Section: The Context of Group Analysis contd.

Authenticity and Belonging: The Experience of Being Known in the Group

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This article explores the causes of inauthenticity, an increasingly common complaint amongst people seeking therapy and more generally in society, and describes the relationship between in-authenticity and the ability to connect with others. Developing the notion that assimilation into alien culture can lead to a sense of unbelonging and identity confusion, the article focuses on this process at the micro-level, where a child's true self may not be attuned to within his family, and the child's authentic experience is replaced by that of the dominant family culture. We then consider how a good enough environmental response, such as may be found in therapeutic groups, can allow a move towards authenticity through being known, thus enabling more genuine connection with others.

Key words: assimilation, authenticity, 'being known', belonging, false self, group analysis

A vignette to set the scene – Roger:

> Roger was 37 when he sought therapy, feeling that he did not know who he was, having survived life behind various masks and always acquiesced to others' needs and their expectations of who he should be. He frequently dissociated from his feelings and had no sense of belonging anywhere, believing he had nothing in common with other people. Although he described this in terms of difference in lifestyle and life choices, it was evident that he felt this in a more fundamental sense; that he just did not connect. As a child he had felt unnoticed, as if he just wasn't there. His mother was 'spaced out' most of the time, relying on diazepam to blot out her feelings of depression, but as a result was emotionally unavailable to Roger. In adulthood Roger felt profound hopelessness.

A common feeling expressed by people we meet in our clinical work within local inner-city UK health services, is that of 'not knowing who I am', of not being able to be oneself, of not being known by others or of living behind a mask. This feeling of inauthenticity, or confusion of identity, often goes hand-in-hand with feelings of alienation from the rest of society, a sense of not belonging, accompanied by hopelessness, futility and despair.

The reasons for these feelings of alienation and identity confusion seem more apparent in some than in others. The new millennium is characterized by a large ebb and flow of people migrating to alien countries, whether as itinerant or to more permanent populations. Witness the phenomena of economic migration, political asylum-seeking, dispossession and homelessness. The impact of this on individual and group psychology is bound to be profound. But those who do not share this history of dislocation from their county of origin are also presenting with a sense of alienation and not belonging. Here, one assumes it would be necessary to look at the dynamics of their early environment to understand the origin of these feelings.

It may, however, be that there is more of a parallel between the experience of such people and the cultural dislocation outlined above than is at first apparent. A feature of human experience is the need to belong. One result of the contemporary movement and dislocation of peoples is that there is, in some, a failure in belonging, a disconnection from the place and context where such experience might have been available. While many populations, groups and individuals have sought, as a response to the need for social cohesion and belonging, to assert their unique identity and cling to their roots, others have sought to assimilate culturally, to the point of losing their original identity and language. As argued by Littlewood and Lipsedge (1989), Boyce (1998) and others, assimilation often has a price in terms of mental health, including the mental health of those several generations away from the direct experience of dispossession. We suggest that it is a similar process of assimilation, which leads to disturbances of identity, and feelings of alienation and not belonging, in clients referred to our services, but here the assimilation is between them and their early environment, in the sense that the development of their identity, or their *internal* culture, has been put on hold, in deference to the needs of their carer (or family, or host culture), and at the expense of the development of their *true selves*.

The thrust of this article is that attachment, belonging and being known, as foundations of mental health, are not, therefore, the exclusive provenance of a child's primary caregiver, but are better understood, as Pines describes elsewhere in this issue, as the result of 'good enough environmental responses', including responses of the family, the host culture, the world at large, the international community and so on. Certainly, therapeutic groups can provide for their members, through the experience of being known, a sense of belonging, the possibility of developing authenticity, and an experience of hope, by way of an antidote to their previous experience. But it is necessary for the wider communities of which these groups are part, and larger transcultural and supra-national groups still, to offer the same sufficiency of belonging.

Thinking of parallel process, if the issue under consideration is that of true and false selves, then the issue of therapist authenticity also requires attention. The authors will address this in relation to the conflict, experienced particularly as trainee group analysts, between 'being real' and being therapeutic (Reay and Revel, 1999) in clinical work. All names and identifying details in the vignettes used have been changed.

Authenticity and Control
According to Heidegger (1962), one of the existential philosophers most associated with the theme of authenticity, although we meet in our experience certain facts of existence from which we retreat in terror, for example our impending death and our essential aloneness, we actually shun much more the prospect of 'life, of a life that one suddenly becomes aware of in its whole contingency' (Safranski, 1998). Phenomena such as our ultimate freedom to act any way we choose, our ultimate ownership of our actions and our ultimate responsibility even for who we are, actually appal us. Awareness of these phenomena and their significance is terrifying, and we are drawn ever by fear of such freedom, choice and responsibility to 'root ourselves' in restricted and ever-repeating (i.e. institutionalized and inauthentic) forms of relationship and activity, seeking thereby to contrive the experience of certainty and control, when actually there is none.

In our bid to avoid experiencing freedom, responsibility, change, depletion or even just plain uncertainty in the face of existence, we thus cling, seeking to attain security, mastery and control, doing so

at the expense of authentic being. For we cling not only to people, possessions and habitual behaviour patterns, but also to ideas about how things are, constructions of the world, images of ourselves, contrivances as to who we are and what we feel. And often enough we do so with scant regard for the mismatch between such contrivances and the evidence of our senses, or the reasoning of our intelligence; self-deceit, as the poet describes, is that 'idiot wind, blowing like a circle around our skull' (Dylan, 1974).

In our work with people whose childhood experience has been one of neglect, violence, emotional deprivation and abuse of many kinds, it is evident how their current relationship with themselves, others and the world, are repetitions of early experiences, transcripts from the original hard-wired template. But we believe that the template can be changed, or alternatives created, in circumstances where there is an environmental response that is good enough, such as through group analysis. After the initial work of identifying these (often unconscious) ways of relating, and the underlying thoughts and emotions which accompany them, however, there is often a period of frustration where the person knows that they are repeating a now outdated *modus operandi,* but feels unable to shift. Equally, such frustration can be felt by the therapist, seeing patients' old patterns as 'sabotaging' any change, seeing them wishing to stay in a familiar 'victim role', say, rather than grasping the nettle and moving on. Exploring this resistance then brings us into contact with the *fear* that change engenders, bringing with it, as it does, uncertainty, and loss of familiarity and control. We can then identify with this fear, which is common to us all, as stated in Safranski's commentary on Heidegger on p. 47, and acknowledge our own unconscious attempts to feel in control when we find ourselves repeating familiar, inauthentic rituals in our professional roles.

Bion (1962) describes just this sort of struggle between control and authenticity as manifest in relation to the process of thinking. Wishing things will be *thus and so*, rather than assessing honestly whether they are as we wish, we dictatorially affirm them to be that way. For example, I feel unpleasantly hungry as a baby, and so believe a breast is there. I feel dismayingly unsure of myself professionally as a trainee group analyst, and so believe the group is successfully struggling through the most difficult of experience under my expert guidance. Thought (or a *conception*) is defined by Bion as a specific adaptive response to an essentially unpleasant

experience: the upshot of the 'juxtaposition of a *pre*-conception [e.g. a fantasized breast] and a negative realization [e.g. the confrontation with the reality that there is no breast here!]' (1962: 112). If our tolerance of such unpleasant thoughts, or realizations, is sufficiently low, we are likely to fly in the face of truth, rather than experience the discomfiture of reality.

> At age 4, Sarah, the elder of two mixed race children, was sometimes abandoned for days at a time and left to look after a younger brother. Other times she looked on while her mother engaged in prostitution in their single room. At age 6 she was taken into care. Despite these and other experiences of severe emotional and physical deprivation, perhaps precisely because these painful experiences were so hard to accept, she retained a desperate optimism and buoyancy through her childhood and adolescence. This optimism was encouraged at the children's home where she lived. It was also in conformity with the overwhelming social pressure to accept one's lot and be happy. It did not begin to fade until her 20s. Since the recent death of her mother she has only managed to cling on to some final shreds of this optimism by adopting a set of beliefs which includes a view of herself as a Hindu demi-god with superhuman powers to set the world aright and control heaven and earth by magic. When unable finally to maintain these beliefs she sinks alone into the compounded misery and turmoil of 28 emotionally gruelling years. (Vignette from Davidson's clinical work)

> The thought is in these circumstances . . . fit only for evacuation [and, ultimately, all thoughts] are treated as if they are indistinguishable from bad internal objects; the appropriate machinery is felt to be, not an apparatus for thinking the thoughts, but an apparatus for ridding the psyche of accumulations of bad internal objects. (Bion, 1962: 112)

The imagined evacuation of such thoughts (e.g. the thought of a 'bad, not-present breast', or the suspicion of one's professional inadequacy) is felt to be 'synonymous with obtaining satisfaction from a good breast . . . Omniscience substitutes for the discrimination between true and false a dictatorial affirmation that one thing is morally right and the other wrong' (1962: 114). For example, the breast *should* be here, or it *ought* to be the case that I am highly skilled (even if neither are true), and so I shall act as though these things really were the case and thus will them into being. In either case, our 'inability to tolerate [such] frustration can obstruct the development of thought and the capacity to think' (1962: 113).

The False Self
Both Heidegger and Bion are describing phenomena developed in response to the unbearableness of reality and its associated

anxieties. The resultant inauthenticity may be beyond awareness but can lead to feelings of dissonance, depression and despair. In a somewhat similar vein, Winnicott (1960) talks about the idea of a false self. He describes different degrees of false self that people can develop, ranging from a minor, more consciously known one, adopted for the purposes of social etiquette or community living, to that where nothing else is known. Indeed, sometimes it is only through therapy, or a traumatic event, that people come to realize that they have been living behind a false mask all their lives, having sought therapy because of a sense of depression and futility. In between the two extremes are situations where the true self is acknowledged as a potential and allowed a secret life, and is protected by the false self, which may search for conditions that will allow the true self to develop. In any of these situations, however, although the primary function of the false self is to protect the true self from exploitation or annihilation, the cost can be unbearable in terms of not feeling oneself, of not being real, or of feeling unauthentic.

> John, a mixed race young man, had been adopted into a white family as a baby. The family lived in a white, middle-class area and John had no meaningful contact with children from other ethnic minorities as he was growing up. Indeed, he was brought up as if he was not of mixed race. His family never referred to his ethnic origin and responded evasively when later, on entrance into secondary school and coming into contact with other mixed race and black children, he started to ask questions. He had a pervasive feeling of not belonging – neither with his adopted family and their culture, nor with the other ethnic minorities that he met. It was only in his adolescence that he found out a bit more about his biological parents, by which time his sense of alienation had led him to truant from school and engage in shoplifting. At his core, he had a sense of somehow being a fraud, an imposter, of not knowing who he really was, which got in the way of being able to relate in any meaningful way with others, and which left him with an overwhelming sense of futility, despair and hopelessness.

This vignette links the feelings of inauthenticity to a sense of hopelessness, and of not belonging and not connecting with others. In a previous article, Menzies (2001) explored the concept of the false self and the feelings of hopelessness and despair associated with this state, and how hope can develop through the experience of the true self being known. By being known we mean having a sense of being well known and, despite this, being accepted. Being known and *being real* are intimately linked. When living behind a false self, and not knowing one's own true self, it is hard to then offer that true self in any meaningful way with which others can connect.

The resultant sense of alienation from the rest of society can be profound.

Winnicott describes how a false self develops through the infant's compliance with the primary caretaker, when circumstances are less than adequate. The 'good enough' mother is able to allow a sense of omnipotence to develop in the infant by her successfully adapting to his needs. When he is hungry a breast is fantasized, and then arrives in actuality. In this way he believes he can create and control his world. This is necessary in order to strengthen his weak ego before he can then gradually give up his sense of omnipotence via symbol formation. On the other hand, if his mother or other primary caregiver, is unable to do this for whatever reason, but instead *he* has to comply with *her* needs, then the true self does not become known and the false self reacts to environmental demands by complying, resulting in the feeling of inauthenticity under exploration in this article.

At the beginning of this article, we focused in particular on the migration of families and communities, and two of the clinical examples were notably of mixed race individuals. However, before we go on to explore this further we need to think in general about how a feeling of authenticity, or being real, comes about. As implied above, we suggest that this is intimately linked with the feeling of being known. Stern (1985) describes how this can come about through the sharing of inner experience, in particular, the sharing of affective states, and that the infant's capacity to do this begins at around seven to nine months. *Affect attunement* is the means by which the adult is able to convey to the infant that their affective state is known and shared. Without thinking about it, the adult matches some aspect of the infant's behaviour that reflects his feeling state, but in a different modality. For example, his mother may translate the rhythm and intensity of the infant's action into vocalization. This sharing of inner experience is exciting and leads to an increased feeling of security and attachment. It also makes possible an intrinsic sense of belonging, in Stern's words, the feeling of 'human-group-psychic-membership', which protects against feelings of alienation. However, there will be some behaviours, types and degrees of internal states, which the infant will find are not attuned to by those in his family and environment, reflecting personal and societal taboos about what is acceptable. Such selective attunement and misattunement results in aspects of the self that cannot be shared, instead being hidden, which may be

the first step on the way to the development of, and split between, false and true selves. This risk is increased if the infant falsely generates the types of experience that he has learnt *will* result in the affect attunement so strongly desired.

The term *assimilation* is usually used in the context of migrants who have taken on, or in, the culture of the host society. We suggest that it is also pertinent in the above scenario where the infant assimilates the values and taboos of his family and their society, to the detriment of his developing true self. Consider then the complexities of children growing up in cultures where their parents' own sense of belonging is threatened, and where their parents' own need to assimilate, as well as their ambivalence about assimilation, is at play. It may be that children born into the second generation of immigrant families who have worked hard to be assimilated in oppressive circumstances become particularly polarized between further denial of their background, and fury at the pressure to conform (Rubens, 1985). In the example of John, the impression is that his white parents were embarrassed about his mixed race status and wanted him to assimilate the white, middle-class culture unquestioningly. One can imagine that anything that was seen as identifying him as black as he grew up, would not have been attuned to, resulting in his feelings of being a fraud. John's struggle to make sense of this and integrate the part of him that had been unwanted, seen as bad and shameful, was the focus of the work he had to do.

Therapist Inauthenticity
Similarly, there are likely to be difficulties faced by patients in groups where the therapist's ability to attune to their needs is compromised by their own circumstances, including their need to assimilate into the culture of their training institute. One of the authors was recently challenged by a group member to the effect that the upbeat narrative of the group being 'sold' to them was in many ways 'a dictatorial affirmation' of things as the conductor wanted them to be (to paraphrase his critique using Bion's terms), more than an authentic construction of the experience of the group, which in actual fact included a lot of unacknowledged dissatisfaction and rage. The conductor's failure to validate this evidently contributed to increasing disillusion on the part of this patient and his subsequent departure, having had his early experience of not

being known painfully recreated, and neither that, nor his current experience adequately acknowledged.

A paradox apparent to both authors in reviewing their experience of training is that one has, as a student, a sense of needing to show you are good enough to have your supervisor confirm your work is of a sufficiently high standard. It is felt one has to do all the things a 'proper' group therapist would do. The paradox is that being a good group therapist is to a large extent about not trying to be anything, but being yourself.

Many students find themselves much better able to be authentic in their interventions once the sense of an external authority looking over their shoulder is gone. Once supervision is no longer about whether one will qualify or not, there appears to be less of a sense of being controlled and, by implication, a decrease in interventions that are controlling in the group.

It appears this is not uncommon. In discussion amongst group analysts and therapists across several continents in the context of four large Internet groups, the struggle to 'be yourself' resonated (Khuri, 2001). Generally it seems, as a second correspondent put it, that in 'the last period of the internship . . . developmentally there is usually a shift to a more clear sense of one's own voice and agency', while 'doing the group *right* [is] a major disturber of flow and lead[s] to attempts to control clients, because they need to "perform" in order to "show" your skills' (Iosupovici, 2001). It is evident, therefore, that the ability of the supervisor to create a safe space for the trainee to develop authenticity is vital for the trainee to feel enabled to do the same for his group.

Developing a Sense of Being Real and Being Known in the Group

Concern over John's expressions of hopelessness eventually led to his admission to an adolescent unit, where he took his anger out on black members of staff and patients, denying his own ethnic mix. In various groups, as time passed, he was able to explore this and appreciate how he had invested his black identity with exclusively negative attributes, and then projected these on to other black people. He gradually got in touch with the immense feelings of rejection he experienced by his having been 'given away' by his black mother, which underlay his anger. His anger shifted towards his white adoptive parents for obliterating his culture and communicating their shame, leaving him feeling more confused. However, over the months, through therapy and the rough and tumble of the social time, he gradually began to feel more comfortable in his own skin, making connections

with the other adolescents and developing a sense of belonging for, what he felt, was the first time in his life.

Foulkes emphasized the social nature of humans, believing that communication with others is the way to mental health. Initially, John's communications with others were largely on a primitive level. Unable to contain his anxieties about his blackness he projected these outwards on to others. These projections were sometimes thrown straight back by the other children, but at other times were more helpfully explored, allowing his anxiety to be modulated and understood. In this way the group was able to show him aspects of himself, which he had, until then, been unable to see. This example of a mirror reaction is one of the group-specific factors that Foulkes (1983) described, and was important in allowing John to start feeling more authentic.

The reason we develop the habit of denying, projecting and other such defences, is to protect us from the anxieties of reality, including the immense anxiety of not belonging, of being excluded or different. The strength of such feelings is confirmed by experimental research that underlines the potency of social con-formity (e.g. Milgram, 1974). It was only possible for John to begin to explore his feelings, and allow his true self to emerge, because of the containment and social/psychological safety provided, in this context, by the adolescent unit. The threat felt during this process is captured in the metaphor of a hermit crab having emerged from one shell but not yet able to find another. One man felt as if there were predators circling aloft, waiting to swoop. It is necessary to take the terror of this situation seriously – Winnicott described, for example, how a threat of annihilation of the true self, such as John evidently experienced, can lead to the false self organizing destruction of the total self by suicide.

Holmes (1993), in his exploration of the components of therapy which help to develop a containing environment, or secure base, from which a patient can begin to explore himself, describes how a good therapist automatically mirrors the volume of their patients' speech and their posture, or makes affirming sounds during the patient's narrative, which are the equivalent of the attunement described by Stern. In this way, the patient can feel understood and known, that his feelings are attuned to and accepted, increasing his attachment and sense of security. It is, however, more difficult to attune to some affects than others, either because they are heavily

defended against in the patient, and therefore difficult to tune in to, or because the feelings are resisted by the other group members, including the conductor. Unconscious factors, such as attitudes to race, colour and other differences, may interfere with the capacity to attune, potentially recreating earlier selective or mis-attunements. Having a heterogeneous group for therapy is an advantage in this respect, and it is likely that in a group many responses are occurring at any one time, some of attunement and affirmation, some that challenge behaviours or attitudes that affect others, and some as a defence against the affect being expressed.

> In the group Roger often expressed his sense of hopelessness. This feeling was particularly evident when he again experienced himself as not being noticed, or being passed over. Fear, anger and hopelessness emerged, with suicidal urges. In contrast to others in the group, Roger did not appreciate different perspectives on his situation, or indeed any form of encouragement, feeling these as inauthentic. The impotence this engendered in other group members often led to responses that did little to counter this feeling. Sarah, prone to a manic defence against feelings of hopelessness, would exhort Roger to stop being so negative. Lucy challenged his dismissal of her attempts to help him, feeling this as contemptuous and rejecting. Others, who had had similar feelings to Roger, were sometimes able to stay with his hopelessness. It felt difficult, however, to acknowledge his hopelessness whilst maintaining hope oneself. It felt as if he could only feel his hopelessness was understood if we were all to agree with him that he had no future. Indeed, it seems as if it was only after the whole group had responded to his sense of hopelessness by allowing it to pervade each and every one of us, that Roger finally began to feel some hope. This group response was difficult to bear but it made it possible to know how it had felt as a child with a depressed, hopeless mother who could not respond to, or perhaps bear, Roger's natural sense of hope, and how finally Roger had succumbed to this hopelessness himself. It was important for the group to bear with and survive the hopelessness for Roger to feel known.

To return to the fear of change and authenticity, as discussed in relation to Heidegger earlier, it is relatively easier to address such resistance when it is only apparent in one or two members of a group at one time, with others able to help in the exploration and challenge. However, sometimes the whole group resonates to the same feelings, leaving the conductor to carry the capacity to think. One such occasion occurred in another group, during the period leading up to the ending of the group.

> The months following the Christmas break had seen an increase in the amount of communicating and feelings shared between the group members, and talk, from some, of changes occurring in their relationships outside the group. However,

with the end of the group approaching, anger and hopelessness re-emerged. The conductor became the target for all the pent-up rage they harboured. Therapy was useless, therapists were useless, group therapy was doubly useless and the conductor embodied them all. Ann looked for individual counselling at her church, Charles bellowed that his AA [Alcoholics Anonymous] group was there for him six times as much as this once-a-week analytic group, and Michael felt no better than when he started. If what was offered was less than the idealized care for which they so intensely yearned, as reparation for their early deprivations, then it was utterly useless. Anger gave way to abject hopelessness, in which the entire group and, for a while, the conductor too, felt submerged.

The turning point appeared to be in a session in which the conductor empathized with the shared sense of disillusionment, but noted how the resulting resentment prevented the group from holding on to the good they had taken during the life of the group which, instead, they were spitting out. Michael was particularly intrigued by this idea, bringing to the subsequent session a picture he had drawn, prior to this discussion, which seemed to precisely articulate this dynamic. The group, including the conductor, were amazed by this, the picture being accepted as an authentic representation of their difficulty and a vehicle by which they could explore its meaning for them. What was important was that it was a gift brought by another group member, which had been created from the unconscious group matrix and to which they all resonated.

Conclusion

In this article we explored the concepts of authenticity and belonging, as a response to being confronted in our work by people who feel neither and, as a result, feel disconnected, hopeless and despairing. Understanding that these feelings can be brought about as a consequence of migration and assimilation into an alien culture, we examined how a similar process may occur when a child's true self is not attuned to in the family, and investigated the processes that can lead to feelings of inauthenticity, which are often defences to protect us from the overwhelming anxieties of reality, anxieties that are psychological, social and existential. In a containing environment we believe that it is possible to develop a sense of being real through being known, leading to a greater ability to connect with others.

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