintaining continuity of group work.
- Ongoing feedback and live supervision.
- A safeguard against loneliness and burnout.
- An added perspective to both group and therapists.
- Assistance in coping with impasses and difficulties that are bound to arise in the group process.
- Needed parental objects for complex transferential projections for group members.
- A safeguard against transference distortion, especially with more disturbed patients.

However, to orchestrate the interplay of equals is difficult and may require a continuous effort and considerable investment from the partners.

Envy and Generosity: Issues of Difference

Generally speaking, envy and generosity have to do with difference, with diversity, with an "other," with inner boundaries and external reality, with a gap between "me" and "not me." (Winnicott, 1975). Difference is an issue that touches upon powerful dynamics that are inherent in the reality of the inequality in the distribution of human attributes. It draws our attention to questions of social comparison and to the ever-present tension between what one has and what one has not. On the one hand, diversity can be seen as a threat to ones personal resources and security; it evokes envy with its many ramifications (Klein, 1957). On the other hand, it can be perceived as a source of creativity, renewal and regeneration (Winnicott, 1983). Thus difference is a central issue in human affairs; an issue that stands on the crossroad between destruction and creation, and involves facets of envy and generosity in a complex interplay with each other.

Generosity

Generosity as a concept in itself, is almost nonexistent in psychoanalytic writing.[3] A broader view of the etiology and dynamics of generosity calls for a separate discussion.

The Oxford Dictionary tells us that the ancient meaning of the word "generosity" is genus, genre, kind, or race. Originally, it meant being of a noble origin by birth. It suggests a quality that one carries in his or her genes; assets that are part of a personal heritage and considered as one's birthrights. Over time, it acquired a connotation of being of noble spirit and having high ideals of liberality, magnanimity, and plentitude. I believe that generosity can be conceived of as being linked to the existence of generativity and creativity in the subject. It suggests an ability to give something that the subject possesses as part of his or her personal endowment; something he or she owns. It has an inherent meaning of one being a potential resource for self and others; a source or a fountainhead in ones own right. It implies that one can be the origin for creative capacities, a generator and an initiator, possessing a sense of personal agency—an actor rather than a reactor. Berman (2000) emphasizes this idea about one's faith in inner attributes in a unique way: "Let us say that just in the same manner that envy in the etymological sense means the casting of an evil eye on the object—we can say that generosity means

[3]In the PeP archives that hold the full text of 6 key psychoanalytic journals (over 31000 articles covering 77 years) there were only 2 articles that had "generosity" appearing in their titles. One was "Pathological Generosity" and the other was "Compulsive Generosity."

casting a good eye on the object. The object that is thus seen by '*the good eye*' is an object that '*has it all*.' He has capacities and possibilities. He has valuable qualities and a favorable developmental potential, a perspective and a future. The '*good eye*' is the eye of vision." (p.1, my emphasis).

The Hebrew term NEDIVUT implies that generosity also means volunteering, which is an act of free choice and good will. The word NEDIVUT has connotations of giving for free, rather than for any sort of material gain. A person is generous because *he or she wants to be, not because he or she has to be*. In the bible it is used to signify a voluntary act of personal contribution that is not done for purposes of atonement for sinful behavior (KAPARA). Generosity implies a belief that one's unique subjectivity brings forth and promotes the unique subjectivity of the other, that development is enhanced by reciprocity rather than mutual sacrifice. Since generosity is defined as a productive life source it does not deplete ones inner recourses: *it becomes richer by usage*.

These ideas are embedded in theoretical approaches that conceive of man as possessing inborn equipment for living and thriving in a social context; his creativity and ability for interacting and communicating with others is innate. Foremost is Winnicott (1975) who believes that the subject is endowed with an inner potential to grow, develop, and realize a full creativity. In addition he or she has "a capacity for concern" that implies personal ownership over his or her attributes and an ability to contribute that "is often a start on the road towards a constructive relation to society" (p. 78).[4]

Following Winnicott, Benjamin (1999) emphasizes the importance of the mutual influence between mother and infant and states that mutual recognition is crucial for the development of self-agency. These thoughts about generosity as an outgrowth of innate resources can be juxtaposed with the concept of gratitude, especially as presented in Kleinian theory. While both gratitude and generosity are part of the human repertoire, they represent a entirely distinct emotional stances. Gratitude defines a relationship between a giver and a receiver, but it can also signify a burden that the receiver can never repay (Berman, 1999). In other words it has a connotation of putting a "mortgage" on ones life.[5]

The Hebrew language teaches us that gratitude can turn into a method of control that limits ones freedom. In Hebrew the expression ASIR TODA means that the receiver becomes literally a "prisoner of gratitude." The recognition and acknowledgment of deep indebtedness to the giver is revealed in the etymological meaning of this word in Hebrew (MAKIR TODA or MODE). In any case it is a

[4] Winnicott emphasizes the dynamics of 'concern' as opposed to Kleinian dynamics of guilt, gratitude and reparation that stress anxiety over survival as a central motivational force. Seen with an "envious eye" co-therapists make concessions for each other out of guilt for taking too much space or gaining too much attention from the group; they are careful and tolerant for fear of being "too much" or "too little" each one in turn.

[5] The negative cultural and social meaning gratitude has come to represent is captured collectively by the figure of a suffering, sacrificial, giving, Jewish mother with her "ungrateful children" that inhabit both our folklore and our lives.

reminder of one's dependence on others, one's vulnerability, and the pain of being helpless and needy during certain points.[6]

In view of the dialectic tensions between giver and receiver that are touched upon by these comments, I suggest that there must be a "*third state of mind.*" A state of mind in which there is no counting *who gives what to whom*; in which the difference between giving and receiving becomes irrelevant. This generous gesture needs resonance in an "other." An "other" that is able and willing to open up and accept this gesture and use it. Both parties in this exchange, the giver and the receiver are enriched by it and feel their worlds have expanded and grown. (This is in contrast to the idea that resources are scarce or limited and that one's gain is the other's loss). Thus it becomes an experience of mutuality and interdependence. An ancient poem written in Persia by Jelaluddin Rumi in the Thirteenth Century (1207–1273) captures the essence of this emotional state:

> OUT BEYOND IDEAS OF
> RIGHT DOING AND WRONG DOING,
> THERE IS A FIELD.
> I WILL MEET YOU THERE.

Generosity Between Co-Therapists

Demonstrating "generosity at work" between co-therapists is not an easy task. This may be partly due to our well-established habit of exploring pathology in detail, while taking emotional health for granted. Thus the emotional process that forms the basis for a cooperative and productive relationship between co-therapists may receive less attention and be more difficult to detect. With this in mind, I would like to emphasize that the ability of co-therapists to combine their resources and enjoy the advantages that such a partnership affords suggests that *generosity be actually "at work."* I will now describe some qualities that characterize the relationship between co-therapists when a generous perspective forms part of their emotional attitude.

To begin with, co-therapists have faith in their own resources and believe that their work will enrich them both. They perceive their work together as an opportunity to grow and contribute to each other. They are ready to acknowledge their limitations, vulnerabilities, and needs in the professional role without being overly anxious and self-effacing. They are ready to depend on each other without feeling depleted or robbed of their own resources. In other words, they can *use* each other without feeling *abused.* They can see their relationship in the context of

[6]No wonder Winnicott had his reservations about Kleins' terminology. But then, we have to remember he was a man, British, and childless. Klein on the other hand, was a woman, Jewish refugee and a mother of 3 "ungrateful children." It appears that there are gender issues involved here that need further exploration.

work as a *playground*, rather than a *battleground*. They are ready to openly explore "primitive" feelings they have for each other and use this experience to enhance their work. They perceive the difficulties and conflicts that arise between them as an essential aspect of growth, as an opportunity for further emotional development and a deepening of containment abilities. They recognize, acknowledge, and appreciate the complementary contributions and unique capacities each of them bring into the collaboration. Each one perceives the success of the other as an enrichment of their personal assets and a contribution to their professional effectiveness. They wish each other well and have concern for each other's feelings. And last but not least, they *enjoy* each other and their work together.

When such an emotional climate predominates, co-therapists provide a much needed working model for mutuality and interdependence. They begin to appreciate, and deeply feel that human life evolved within a social context from the start.[7] And furthermore, they understand that a social environment with its multiplicity of interactions is conducive to the development of one's unique subjectivity, rather than being restrictive and inhibiting.

Seen from this perspective, co-therapists create a benign family-like setting that defines the group boundaries as a living space that is built to facilitate and contain growth. Needless to say, this model of productive cooperation between co-therapists is an ideal, a vision to strive for. In my experience, striving for this ideal takes courage and continuous emotional effort.

Envy

Envy is a distinctly "social" feeling in the sense that it is evoked in the context of relationships between self and others. It touches upon poignant emotional issues inherent in human connectedness in a reality of inequalities, differences, and social and personal comparisons. Envy by definition draws sharp lines between those who have and those who do not. It provides clear and "simple" signifiers in a reality of inner and outer complexity. Envy is a feeling of pain that is evoked by an awareness that the other has something one does not have and desperately wants. To acknowledge envy is to accept a keen awareness of being needy and helpless, devoid of inner resources, worthless, weak, and inferior. In addition, envy is considered a primitive emotional state that is associated with ill feelings and vengeful intentions towards friends and relatives. Hence, it is experienced as an "illegitimate" emotion, and is accompanied by hatred, guilt, shame, and self-condemnation.

Envy is also considered one of the most lethal emotions. Klein (1957) believes that envy has a major impact on personal development and relationships with

[7] A group with one conductor emphasizes the primacy of dyadic interactions, namely an infant–mother developmental model, while 2 therapists introduce triadic relationships or co-parenting as a model. **Fivaz (1999).**

others. She defines envy as hatred for the object for *having something good to offer*. Since it is a reaction to the gratification and pleasure the object can give to the subject, it is an especially destructive process. Envy entails a need to attack the good object ("the good breast") simply because of its goodness.

Mitchell (1988) writes that Klein's view of envy is an account of "the systematic destruction of hope and desire, massive spoiling efforts to avoid being in position of *needing something important from someone important*, which is experienced as equivalent to placing oneself at that person's mercy" (p. 109). Klein (1957) distinguishes gratitude from envy: "A full gratification at the breast means that the infant feels that he has received from his loved object a unique gift which he wants to keep. *This is the basis for gratitude.*" (p.188, my emphasis). Gratitude, as Klein defines it, places goodness outside the self. It implies an acknowledgment that one lives off another's resources. Generosity, on the other hand, suggests that goodness can be self-generated.

Envy Between Co-Therapists

Co-therapy provides a natural stage on which the dynamic forces of envy, of *self* versus *other*, can be played out. Having two therapists performing the same task in a public setting constitutes an extremely effective incubator for the growth and development of powerful tensions. The fact that co-conductors perform in "public" only adds strength to the affective component of the experience.

Co-therapists are extremely vulnerable to all kinds of comparisons. They expose their professional skills, personal characteristics, and their strengths and weaknesses to each other. They also represent the ego ideal and the super-ego of the professional community for each other. An envious state of mind can make co-therapists vulnerable to all sorts of projective distortions, as each one in turn is prone to feel inferior to the other. Even minor differences between them are likely to be invested with elaborate meaning and feed a vicious cycle that casts them as two-dimensional characters. Generally speaking they are preoccupied with who gets the better share, or who is worthier and more accomplished than the other. The list of valued resources they compete for is inexhaustible, but usually includes the group's affection, appreciation, and recognition, and more generally, the therapist's status, popularity, creativity, sensitivity, understanding, or parental functioning.

The group can exacerbate the situation by dividing the therapists into the "good one" and the "bad one" in order to serve developmental or defensive needs. This process increases the tension between the therapists, and feeds their envy. Patients' differential reactions and behaviors toward each member of the pair serve to promote and encourage the forcible maintenance of splits between therapists, as each is drawn into a reenactment of meaningful relationships and conflictual emotions from his or her own life. Thus the process of transforming therapists into

two-dimensional stereotypes is fueled by the combined distorted perceptions of group and therapist alike.

In addition the group-as-a-whole can become unconsciously envious of the two therapists, since they represent a creative pair that seem to be self-sufficient and fulfilled. This unconscious envy by the group evokes destructive wishes towards the pair. Projective identification of these wishes on the part of the therapists may be manifested by conflicts or disagreements that threaten to damage their relationship. In such cases they tend to start fighting, and they sometimes end up splitting apart in actuality. In any event, it is an emotional experience that is likely to be restricting, inhibiting, and distressing for the therapists. If they are aware of envy towards their partner they may feel ashamed, guilty, and humiliated for having the "wrong" set of feelings—feelings that are especially mortifying in the context of a professional role.

It is not unusual for the impact of envy on the relationship between co-therapists to go mostly unacknowledged and unrecognized for what it is. Since these emotions are painful, imbued with negative connotations, and loaded with "illegitimate" personal, social, and professional meanings, they tend to be disavowed, denied, or simply hidden out of fear and shame. Thus, they become even more threatening, powerful, and difficult to detect. They are prone to create vicious cycles in which growing anxiety feeds doubts about self-worth and sets the stage for perceiving both therapists as opposing two-dimensional figures that either "have it all"or "have nothing." An envious state of mind tends to become a self-fulfilling prophecy as it draws the co-therapists further from their resources, damages their faith in their capabilities, and reduces their professional efficacy.

It demands a conscious effort from all the participants to be able to disentangle the emotional web they may be caught in when an envious state of mind takes hold. Processing these difficulties, painful as it can be, opens up channels of communication within the pair of therapists and between them and the group. When successful, it provides the group with a first-hand experience of the extent to which subjective perceptions and feelings can dictate the quality of relationships.

Envy and Generosity "At Work"

A one-dimensional "either/or" way of organizing one's experiences and perceptions has a powerful and compelling pull. The tendency to become one-sided and lose sight of a contrasting point of view is almost a given of human nature (Berman, Berger, & Gutmann, 2000). Hence therapists who work in pairs are prone to engender splitting response in themselves and others. The envious and generous attitudes constitute two points of view that can be perceived as opposing poles of a continuum. They are both part of personal and social repertoire, and the tension between them is part of every overt and covert group discourse.

Clinical Vignettes

The following clinical vignettes demonstrate some of the usefulness of being attentive to both perspectives while dealing with tensions and conflicts that threaten to decrease the effectiveness of co-therapists.

First Clinical Vignette

Dina, a psychiatric resident, and Lea, a clinical psychologist, co-lead a patient group in a community mental health clinic. In supervision, Lea complains that Dina is often late for group sessions. Dina resents Lea's complaints, and feels unjustly blamed for things that are out of her control. "It's not my fault if I'm held back by emergencies in the hospital and can't be as punctual as you are." At other times, she says that the Unit Chief will not let her come earlier to the clinic because there is too much work to be done on the ward. She sees Lea as inconsiderate and unempathic with her situation.

When exploring their difficulties, it becomes possible for Dina to feel how exhausted and overwhelmed she is by her duties. She feels abused by her senior colleagues and envious of "the protected, organized, and comfortable life style" that Lea seems to enjoy. She sees her partner as having the luxury to control her own time without the constant pressures and demands exerted on her by the realities of her duties. "You don't have to deal with all these patients and their families in the emergency room" she tells her co-therapist. It becomes evident that she feels helpless, depleted, and attacked from within and without by the demands of her profession on the one hand, and the misery of the patients on the other. Lea represents the inner resources she desperately needs and cannot provide for herself. She seems to "have it all." Dina becomes painfully aware of her envy towards her partner who seems to take better care of herself. At the same time she does not perceive her qualities as an able and experienced psychiatrist (that are so useful on the ward) as having any value. She sees her clinical expertise as almost useless when compared to that of her colleague.

On the other hand, Lea sees Dina as controlling and inconsiderate for attempting to force her preferences and schedule on the group. She perceives her as lacking in empathy, and inattentive to the "real" emotional needs of the patients. As for herself, she feels she is left alone with a complaining, resentful group. "Like all doctors you believe in drugs and don't understand that the setting is important" she tells her.

Further work revealed that she had been feeling rather helpless in front of the difficulties the patients were presenting. She viewed Dina as more powerful, better equipped to deal with pathology, and envied the higher status doctors have in the clinic. In a way, she had become identified with the patients who would see themselves as victims of the "ruthless" doctors who consistently robbed them of their

effectiveness and self worth. Like Dina, she did not see her personal and professional qualities as valuable in her task. She felt poorly equiped to cope with mental illness and expected her co-therapist to save her from feeling dysfunctional and lost.

The group also exerted pressure on the co-therapists. They are dysfunctional chronic patients, mostly from working class families that barely make a living. Their ability to cope effectively with their lives is limited by their conditions. The co-therapists had become a target for forceful transferential feelings of envy that the group members were feeling towards "healthy" others who were perceived as worthy of a place in society, respectful positions, and the associated control and power. Group members perceived themselves as worthless and helpless, while the doctor and the psychologist "have it all." They felt passive, dependent, and needy, with no ability to contribute anything to their well-being. The manifest behavior in the group was of constant complaining, criticizing and blaming others for their misery. They felt victimized by their families, circumstances, other group members, and unhelpful doctors. Thus the co-therapists had become containers for the group's envious attack, which split them even further apart. *The splitting between inner world and external reality that is part of the pathology of the patients is played out in the relationship between the co-therapists.*

The ability of both partners to get in touch with their envy opened up the possibility of sharing painful feelings of helplessness and anxiety that had been evoked by their task and by the threat of the patients' mental illness. They could both feel less alone. Hence, they became more ready to acknowledge their mutual need for each other and to recognize and appreciate the respective unique contributions each one had for the other. The ability of the co-therapists to own both their strengths and weaknesses made them more open to the group's needs. The group members, in turn, discovered that they are not so totally worthless after all.

Second Clinical Vignette

Two psychologists, Gabi and David, co-conduct a group in a student counseling center. In supervision, they talk about feeling frustrated and angry with each other, and how the atmosphere is suffused with anxiety. They are afraid that the tension between them affects the group work. They both think the group process is "stuck," and are worried about it.

David blames Gabi for being too passive: "She is not involved enough and doesn't offer enough interventions to make the process move forward." He feels he is left alone "to carry all the burden on my shoulders, because she is no help at all." She blames him for being too involved with group members, making premature interventions, and not giving her enough time to say anything. She claims he "takes up too much space for himself and leaves me out." She feels paralyzed, and pushed aside, while David blames her for his frequent interventions, saying that she "her lack of responsiveness forces me to take over."

When exploring these issues in supervision it becomes apparent that Gabi considered herself inferior to David and was painfully aware of her "failure" and his "success." "He has so much to offer, while I have nothing." She felt envious of his effectiveness, his professional abilities, and the appreciation he received from the group. She felt shamed by her apparent unresponsiveness, and was disappointed in herself. She did not perceive her emotional experience as having any value—her feelings were a liability to be discarded.

After receiving supervision from the perspective of generosity, Gabi was able to become less judgmental towards her passivity. Once she was able to "cast a good eye" on her sense of helplessness she began to appreciate that it was a way to be in touch with "being" rather than "doing."

A closer exploration of his experience revealed that he envied "the privilege she indulges in." He felt that she had been allowing herself to succumb to the helplessness that anxiety about success in the task evoked in her. He felt that it was a "luxury" that he could not afford because he felt compelled to "make it"—driven to succeed. Supervision also revealed that he to was failing to "cast a good eye" on his qualities as an effective group therapists. He tended to see them as a "trap" that he was prone to fall into. The ability to get in touch with these feelings allowed David to become more tolerant towards his difficulty with "letting go." He realized that he had been projecting some of his own unrecognized needs for dependency and trust onto Gabi.

Prior to supervision, both therapists had failed to see their emotional experience as having any value. They considered their conflicts and frustrations with each other as an annoying barrier that needed to be bypassed for the sake of effectiveness.

It so happens that group members had been "stuck" with similar difficulties: the women tended to emphasize their vulnerabilities, while the men were resentful and frustrated, and accused them of "dwelling on misery without doing anything to change it." It seemed that gender lines in the group had become impassable. It may have been that "being" threatened "doing" and vise versa for group members and therapists alike. Thus, exploring the difficulties between the therapists became a valuable tool for understanding the group conflicts (parallel process and projective identification).

In addition to the identified tensions about doing and being, the group may have also been envious of the relationship the co-therapists seemed to enjoy. As a pair they represented creativity, resourcefulness, mutual investment in each other, fulfillment, and self-sufficiency. As such, the co-therapists become a target for the group's unconscious envy and members did whatever they could do to split and pull them apart. This dynamic was expressed through critical remarks directed at Gabi (e.g., you don't say anything, you don't give us enough, you are invisible and annoying) and an attentive and appreciative attitude towards David.

The awareness the co-therapists gained through this process helped them appreciate the value of both "doing" and "being" in the professional role. They

were then in a better position to understand the emotional meaning of gender issues in the group. This added perspective ended up helping to set the group process in motion again.

Summary of Clinical Vignettes

Both vignettes demonstrate that envious and generous states of minds were at work in the relations of the two therapist "couples" that were presented. The exploration of these emotional experiences released them from the grip of splitting and projections in their working relationships. In both instances it facilitated the ability of the therapists to acknowledge their mutual dependency on each other. The differences between them that had evoked envy and friction became a source of strength and richness to be used for effective containment of group anxieties and tensions. In addition, the reactions, projections, and countertransferences of the therapists on each other played an important communicative and informative function in detecting the emotional life of the group. It helped them process unconscious envy, attenuate destructive tendencies and promote a more generous cooperation between members.

Concluding Remarks

Co-therapy at its best is an ideal to strive toward, for both therapists and group. It provides a model for maintaining a creative dialogue in a reality of diversity and differences. Seen in a broader context, it represents a vision for a *capacity for coexistence* (borrowing from Winnicott's *capacity for concern*). From my perspective, issues of envy and generosity with their complex personal and social implications are especially relevant in the conflictual and traumatic reality in Israel.

As was already mentioned, diversity, difference, and inequality can be imbued with destructive envy and obstruct the possibility of a creative resourcefulness. The striving of co-therapists to pull their resources together for the benefit of their group acquires a special meaning when done in the context of a society that fights for self-definition and lives in a continuous state of strife. It may come to represent the need for a collective effort to come to terms with the claims for recognition of Jews and Arabs alike (and other subgroups). It can be seen as part of an attempt to work and live together in a reality of multiple and conflicting identities.

On a more limited scale, the exploration of envious and generous attitudes between co-therapists can promote understanding between colleagues in general, and Israeli colleagues in particular. As mentioned in the beginning, mental health professionals in Israel live in a condensed climate of competition and stress. The limited breathing space they occupy can be counteracted by the enhanced inner freedom that is opened when painful issues are touched upon and processed. In

addition, two therapists provide a much-needed support for each other when they work in the context of a complex, stressful society. The perspective presented in this paper can help them cope better with the specific pressures under which their work is done.

Bearing this in mind, I found a remark made by Marc Binns (1984), relevant and appealing; he concluded a paper on co-therapy by writing: "Adding co-therapy to the diet is one way of keeping therapists alive and healthy." Since therapists "aliveness and health" seem to be major factors in effectiveness, I suggest, by the same token, that an open and thorough exploration of envy should be included in the diet of co-therapists. It is not easy to digest, but it will keep their generosity alive and healthy. The inner fabric of their relations is imbued with envy and it takes a considerable amount of generosity on the part of both partners to be able to transform it into creativity and resourcefulness. In other words, co-therapists need to have a generous state of mind towards self and others in order to deal with envy.

As the saying goes "It takes one to know one." I hope that the more egalitarian psychoanalytical thinking and associated intersubjective concepts—*mutual recognition, interdependence, diversity, multiplicity of perspectives with the dialectic tensions between them*—that frame my understanding of envy and generosity can help therapists to "know themselves." Their familiarity with aspects of envious and generous feelings can enhance their effectiveness and facilitate the detection and processing of similar experiences in the group.

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