# THE VISIBLE AND INVISIBLE GROUP

YVONNE M. AGAZARIAN

AND

RICHARD PETERS
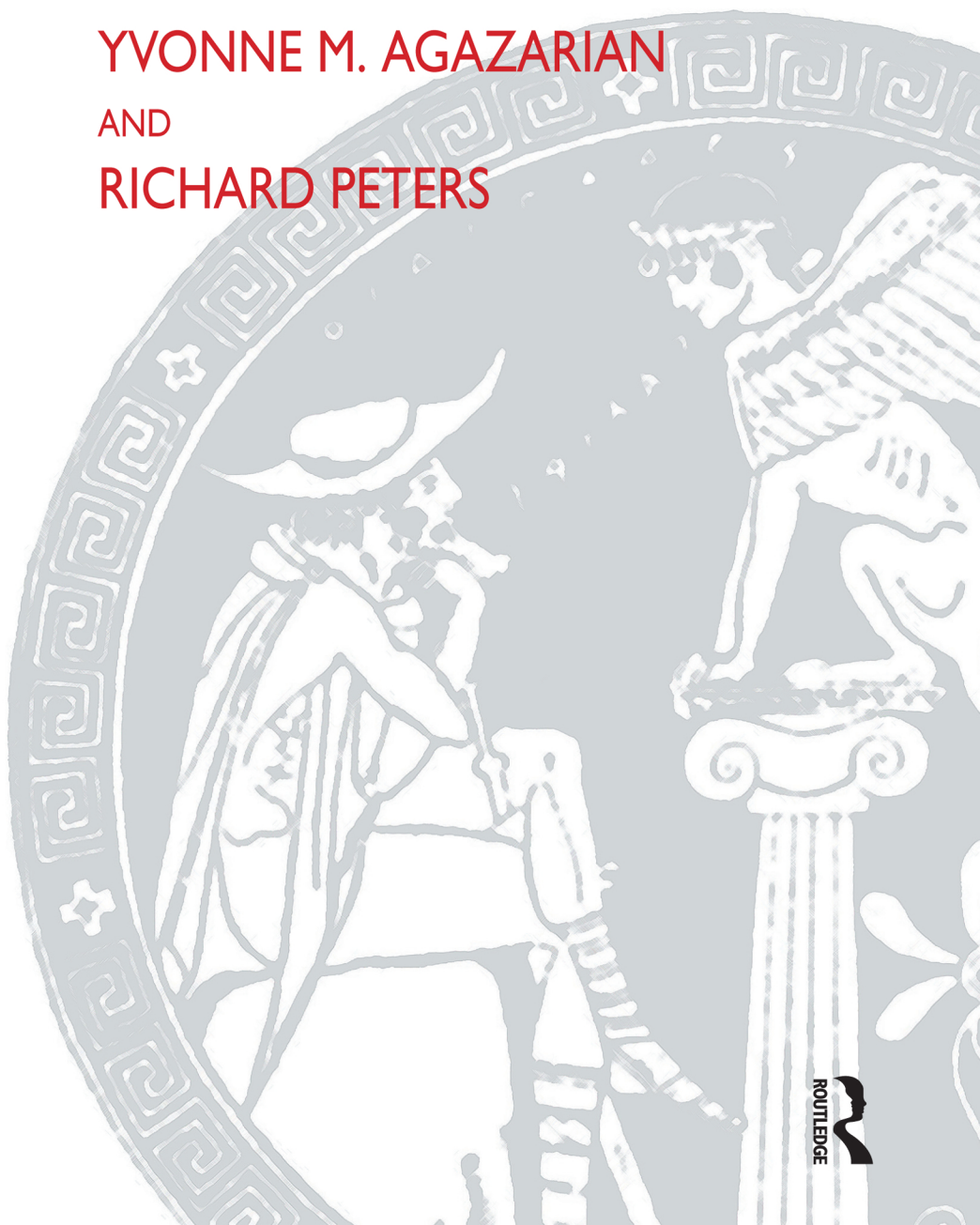
# THE VISIBLE
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## TWO PERSPECTIVES ON
## GROUP PSYCHOTHERAPY AND GROUP PROCESS

Yvonne M. Agazarian
Richard Peters

Routledge
Taylor & Francis Group

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# Introduction

There is a need for a book on the technique of group psychotherapy. Although this form of treatment has existed for many years now, one searches in vain for anything resembling the detailed discussion of technical problems that can be found in the literature of individual psychotherapy. The psychoanalytic literature, for example, contains numbers of excellent manuals on technique.

In the field of group, however, there is a serious need for a comprehensive volume bringing together the theory of group and the various problems of technique in a unified way. Such a volume needs to be much more than a 'cookbook' containing recipes for solving this and that technical problem.

We have just emerged from the effects of the era of the 1960s, which gave birth to a plethora of encounter group techniques and a minimum of even rudimentary theoretical considerations. The watchword of the 1960s movement was 'do your own thing', and the major criterion for leading groups was prior experience as a member; often a single experience of short duration was considered sufficient. As the outcomes of such intuitive leadership have proved to be disastrous, the need for thorough training, clear guidelines for technique and, above all, for a theoretical framework from which technical innovations can be derived, tested and revised, becomes clear once again. Psychotherapy must be a rational process from the point of view of the psychotherapist; only the patient can afford to, and should, experience it as highly emotional and intuitive.

Group psychotherapy is a rational process, a technique that can be learned by those whose personality structure and developmental histories provide the necessary prerequisites. Just as individual psychoanalytic psychotheraphy is a rigorous and uncompromising discipline so, too, is group psychotherapy. As the rules of individual psychotherapy,

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together with their theoretical bases, must be thoroughly mastered, so must those of group psychotherapy be thoroughly mastered.

Happily, the day of the group with a capital 'G' is over. Most of the gurus have turned to other, more current sources of pleasure. The devotees of instant intimacy have either found such 'intimacy' to be as lacking in quality as the other 'instants' abounding in our culture, or they have followed 'touchie-feelie' exercises to their logical and inevitable conclusion – group sex (an excellent defense against intimacy). In America, the lush funding available to various educational, defense and social welfare institutions has dried up or is differently allocated: exotic training designs are no longer spawned with a maximum of intuition and a minimum of theoretical and practical knowledge, and those in the field concerned with ethical standards have formed a voluntary accreditation association (the International Association of Applied Social Scientists, USA). With this timely departure has also passed the excess of publicity and/or notoriety which accompanied the group movement of the late 1960s and early 1970s.

So much for the group field that escaped from the medical model. For group psychotherapy that comes under the aegis of approved institutions as 'professionally respectable' there are also no clearly specified criteria for what methods are therapeutic and what are not. So pressing is this issue that, in its January 1975 newsletter, the American Group Psychotherapy Association sent out a call to the members to submit details of unusual procedures that both did and did not prove therapeutic. The professional organization of the group field itself has no clear framework for judging therapeutic structure and is still at the data collection level.

Those of us who are serious students of group psychology in general, and group psychotherapy in particular, can, once again, work in a relatively neutral atmosphere toward the further development of those more valuable concepts and techniques which have survived, most of which predated the 1960s, in any case. This book is one example of such work.

The book contains three parts. The first section is devoted to an exposition of the theoretical concepts which we think best explain the phenomena observable in psychotherapy groups. The second section discusses such problems as patient selection and initial preparation, group developmental phases, interventions and other fundamentals in the technique of group psychotherapy. The final section explores in some detail the question of co-therapy, transference and counter-transference and other more sophisticated issues in group psychotherapy. This, then,

is the plan of this book. We will say more about the content of the three sections, and the reasons for our method of organizing them, below.

Perhaps the major stumbling block for theorists of group psychology is whether or not a group is entitled to be conceptualized as an independent entity. Without citing the large literature on the subject, let us simply state that the issue is between those who cannot satisfactorily explain many of the observable phenomena using theories based on the behavior of individuals, and those who find the concept that the group is different from the sum of its parts nonsensical. We take the position that this is not a simple academic difference. Rather, it is a difference that will govern how therapeutic the group can become.

The therapist must be able to recognize the manifestations of group dynamics if he is to work with them. It is the recognition, diagnosis and manipulation of these group dynamics in a deliberate manner that permits a group therapist to facilitate the development of the group into a tool of effective therapy. Without the necessary understanding and technique, the group therapist will be as subject to the resistant and fixating influences within each phase of group development as any other 'member' of the group. In individual therapy, the therapist must be able to diagnose individual dynamics and transference at a theoretical level, analyze his counter-transference, and use his interventions as a deliberate therapeutic influence. In group therapy, the group therapist must be able to diagnose, analyze and use his interventions, not only as a deliberate influence in relationship to the individual patients, but also, in a different manner, to the group as a whole. If he cannot do this, then the therapist is simply doing individual therapy in the presence of a group of people.

It is for this reason that we take the position that the group psychotherapist must understand two sets of laws, and be able to talk in two languages: the language of individual dynamics and the language of group dynamics. If this assumption is untenable to the reader, he will wish to proceed no further; if he is amenable to a discussion of the matter, we will try to make our schema as clear as possible.

We have defined a theory of group development that encompasses two sets of laws: one set of laws for understanding individual dynamics and one set of laws for understanding group dynamics. For describing and understanding the behavior of group, the authors have developed a theory of group whose building blocks are Lewin's field theory and systems analysis. Group is conceptualized as a system with two major component systems, the individual system and the group-as-a-whole system. From the perspective of the group-as-a-whole, all phenomena

of group can be described without referring to the individual members who make up the group. This is the perspective which defines the *invisible group*, the group that only exists through theoretical eyes. However, as we intend to demonstrate, it is only by being able to perceive the invisible group that the group psychotherapist can make therapeutic use of the *group*. Understanding both group *and* individual dynamics permits therapeutic influence to be applied to the individual or directly to the group-as-a-whole or to both simultaneously. This dual focus increases the therapeutic potential for the individual in a complexity of ways which will be described in the first section of this book.

For describing and understanding the behavior of individuals, the authors rely on the psychoanalytic model. Since many a Tom, Dick and Harry has seen fit to call his own pet theory 'psychoanalysis', we must identify what we mean by the term. We will adhere to the mainstream or classical psychoanalytic model as represented by the works of Sigmund Freud, and modern interpreters like Edward Glover, Heinz Hartmann, Heinz Kohut, Otto Kernberg and Peter Giovacchini. While we are fully aware of what we believe is a temporary decline in the interest shown in psychoanalytic theory, we have not found any other theory that explains personality dynamics better or with more comprehensiveness. We will, therefore, use psychoanalytic theory as a base to describe the developmental and etiological bases for our patients' emotional problems, to assess their potential for change, to understand their resistances to change and to interpret their conflicts.

The authors define only the psychoanalytic constructs necessary to our argument. A number of detailed expositions of psychoanalytic theory already exist, and to repeat them is not within the practical scope or utility of this book. Where our use of psychoanalytic terms deviates from the standard explanations, we have defined them in the glossary. Where psychoanalytic terminology is used and not defined in our glossary, the definition of the terms is the same as that found in Laplanche and Pontalis (1973). Where we have modified terms to apply strictly to group psychotherapy, we have discussed and defined their meaning fully in the text.

The theoretical discussion of group dynamics is limited, in much the same manner as with psychoanalytic terms, to those variables and concepts necessary for understanding group psychotherapy. Unlike psychoanalytic theory, such information is not readily available in a form useful to psychotherapists, and the reader of a book like this one cannot be presumed to be familiar with it. A partial list of selected topics at the end of the book provides the reader with recommended

reading, should he wish to pursue any subject in more detail. For those who wish to question statements made by the authors, which lie outside the authors' special field, this section will be especially useful; e.g., for those who question or are curious about the statement made in the next chapter concerning the evolutionary advantages conferred by any genetically transmitted behavioral tendencies that aid a group to breed more successfully, references to source reading are provided in the recommended reading section.

One further comment on the simultaneous use of the group-as-a-whole and psychoanalytic theoretical models. Both represent more a way of approaching and examining psychological phenomena than a hard and fast set of constructs. It is axiomatic that whenever more than one set of constructs or theoretical approaches is used to describe and analyze the same problems, e.g., atomic, sub-atomic and molecular theories, there must be no contradiction between them, and they must not yield contradictory or mutually exclusive explanations or predictions. The group-as-a-whole theory and psychoanalysis are not, in that sense, in conflict. The constructs of field theory, systems analysis and psychoanalysis yield complementary explanations of human behavior and dynamics from which predictions can be derived and tested.

Thus we have used psychoanalytic constructs and language to describe the individual patient's dynamics, and the transference phenomenon that operates between the patient and the therapist and between the patient and other members of the group; and we have used the language of group dynamics to describe the patient's role in the developmental and ongoing dynamics of the group and the patient's part in group transferential phenomena. We have used the language defined in the glossary to define group-as-a-whole. For example, the psychoanalytic model describes the unconscious displacements each group member makes of expectations and affects experienced during childhood and adolescence, and belonging to particular individuals and parental imagos, onto other group members, including the therapist. The group theoretical model, on the other hand, describes the structure that develops within an ongoing psychotherapy group, details the developmental phases of the group (including group negative and positive transference which emerges as a property of group development), and focuses on the forces that operate within the channels provided by group structure. In so doing, it provides a tool for predicting, recognizing, and dissolving the blocks and inhibitions that occur during the various developmental stages of the group in its problem-solving processes.

Even the Behaviorists are coming to see that psychotherapy is a

complex process. Why then create further difficulty by adding a group dimension, if that addition entails the mastery of another dimension of technical know-how? The group situation presents attributes which are unique to itself and which can increase the power of the tools already possessed by the skilled individual psychotherapist. It is for this reason that we propose that the mastery of group theory is the only route to mastery of what is in fact another dimension of psychotherapeutic technique which yields attributes that are specific to itself.

Some of these attributes are:

1 group therapy is (or should be) less expensive and hence available to the less affluent;
2 with certain patients the one-to-one setting has a built-in resistance to feedback from the therapist; it is a 'my point of view against yours' situation. The presence of several other people removes that obstacle and may even put the patient in an 'everybody's out of step but Johnny' position in cases where his perception is particularly unrealistic;
3 data on the patient's modes of social interaction are available in a larger quantity; in the case of some patients who avoid social situations, important data are generated which would not otherwise come under therapeutic scrutiny;
4 in a further ramification of the above second and third points, the therapist has available a first-hand view of the patient's distortions of his interactions with others;
5 the patient can observe problems, behaviors and feelings similar to his own while maintaining a more comfortable psychological distance; since the behavior is not his own, he can look on it more objectively and then eventually be more ready to focus on his own version of it; the fact that the other group member is not destroyed or ostracized is particularly useful in helping the observing patient to acknowledge his own behaviors (developing and strengthening his observing ego);
6 the security provided by group support for individual members allows those individuals to ask questions of themselves or each other that might be difficult or impossible for them in a one-to-one therapy situation;
7 the patient can observe and experience different or more appropriate behaviors in others, leading to new and more desirable outcomes; this is qualitatively different from getting advice *about* new or more appropriate behaviors;
8 following from this, an established group provides a supportive

setting in which new behaviors can be tried out and, if successful, practiced;

9  patients can 'check-out' their projections with their peers; this is lower risk behavior for the patient than using a therapist for that purpose, but helps build ego strength toward that harder task;

10  there are many patients whose frustration tolerance and overall ego strength are not sufficient to permit them to work through certain issues, such as archaic or strong positive or negative transferences, in individual psychotherapy. For such patients, group psychotherapy provides the potential for exploring and working through individual transference issues via the medium of the group transference – a resource unavailable in the individual setting;

11  the problems of very strong transference which are too hard on the counter-transference of all but the most experienced and secure psychotherapists are more easily and successfully faced by therapists in a group setting when a co-therapist is present;

12  in groups employing co-therapists, a wider range of skills in diagnosis of situations and intervention is available and a far more effective check against counter-transference behavior is provided; the above only holds true where we are talking about highly trained and competent co-therapists, not where one or both are untrained or apprentice therapists.

## About the authors

We, the authors, think ourselves particularly qualified to write this book for several reasons. We share a great deal of experience and training which is highly relevant for the subject matter. Both of us studied at the Psychoanalytic Studies Institute where we were trained in the discipline of psychoanalytic theory and technique. Both of us are grounded in general academic psychology and were students of group dynamics under the late eminent Lewinian scholar, David Jenkins. During the group movement of the 1960s, we took part in many training laboratories of various kinds and were, in the course of that, exposed to the best and the worst of those who were thinking about and leading groups at that time. Both of us were experienced individual psychotherapists before attempting group therapy and one of us (RP) had the valuable experience of attempting to do group psychotherapy first without, then later with, the insights provided by the group dynamics concepts. Finally, we were both heavily exposed to various

eclectic and even downright 'wild' psychotherapies during the course of our training and experience as psychotherapists. This, along with the increasing sophistication of psychoanalytic theory and technique, has led to an informed choice of classical psychoanalytic thinking and technique on both of our parts, a result of increasing experience rather than religiosity or indoctrination.

We have practiced together as co-therapists since 1968, and have been working separately and together with group since the very early 1960s. Our combined group experience totals over seven thousand hours in group therapy! In our work with groups, our discussions about groups, our lecturing and supervision of group therapists, we have done considerable refining and formalizing of our ideas. Overall our approach was, and continues to be, remarkably similar. Whereas our styles of working contain some important differences, the differences come together as complementary, and provide us both with a broader scope than either of us has separately. We are pleased to find that each of us understands with ease theoretical and technical group issues which were often difficult to convey to other professionals. Each of us is able to complement the gaps in the other's conceptual schema.

Our joint endeavor in writing this book has required of us the same skills and co-operation in our work that our co-therapy endeavor has required. It is probable that we have worked together as smoothly and as well as we have in this task of writing because of the years that we have spent in learning how to work together in group. As in group, we have found that for certain tasks a joint venture paid off handsomely; for example, the chapter on special problems in group. We have also found that in certain other chapters it has made more sense for one of us to establish the direction while the other supported us in our work: for example, our division of the psychoanalysis and group dynamics aspects of this book. Thus, in our group of two, we find that our work together has permitted each of us to develop and contribute individually in ways that we doubt would have occurred had we not been members of our two-person co-therapy group! The product of this group's work represents, perhaps, more creative individuality than we could have achieved had we not experienced such close collaboration. Having spoken of our membership in our group, we will now speak of our individuality.

I, Richard Peters, first undertook to convince my co-therapist Yvonne that we should write this book. I was aware that the time had come to present what I considered our unique ways of thinking about and working with psychotherapy groups in a systematic and comprehensive way.

It became clear to both of us as we began to sketch out the contents of this book that Yvonne was the group theoretician and I was the psychoanalytic theoretician. As such I took as my second task the major responsibility for the *individual* perspective of group: that which is subsumed under the headings of the Person and Member systems.

In the process of teaching, supervising and practicing group psycho-therapy, my thinking has been validated, challenged, stretched and greatly enriched by students and colleagues, but most of all by the patients who have shared their lives and their discoveries with each other and me.

As Yvonne and I viewed therapy from group and individual points of view in the course of our years of working together, constant probing of theoretical issues validating or discarding ideas in the group arena has resulted in the conviction with which our theoretical positions are held. Without the aid of Yvonne's rigorous conceptual thought, so freely shared, I would not have achieved the overview of group that I now possess. While I arrived at my psychoanalytic ideas about group inde-pendently, I find that these ideas fit very easily into those of the group analytic thinkers, and I have made use of their contributions.

The major application of my psychoanalytic thinking is reflected in the sections of this work where co-therapy, transference and counter-transference are the focus. This entailed an examination of the role and person of each of us as group therapists. From a psychoanalytic point of view, next to inadequate training, counter-transference is the single major determinant of the success or failure of a group psychotherapy session, or of group psychotherapy.

The presence of each other as co-therapist affected our counter-transference reactions as surely as they affected our income, and the extra time that we needed to devote to processing both the group's dynamics and our own interpersonal co-therapy dynamics. The Scylla and Charybdis of the psychotherapist are the feelings of omnipotence resulting from being greatly overvalued because of the positive trans-ference on the one hand, and the anxiety and loss of self-esteem from the pitiless attacks of the negative transference on the other. We each experienced the other as a powerful support, a reality confronter, and an antidote both to the seduction of omnipotence and to the debilitating effects of severe hostility from patients.

I have found that counter-transference effects are strongly intensified in the group situation. I also note that there is a greater demand on our resources, caused by the necessity of paying attention to the needs of individual patients, the two-dimensions of our technique, and the

requirements of co-operating with each other. It is from the never-ceasing challenge of continually developing, both as a group therapist and as a co-therapist, that I have formulated how significantly different group psychotherapy is from individual psychotherapy. It is this understanding as it applies to the psychoanalytic aspects of our theory that I hope to have shared in this book.

I, Yvonne Agazarian, took the major responsibility for formulating the theory of group dynamics, and working together with Dick in its applications to group as we knew and practiced it together.

Thus chapters 2 and 3 are the first presentations of a theory of group dynamics I first started formulating with Dave Jenkins in 1963. To the extent that these conceptualizations reflect his influence and teaching, I present them with pride. The schema of the three levels of group (chapter 6) is an expanded version of a model I developed for the group psychotherapy department of the Community Mental Health Center of the Pennsylvania Hospital between 1965 and 1970. The adaptation of the phases of group development from the Bennis and Shepard schema (chapter 5) has been an ongoing discussion between Dick and me since we first began our work together as co-therapists. In its present form, it is an expansion of a paper that was originally published in 1968. The chapter on the constructs of group (chapter 4) is the product of much discussion between Dick and me, as well as many, many hours of challenge from students in my group psychotherapy courses. It would be impossible to separate out the many important modifications of my thinking that have come about under the influence of the ideas of you, Dick, and you, my students and colleagues. Although it is no longer possible for me to identify who gave me what, I hope that the current formulation of group dynamics constructs that are presented here provides you with a *déjà vu* experience, and perhaps the pleasure in the part that your ideas have played throughout this book.

## About the contents of the book

Chapter 1 provides a general picture of what goes on in psychotherapy groups. It focuses on the contributions of psychoanalysis and group theories to the understanding of the various phenomena observable or deduceable in the course of group psychotherapy. An illustrative group is manufactured in order to demonstrate the behavioral or operational data as they might, and typically do, occur in real groups. The group

behavior is interpreted from several levels of both individual and group perspectives.

Chapter 2 presents the visible and invisible group. The inductive perspective from which the visible group can be observed is differentiated from the deductive perspective, from which the invisible group can be understood. Lewin's life space is adapted to systems analysis. Group is described in terms of four systems, each one of which is capable of being modified by the other three. Two of these systems, person and member, are sub-systems of the individual system and define the visible group. Two of these systems, role and group, are sub-systems of the group-as-a-whole system and define the invisible group. The relationship between the systems is explained in terms of communication channels that contain ambiguities, contradictions and redundancies in the reality and irreality information that they contain. The generalization of group development theory to group psychotherapy is explained, and the work of Bion, and Bennis and Shepard, is outlined in general terms as a basis for later chapters. A summary table presents a comparison between the dynamics of the visible and invisible group.

Chapter 3 presents the theory of the invisible group. Clinical examples of 'Ann' are given to demonstrate the usefulness to the psychotherapist of perceiving group dynamics in General Systems Theory terms, and the correspondence between this approach and psychodynamic interpretations at the individual and group level. A two-page table summarizes the theory of the invisible group in terms of the theoretical hierarchy, definitions of communication behavior and the types of theory and constructs that apply to the four conceptual systems: person, member, role and group-as-a-whole.

Chapter 4 presents the basic constructs of group dynamics: communication, role, norms, cohesiveness, goals and structure. At the end of chapter 4 is a summary table which demonstrates how each of these constructs can be defined in terms of perspectives of the person and member systems of the visible group; and the role and group systems of the invisible group.

Chapter 5 presents the phases of group development that are potential for all psychotherapy groups, together with criteria for diagnosing fixations in development. At the end of chapter 5 is a summary table which adapts the Bennis and Shepard schema (appendix 1) to the psychotherapy group. Bennis and Shepard's phase of dependent-power relations has been interpreted in relationship to Bion's basic assumption flight-fight groups, and their phase of interdependence personal relations has been interpreted in terms of the basic assumption pairing group.

Their barometric event has been related to the transference neurosis. All basic assumption groups have been displayed against the matrix of the work group, whose task varies according to the phase of development that the group is engaged in.

Chapter 6 presents three levels of group process which differentiate between three types of group based upon group goals. The summary table at the end of chapter 6 defines, for each of the three levels, the group goal; the operational objectives; membership criteria; diagnostic guides; behavioral emphasis; therapist's orientation; group achievement criteria; expected phases of group development.

In chapter 7, after a brief description of the general aims and techniques of the psychoanalytic diagnostic interview, the reader is told how to prepare a patient for group psychotherapy. This is done by discussing those issues which are likely to arise and by providing some general guidelines for handling them. The kinds of information that the patient ought to be given are presented along with the rationale for giving or withholding information.

Chapter 8 addresses specific problems in group psychotherapy at the practical level. These are: acting out and its many meanings; socializing between members; boundary behavior; group decision making; issues in members joining and leaving group; group silences; working with another therapist's group; and group size.

Chapter 9 begins by defining and examining the related phenomena of transference and counter-transference as they occur in psychoanalysis. It then extends the use of these concepts into the psychotherapy group primarily at the member level. The uses and possible dangers inherent in transference and counter-transference phenomena as they apply to group psychotherapy are discussed. The chapter provides a bridge for the individual psychotherapist to extend his skills into the realm of group at the member level and prepares him to understand in a personal way the phenomenon of the role for the group.

Chapter 10 is a brief excursion into the specific advantages or disadvantages that result from adoption of the co-therapy method of doing group psychotherapy. These are listed and discussed. The authors make no secret of their preference for the co-therapy method and present what they consider to be powerful arguments on its behalf.

# Chapter 1
# Two sets of laws

For reasons not always clear, there has been more rivalry and competition between applied and academic psychology than co-operation. This competitive spirit has played no small part in the development of a group dynamics versus psychoanalysis competition in group psychotherapy. Is this a meaningful difference which will some day be resolved in favor of one or the other? We think not. Here one is reminded of the bitter heredity versus environment controversy, which was resolved by interaction theory in favor of both.

The group dynamics approach stems from that branch of academic psychology which had its origin in the gestalt movement and at present is best represented by field theory (Cartwright, 1951; Lewin, 1948). The major theoretician of field theory, Kurt Lewin, believed his formulations to be in opposition to those of psychoanalysis. That was a conclusion that is not shared by many of us who are thoroughly familiar with both models, e.g., Foulkes and Anthony (1973). The psychoanalytic approach, on the other hand, originated largely in the applied field, particularly from psychiatry and clinical psychology (Fine, 1973). Both theoretical formulations have much of value to say about what goes on in groups, and both are quite sophisticated, avoiding the simplistic solutions that are so frequent nowadays in the psychotherapy world.

An interactive theory that makes use of important and relevant aspects of psychoanalysis and group dynamics is the approach we advocate in this book. The fact of the matter is that group dynamics developed as a method and a set of hypotheses about the behavior of groups and the behavior of individuals as members participating in specific groups. Hence the behavior of individuals was seen as heavily influenced by the effects of the group: the individuals were behaving as parts or components of the group, not simply as separate individuals (Lewin, 1948). This argument rests on the notion that when a group

develops out of a collection of individuals, i.e. develops a recognizable and stable structure, the members are seen as *parts* of the group entity. As such they behave in matters relating to the group as interdependent members of the group, subject to the psychological laws governing the expenditure of energies within the group and to the group's aims and goals. This state of affairs is not to be viewed as antithetical to the aims and goals of the individual; he is not a slave to the group against his own interests. Nothing could be further from the truth. *He is, in fact, serving his own best interest in the way afforded by the situation in which he finds himself.* The overall aims of the group are congruent with the overall aims of the individual and represent his surest way of achieving his own aims. This is not less true because he sometimes is frustrated by his role in the group in a given situation.

The available evidence indicates that man in his present psychological and physical state evolved as a member of a small group; his existence depended upon it. The evolutionary edge was in favor of those who performed so as to achieve the group's aims, large and small; these added up to group survival and hence survival of the largest number of individuals. And children could not grow up to breed without the group's protection. Population genetics has made it clear that even a very small breeding advantage will prove decisive over relatively short evolutionary spans of time (Dobzhansky, 1962).

The degree to which the norms of a small group (of ten members or more, including children and infants) control the behavior of its members can not easily be appreciated by modern, urbanized, mass man, with his relative alienation from the extended family, neighbors, and community. In the remaining hunting-gathering groups, such as the Bushmen, this group orientation is abundantly clear; almost all behaviors and aims of the individual are congruent with the breeding survival of the group.

Psychoanalysis originally grew out of the intensive clinical study of individuals and their behavioral aberrations. It began as a theory of mental illness, but soon focused on the developmental history of behaviors, including their transformations, apparent disappearances, and later reappearances. Most of all psychoanalysis became a tool, a methodology aimed at collecting data for intense longitudinal studies of the individual. As such it gave rise to an everchanging, growing body of hypotheses, deriving from the data brought to light by the method. And, despite the religiosity of some of its proponents, it continues to be open to further theoretical growth and development; the tremendous amount of work being done on ego theory is a case in point.

It is useful here to describe the psychological elements of the small group as it is likely to be found in a psychotherapeutic setting. This description may serve to clarify where the group dynamics model is most applicable and to point out where its limitations are such as to make it more useful to resort to a second theoretical model.

The group that we observe consists of, let us say, eight patients and two psychotherapists. That this visible group has a structure (a set of established relationships of various sorts) is not clearly evident. That it has norms (unwritten rules of behavior that apply to the members) is even less evident, and it would take a number of sessions for an observer to become aware of these norms. The group has a goal (an aim shared by all members), and this would be equally unclear without careful study. All the observer would actually see is a number of people talking to one another. It might be noted that the members tended to talk one at a time, and that the topic frequently turned to the past or present relations of the members to one another. The observer might note also that two of the members (the therapists) were less active in word and gesture than the others, that the members typically performed different functions, that there were task-oriented and feelings-oriented members, that the group climate was constantly fluctuating.

To anyone familiar with individual depth psychology, it is not surprising that much goes on in interactions between people that does not announce itself to the uninitiated eye; this is true wherever the workings of scientific laws are sought for. Watching a psychoanalytic situation, one would not expect an untrained person to immediately observe the transference, see the regression, measure the fixations, tick off the defense mechanisms as they appear, and so on. Yet these phenomena would be operating, often with powerful effect upon what occurs in, and results from, the therapeutic interview.

The group likewise has phenomena operating that only a trained observer is aware of. It has *structure*: communication and relationship patterns of who will likely talk to whom, who likes whom, who dislikes whom, and who gives influence and under what conditions. It has *norms*: members are expected to do so and so at such and such a point; they are expected to be on time; not to be absent without good reason; and a number of other explicit and implicit behavioral prescriptions that affect the function, not only of the members, but also of the group-as-a-whole. It has *goals*: both the goals that the therapist is aware of, like the well-being and psychological growth of its members, and goals that emerge at the level of group-as-a-whole that can be inferred

by observing the group behavior. It has *roles*: individual members can be characterized as task leaders, or maintenance leaders, or leaders of diversion, or of conflict. In addition, different members and sub-groups play different roles for the group at different times, responsive less to individual needs and more to the forces in the group-as-a-whole.

In addition to and concurrent with the above, the members as individuals are in various transference states with one another: typically the therapists are the parental imagos, and the other members are siblings, mates, relatives, teachers, or other significant figures from the past. These individual level relations between the members are determined by compromises between their conscious egos and their unconscious defense mechanisms, regressions, fixations, wishes, resistances, and conflicts.

Group dynamics can tell us what sorts of conflicts and problems to expect during the various developmental stages of the group: what problem-solving issues will arise and how to cope with them; what functional roles are necessary in order for a group to achieve specific sorts of goals. These are all group issues, whose resolution is absolutely essential to the effective functioning of the therapy group.

Psychoanalytic thinking provides to the group theorist precisely what group dynamics does not provide and what psychotherapy needs, an approach to the problem of why *one* given individual (or given part of this group) does what he does within the framework of the group's structure, norms, and goals. It is obvious that one does not create a group therapy situation in order to treat the group. Group psychotherapy is ultimately for the individual; he predated the therapy group and he will be going about his business after it no longer exists or he is no longer a member of it. It is equally obvious that in any group performing complex behaviors relevant to a group goal, everyone does something different: leadership and other roles and functions are differentially allotted. Why does A perform task functions and B perform social maintenance? If A is incapacitated or absent, why does C rather than anyone else perform A's functions and then surrender those functions when A returns, or not surrender them? Group dynamics will describe the necessary roles and functions of a group, and the pressures relevant to understanding and predicting the phenomena associated with those functions. Psychoanalysis must provide the information we need if we are to understand *who* will perform the functions and *why* those who do not, will not or cannot.

In order to help the individual to make the changes he wishes or needs to make, we must understand the individual, i.e., psychoanalytic

dynamics that he brought with him into the group. In short, we need a two-theory system for understanding and performing group psycho-therapy; we need the group's dynamics and the individual's dynamics.

Let us return to our hypothetical group and observe how a two-theory psychotherapist would use theoretical models to make concrete interventions, aimed at facilitating the therapeutic process. The group's present topic is: when will the members be prepared to admit a new member to fill an existing vacancy? This subject has resulted from one therapist's remark at the close of the preceding session that she had a possible candidate for the group, which lacked one member. There is bickering over who cares and who does not care about this issue. Periodically the members try to get the therapists to say what they (the therapists) want. Tension grows over several sessions with the members increasingly voicing their sense of impotence in the matter, 'because they (the therapists) have really made the decision anyway – it doesn't matter what we say!' Patient A is somewhat detached and depressed as the process continues. Patient B feels that one of the therapists is trying to manipulate her and 'always puts me in a position where I have to do what I don't want to do.' Patient C thinks that the other therapist is no angel, either. Patient D alternates between feeling that he is 'not a person' when he 'has to accept' someone he doesn't want, and expressing rage against the female therapist for putting him in the situation. Patient E, having asked one therapist an unanswerable question, i.e., 'will this new patient make a long-term commitment to the group?' berates the therapist about her cruelty in not answering questions; she cries and says that the therapist doesn't care about her. Patient F shrinks her chubby body into her chair and looks increasingly frightened and small; she says nothing. Patient G persistently rephrases the issue by asking *whether* or not they should have a new member at all. Periodically patient H aggressively and abruptly changes the subject to today's argument with his wife: he speaks bitterly and loudly, but there is the quality of a monologue about his words, and indeed no one listens. All passively await the end of his interruptions, or seize the first opportunity to return to the topic at hand. To anyone as familiar with the individual dynamics of these people as the two therapists are, at this point, it would not be difficult to make individual interpretations based on the psychoanalytic model. These interpretations would be accurate but incomplete, and often ineffective. The psychoanalytic rule for interpretation, interpret only the level that is available to the patient's preconscious, holds also in group psychotherapy. However, as we will discuss in detail below, there is a modification of this rule that is

necessary and appropriate to the group situation. The tension *at the group level* ordinarily must be resolved before individual dynamics can be looked at, otherwise the group will not 'hear', i.e., cannot make use of interpretations illuminating the individual dynamics of its members.

The group dynamics model provides the therapists with the following explanations which seem to fit the behavioral data observed: first, an established group will strongly resist an unknown new member because the whole existing structure of the group is jeopardized, and in an unknown way; this means to the members that in every significant dimension people will have to reposition themselves relative to each other in order to accommodate to the new member, and worst of all no one can tell if his or her needs will be met as well as before, or in the same way as before; second, the group will return to earlier behaviors (regress) under the high stress (frustration) resulting from such a threat; this means that it will attempt to abdicate the decision-making role it had previously achieved and try to force the therapists to make the decision for it, i.e., become authority figures. The inaction (refusal) of the therapists in regard to this demand heightens the anger and anxiety experienced by the group. Resolution is possible only when the group has generated sufficient data to indicate that perhaps the group is ready to recognize the validity of the group level interpretation. The interpretation is made that the group does not want to do the hard work of making a decision (which means facing its fears), accepting the responsibility for its consequences, and is wishing that the therapists would take away that necessity and that responsibility by making the decision for the group.

For purposes of illustration we shall assume that the interpretation was made emphatically and with proper timing, i.e., was on target and was accepted by the group. The group members then show releases of tension by sighs and by acknowledging the wish that the therapists would do the job for them; this is quickly followed by the members expressing their real fears about the consequences of accepting the new member. These expressions of fear are identified as, or followed by, associations about the past or childhood experiences of the individual members, which permit individual psychoanalytic interpretations to be made where needed. The number of such interpretations is limited only by two factors: first the overriding consideration that the group session should, in so far as is possible, *not* become an individual session performed in a group setting – an outcome that cannot be avoided whenever the therapist is not aware of, nor skilled in, the priorities of group level work; second the psychoanalytic rule that the material to

be interpreted individually be already in the individual's preconscious.

In actual practice the first rule is probably violated more frequently than the second; much of what passes for group psychotherapy is simply individual psychotherapy done in a group setting, and unless the psychotherapist has been trained in the recognition and inter-pretation of group level phenomena it could not be otherwise.

So far it looks like a very simple thing to do group psychotherapy; one deals with group level behaviors at the group level and, following that, one uses one's psychoanalytic expertise to move into the individual members' areas of conflict as revealed during the session, making individual psychoanalytic interpretations much as one would do in an individual setting. The facts of the matter are, however, otherwise. There is the matter of *resonance* and amplification.

Laplanche and Pontalis (1973) note that 'resonance "from unconscious to unconscious" constitutes the only authentically psycho-analytic form of communication.' This is the phenomenon which is responsible for much of what is called interpretation, transference, and counter-transference, and thus lies at the very heart of the psycho-analytic method. It is clear that if resonance between their respective unconsciouses takes place in an interpersonal unit of two – the psycho-analytic dyad – it will take place in interpersonal situations where larger numbers of people interact closely. Credit for extending this notion to groups probably belongs to Foulkes (Pines, in press) and the concept is widely utilized in the group analytic literature (Foulkes, 1965; Pines, in press).

We define resonance in group psychotherapy as follows: resonance is a form of communication between group members which takes place primarily at an unconscious level, and is a function of the inter-dependent, affective responses of members to particular shared conflicts as stimulated in the group's working together, e.g., separation, castration, oedipal rivalry and resulting in amplification of the particular theme being resonated. This is called the 'condenser phenomena' by the group analytic therapists (Pines, in press).

As we hope it begins to be clear, we are discussing phenomena which properly belong to psychoanalytic theory but which operate on a group level and which represent a conceptual middle ground between the psychoanalysis of individuals and the analysis of the group *qua* group. It is necessary to make such conceptual distinctions in order to prevent the inappropriate use of terminology and mode, and the reification of such abstractions. Lewin (1951b) explicitly spoke of the problem of mixed models when he said that 'In the social as in the physical field

the structural properties of a dynamic whole are different from the structural properties of the sub-parts.' A possible conceptual muddle can result from a failure to distinguish between group-as-a-whole and the amplified resonance-in-group of individual-level conflict. Consider the following ideas: (1) it is not conceptually useful to imagine that a group has an ego or a superego in the sense that psychoanalytical developmental psychology can conceptualize such psychic structures for individuals; (2) clearly a group has neither a penis nor a vagina and cannot as such be producing penis envy or castration anxiety; (3) it has no parents and no sex life hence there is no possibility of an oedipal triangle. It therefore makes no real conceptual sense to speak of group conflict or to describe group-as-a-whole behaviors in psychoanalytic, psychodynamic terms, all of which flow from study of the individual. It does, however, make a great deal of sense to note that such universal human issues as are described by psychoanalysis exist individually in the people who make up groups and that interaction seems to have the power to amplify such issues when they are stimulated in individuals in a group setting.

It is this particular level of 'groupness' that stands between the level of the individual as one of a collection of individuals who happen to be occupying the same physical environment, and the level of the dynamic group or group-*qua*-group with its structural properties of the dynamic whole. And this is the level upon which much of the attention of the Group Analytic Movement has so fruitfully focused. Some quotations from Pines (in press) on the contributions of Foulkes will illustrate (1) the individuals in resonance orientation of Foulkes and his followers which well justifies their use of psychoanalytic concepts to build their model, and (2) their great awareness and skillful treatment of the middle-level or resonance and amplification group phenomena. Pines notes four group specific therapeutic factors:

1 *Socialization.* Through the process of sharing, through the experience of group acceptance and belongingness, the patient is brought out of his isolation into a social situation in which he can feel adequate. 'He is a fellow being on equal terms with the others.'
2 *Mirror phenomena.* The patient can see aspects of himself reflected in the image behaviour and problems of the other members of the group. Through this he is enabled to confront various aspects of his social, psychological and body image through identification with and projection on to the other members of the group.
3 *Condenser phenomena.* Foulkes observed that even deep