idiosyncratic flavour is the interaction of the therapist's psychology with the psychology of the member patients. The group, even in its most advanced state, never quite loses sight of the presence of the two psychologies, and although there is a frequent pressure on the therapist by the patients to become a patient like themselves, there is also a concomitant fear that he may do so and allow them to degenerate into a 'leaderless' group, searching for salvation by themselves, yet burdened by all the regressive, destructive forces working with baleful purpose within them. The group cannot treat itself adequately by itself, but it can treat itself more than adequately with the help of the group therapist.

Chapter 7

The Phenomenology of the Group Situation

The data for theorizing on group dynamics are present in all types of groups. Its availability varies from group to group. In some it is cloaked in convention and formalism resistant to any inquiry, whereas in certain mass demonstrations, spontaneous phenomena may be evoked in a profusion that is equally apt to defeat analysis.

In the therapeutic group the uncovering process is not only permissible but pertinent and expected; and in the analytic variety it can be carried out with a minimum of interference and distortion of the material. It should be emphasized that the spontaneous dynamisms observed in the treatment situation exist in all other life groups. Group-analysis does not create them, but it renders them manifest and susceptible to closer investigation. The results of such investigations can, therefore, be applied, with some reservations, to non-clinical groups, and expanded, perhaps, into comprehensive, social theories. It is the group analyst's conviction that he can procure *field* data not otherwise available to the social scientist. He would, therefore, welcome some reciprocal arrangement whereby, in return for the facts supplied him, the sociologist would feed back theory into the therapeutic situation and so enhance its already rich potentialities.

The easy criticism generally levelled at clinical research of this sort is that the experimental field is far too contaminated by the therapeutic aims of conductor and patient to be scientifically serviceable. Although the group therapist does not achieve, or wish to achieve, the simon-pure requirements of the laboratory situation, his 'field' is simple enough in its essentials to allow for endless repetition by many workers. Employing a similarly constructed situation, different analysts have reported the occurrence of similar phenomena, and the emergence of similar predicted phenomena.

No one pretends that this modest arrangement fulfils the rigorous criteria for a scientific experiment. The situation is fairly constant but by no means standardized. The multiple variables are neither described nor controlled, and antecedents and consequents are often related firmly to each other within the limits of chance. But here we are set between the proverbial horns. Too much science will kill therapy; too little science will reduce it to the status of faith-healing. The therapist must steer an uneasy course between the two, trusting to his scientific training and experience to keep him off the rocks. He must place himself in a position to exploit the conditions fully, both for therapy and research, and must deem it unsatisfactory or unethical to practise the one in the absence of the other. Therapy, like motivation, must be included in the experimental field and made an integral part of it. In psychological research, it is now possible to bring in many factors once looked upon with some suspicion as experimental 'contaminants'. The inclusion of these 'contaminants' has given recognition to the complexity of human behaviour. It was only by an exercise of gross over-simplification, based on models derived from physical research, that the human organism could be regarded as an isolated 'stimulus-response' reactor.

Another 'deplorable' tendency the scientists have detected in the researching psychotherapists is a predilection for analogical reasoning. The therapists are roundly accused of amassing their data to test, not operational hypotheses, but analogies, and more often than not, mythologies. It is not sufficient, say the scientists, to claim that a patient behaves in approximately the same way as King Oedipus of Thebes; one must be able to make hypotheses about him which are testable. Otherwise the statement remains, at best, an elaborate and colourful description giving ancient support to thin, modern ideas. We do not here intend to discuss the importance of the myth in the formulation of current dynamic psychological theory. The myth is a timeless concept, epitomizing huge sections of 'deeper' and more 'collective' human feeling. There is no mythology equivalent to the analytic group to help in summarizing experience, and so it is left to us to do the best we can by describing, in faithful detail, the recurrent phenomena that appear in the group therapeutic situation.

1. SOME GROUP SPECIFIC FACTORS

With the development of a group formation, certain phenomena arise that make a specific contribution to therapy in groups. They do not appear in the situation of individual psychotherapy. In addition to these group-specific factors for therapy, there are group-specific phenomena, which result from the workings of the therapeutic process.

Socialization through the group. Socialization is a factor in the human environment that operates throughout life. No one can be an 'island' and, therefore, no one can escape the modifying influences of the society in which he lives. Nevertheless, because of deep psychological disturbances, an individual may feel isolated and inadequate in any group situation and may constantly seek to evade it. A circular response is established; the more inadequately he behaves, the more inadequate he feels; and the more inadequate he feels, the more inadequate he consequently becomes. Society shows itself increasingly intolerant of his neurotic shortcomings and may eventually refuse to accept him altogether. He may then reject society and become a recluse, and the lack of social interaction may lead to egocentric thinking and eccentric standards, which may finally necessitate his admission to a mental hospital.

The 'symptom tolerance' of any given culture may be considerable, but it will still fall far below the tolerance of a therapeutic situation.

In the therapeutic group, acceptance is the keyword. The rejected and isolated are brought in on equal terms. The cardinal lesson of social living is gradually learned – the reciprocal need to understand and be understood. The group listens with patience to the inarticulate, and helps towards a clearer formulation of his problem. It brings him to realize that he is not alone in the absurd, obscene, or incongruous impulse or thought. Much anxiety and guilt are alleviated and long bottled-up feelings find release.

With increasing socialization, the character of intercommunication changes. What was egocentric and leader-centred becomes altruistic and group-centred; references to 'I' and 'me' alter to 'we' and 'us'. From being rigid, absolute, and repetitive,

communications become plastic, relative, and modifiable by group experience. Information and explanations are interchanged. The silent members gradually find their tongues and the conversational monopolists are subdued. The value of talking for the sake of communicating is realized. One of Freud's patients referred to it as 'chimney-sweeping'; the accumulated soot in the ivory towers is swept clean.

Therapy lies at both ends of the communication process. We have been talking so far of the transmitting end. At the receiving end, the listeners' threshold for reception is variable and may be affected by any of the hundred and one physical or psychological distractions that habitually block the logical process of thought. The incoming idea may be distorted out of all recognition by the inner circulation of fragmentary phantasies, and lead to misunderstandings and misconceptions. The assumptions or preconceptions, based on the individual's 'framework of reference', may conduce to a personal manipulation of the group material to the bewilderment of others in the group. The amount of distortion is related to the individual's adaptation to reality.

The 'mirror' phenomena. The group situation has been likened to a 'hall of mirrors' where an individual is confronted with various aspects of his social, psychological, or body image. By a careful inner assessment of these aspects, he can achieve in time a personal image of himself not grossly out of keeping with the external and objective evaluation. He can discover his real identity and link it up with past identities.

In the development of a baby, the so-called 'mirror reactions' help in the differentiation of the self from the not-self. The reflections of the self from the outside world lead to greater self-consciousness, so that the infant Narcissus eventually learns to distinguish his own image from that of other images. The mirror reactions are, therefore, essential mechanisms in the resolution of this primary narcissism.

It can be assumed that a member of any therapeutic group has had a disturbed emotional upbringing, and that a good deal of narcissism belonging to his infancy still continues to function in his adult life. The mirror reactions in the group help to counteract this morbid self-reference. By sympathizing and understanding, by identifying with, and imitating, by externalizing what

is inside and internalizing what is outside, the individual activates within himself the deep social responses that lead to his definition, in the first place, as a social being.

But if the patient sees himself more and more in and through the group, is there any likelihood of a 'comic' distortion of the self-image as a result of neurotic reflections from the group? Experience has taught us that the image given back is surprisingly true to life. Neurotic distortions tend to cancel out and the composite reflection approximates to the image obtainable in a normal group. The conductor in the therapeutic group can also be relied upon to give back a true image.

The 'condenser' phenomena. The term 'condenser' phenomena is used to describe the sudden discharge of deep and primitive material following the pooling of associated ideas in the group. The interaction of the members loosens up group resistances, and there is an accumulative activation at the deepest levels. It is as if the 'collective unconscious' acted as a condenser covertly storing up emotional charges generated by the group, and discharging them under the stimulus of some shared group event. The discharge, taking the form of group dreams, fears, or phantasies, contains an element of surprise, because of the absence of conscious causal relations. This phenomenon bears some relation to Bion's 'emergence of the basic assumptions' and to Ezriel's 'common group tension'.

The 'chain' phenomena. 'Free' association is an integral part of the psychoanalytic technique for penetrating the unconscious strata of the mind. For obvious reasons, it cannot be used in a group setting. On occasion, however, the group gets near to it in its own characteristic 'free-floating' discussion. This may frequently, in a well-established group, show bursts of chain activity, each member contributing an essential and idiosyncratic link to the chain. The chain phenomenon makes its appearance at certain tense moments in the group, when some 'collective condenser' theme is released – for example, fears of being laughed at, of being neglected, of being victimized. Each member may cap an association with his own. The event can deepen the level of communication in the group and lead to dynamic group developments. It is wiser for the conductor to refrain from joining

the chain, since his contribution may bring it to a premature halt.

Resonance. The phenomenon of 'resonance' is another analogical term derived from the physical sciences. The genetic theory of psychoanalysis supposes in every normal individual an orderly development through certain 'psycho-sexual' stages. When something interferes with the developing process, the individual may either revert (regress) to an earlier stage of development, remain fixed at the level at which the interference occurs, or show evidence of precocity. The 'fixated' or 'regressed' person may later enter a therapeutic group and there become associated with others functioning at different levels of the psycho-sexual scale. Each member in the group will then show a distinctive tendency to reverberate to any group event according to the level at which he is 'set'. For example, to use psychoanalytic phraseology, the same circumstances may activate one member to a breast reference, another to reveal his excretory preoccupations, and still another to manifest anxiety over possible injury to his body, and so forth. The deep, unconscious 'frame of reference' is laid down in the first five years of life and predetermines associative responses from then on. The extent of this predetermination can be vividly demonstrated in the group situation.

2. SOME GROUP PHENOMENA

Theorizing. Every psychotherapeutic group starts its life in an atmosphere heavy with theory of a highly fictitious sort. These fictions have already played decisive roles in the life histories of the patients, and the latter cling to them for neurotic reasons. They form a compromise structure related to the degree of genuine knowledge for such 'unknowables' as birth, sex, death, etc., possible or permissible to the patient. They are pragmatically 'true' for the level at which the patient wishes to function.

These theories correspond to the developing child's many theories about sex and reproduction. Both theoretical and factual data is often denied the child, so that its speculations are grounded on phantasies and scraps of knowledge and experience surreptitiously gathered. Educationists frequently discuss the 'dosage' of knowledge suitable for the child at different ages or stages of

development. Too little given too late is considered worse than too much given too early. In the latter case the excess is not assimilated. The child's emotional needs at any time govern his requirements, and, understanding these, the best course is to let him work through his infantile theorizing whilst not denying him the right answers to any questions that he brings himself to formulate.

The fictions of the adult neurotic patient in the group represent acceptable causality and are based on a nebulous admixture of conscious and unconscious belief. He may believe, for example, that the war or the housing situation or a mother-in-law may have engendered his symptomatic state, and he may believe this tenaciously because of a temporal association at the onset. He is generally not sufficiently sophisticated before treatment to separate the predisposing from the precipitating cause, and he is especially prone to place his faith more in the single and sudden cause than in multiple factors producing a gradual effect over a period of time. The theory of *trauma* or shock always makes an immediate appeal to patients by virtue of its convincing simplicity.

The therapist has a better understanding of aetiological factors than the patient, but he knows that it is useless to attempt to transfer his knowledge to the patient didactically. Such intellectual insight is soon forgotten because it does not 'belong' to the patient. It 'belongs' to the therapist. The truth comes best in little pieces, slowly but surely, and with the emotions fully engaged in the acquisition. Only then is it properly assimilated. The corrective experience is the result of interaction in the group, whose collective knowledge, reaching into both conscious and unconscious sources, is greater than that of the individual. There is also less resistance to information derived from one's peers, although, on the surface, they may be greedy for 'expert' (that is parental) knowledge. When knowledge is conveyed by an authority, it may be greeted with scepticism, cynicism, or resentment. The conductor on his side must learn to tolerate defective knowledge patiently and sit on his wisdom. His business is not to teach but to assist the group in its learning. Self-knowledge is painfully and slowly acquired. There are no short cuts, although good therapy helps to accelerate the process.

The fiction does not represent merely a stage in the dialectical movement towards fact. It is itself a rich storehouse of unconscious material belonging to a *psychic reality* that is the sum total of the

conditions imposed by his inner world on the activity of the individual, which may be meaningful, explanatory, and dynamic in terms of the patient's neurosis. Starting, therefore, with the patient's personal theory, and accepting it as a good working hypothesis, the members grope their way forward into knowledge compatible with reality, or backward into the patient's neurosis. Both are valuable therapeutic experiences, and neither is wholly intellectual or emotional, but a combination of the two. A good deal can be learned from mistakes provided one is not in too much of a hurry to correct them.

Support. Support in the group implies much more than a bolstering up of inadequate feelings or of ideas of inferiority. Abetted by the group, the individual finds courage to express hostile and sexual thoughts that would normally undergo suppression. He is ready to attack because he no longer expects annihilation. He is more prepared to throw down his precious and private ideas into the arena and do battle for them. In the permissive and secure atmosphere of the group, he may let down 'the iron curtain' of repression and expose his vulnerability. He acquires a new flexibility of purpose and the boundaries of his personality are constantly under revision. These deep pressures may lead to softening of the self-lacerating neurotic conscience (the super-ego of psychoanalysis) with a genuine reconditioning of this structure. Such modifications may occur under special circumstances in ordinary living, but in the powerful forum of the group-analytic situation, these influences operate all the time. Patients, under the pressure of insight from the therapeutic process, may resist knowledge because it is painful to know. This was why they buried their knowledge in the first place. The group supports the individual in his fundamental struggle with himself to face the real meaning of his neurotic conflict and identify himself with it. In so doing, they take over the complex role played by the analyst in individual psychotherapy. This represents a peculiar transformation and dilution of the transference phenomenon of psychoanalysis. The group absorbs a good deal of the feeling transferred on to the analyst in the psychoanalytic situation. This is an important function of the group; the time element alone would hardly permit the working through of a transference relationship between the therapist and any one group member.

The tolerance of the group also allows the individual to play the roles to which he is accustomed in his daily life. The capacity for role-playing varies with each individual and the role may not be very obvious. The group will soon diagnose the habitual or favoured role of a person, and by its interpretations bring about favourable changes in role activity. The parts played – that of the favourite, the attention-seeker, the deputy-leader, etc. – attempt to exploit the group situation for some personal advantage and are indicative of the emotional currents at work in the group.

Sub-grouping. The splitting up of the group into smaller fractions forms interludes in the evolution of most therapeutic groups. Every now and then, under the pressure of some tension, there occurs a redistribution of emotional feeling. The sub-group or pair may temporarily cut itself off from the total life of the group. Transient affinities, based on sudden sympathies, empathies, or even on such accidental factors as the sharing of the same public transport before or after the group, may operate for a few sessions. These may lead to further extensions outside the group hour resulting in much privately shared experience and interchange.

The more enduring types of sub-grouping stem from strong identifications, mutuality of symptoms, complementary temperaments (dominant–submissive; introverted–extraverted, etc.) or from feelings displaced from the conductor on to a member. Someone may take a less articulate or adequate member under his wing and speak up for him in the group, defending his interests or protecting him from the attacks of the others. He may also use the silent one as a medium for voicing his own less acceptable views. Such 'projections' may in time be resented by the 'dummy', who may begin to protest, and, in this way, to find his own voice and opinion.

Most sub-grouping resolves itself with the further development of the group, and the conductor, in general, refrains from intervening, unless it establishes itself too strongly and becomes an obstacle to the progress of the group. A mature group, by its understanding and interpretation, can bring to light and resolve these sub-groups, and thereby further the solidarity of the whole group.

Silences. Young groups are often afraid of silences and do their

best to avoid them. They learn to depend on certain members who can be relied on to fill the gap. Behaviour during a silence is often strained and anxious. Glances are avoided, and there is an increase of small movements. Members frequently have highly personal and characteristic modes of giving expression to their anxiety.

Silences represent an important communication in the group, and the therapist must endeavour to understand the many different meanings. There has already been a reference to beginners' silence, which, but for the conductor's gentle and tactful handling, would lead to panic reactions. There are silences that follow the release or relief of tension, silences that herald a group 'storm', and silences that follow some deep interpretation of a group event. There are benign silences, brooding silences, perplexed silences, and explosive silences.

Men, on the whole, seem more at ease with silence; women's groups are especially prone to 'defensive' talking – 'tea-party talking' as one group referred to it. Nervous laughter may affect a group during a period of silence, like the irrepressible laughter that grips one during some solemn ceremony. One patient became a prey to incongruously obscene thoughts at such a time and would bend over helplessly to stifle the compulsion to reveal them to the group. Words were used by her to hide her thoughts, and without words her thoughts seemed naked and unprotected.

Silences often mark the end or the beginning of a new phase in the treatment; when everyone takes a breath and waits for the next subject to come up. They look around anxiously for the 'ice-breakers'.

The conductor, understanding the significance of a particular silence, should feel at home in it. His calm acceptance of the situation will help to rob it of much of its anxious tension.

Scapegoats. 'Scapegoatism' is a regular phenomenon in all therapeutic groups, and this raises the interesting question whether or not every group needs, and out of its needs creates, a scapegoat upon whom it can project all its accumulated guilty feelings.

The choice of a scapegoat may depend partly on factors in the group and partly on certain elements present in the chosen individual. The group, in history and in therapy, attacks the scapegoat, because they are afraid to attack the person on whom their

feelings are really focused. Analysis of the scapegoat situation reveals this shift of feeling from the conductor, and the transference to him of the extremely mixed feelings originally centring on the father. Groups in which the phenomenon operates strongly contain individuals who have inherent difficulties in expressing their aggression and guilt in the open forum. They project their inner feelings on to some likely recipient, who submits to the projection for inner reasons of his own.

The scapegoat may be selected in the first place on the elemental basis of being different. He may be isolated because of differences in age, sex, religion, class, race, etc. In a well-selected group (see Chapter 3), this is less likely to be the case.

The phenomenon is precipitated when the urgent need for the group to punish meets an urgent need in a particular member to be punished. It is the conductor's task to help the group to recognize its unconscious intentions and so forestall the extrusion of the innocent member.*

The stranger. The 'passing stranger' in anthropological literature was often seized and sacrificed, because he was a representative of the corn-spirit, or was thought to practise the magic arts. In many circumstances, there were elaborate taboos on intercourse with him. The stranger was, therefore, looked upon as a potential threat. So it was with the history of the race. With the history of the individual, there is something not wholly dissimilar.

Until the age of seven or eight months, babies show a friendly or neutral response to strangers. Round about the eighth month, although there are large variations, a reaction sets in. They 'freeze' at the sight of anyone new, and then begin to cry. In the second year, the reaction may be more tempestuous and may take the form of violent screaming. There is then a gradual modification in the response, but even in adult life there will still remain spontaneous manifestations with regard to the stranger ranging from marked hostility to strong acceptance.

A celebrated philosophical controversy of the eighteenth century centred on the problem of the 'stranger response' among primitives. If two primitive strangers – noble savages – were to meet

* F. K. Taylor and J. H. Rey: 'The Scapegoat Motif in Society and its Manifestations in a Therapeutic Group', *International Journal of Psycho-Analysis*, vol. 34, p. 253, 1953

in the forest, the savants asked themselves, would they greet each other with affection, attack each other with hostility, or pass each other by in silence? Today we would be inclined to say that this would depend on what sort of babies they had been, and to what sort of culture they belonged, but at the time of the debate the concept of innateness was not in question. The argument concerned itself with the specific nature of the innate response.

An attempt was made recently to solve the problem in the modern manner – by direct observation of farmyard hens. A strange hen was introduced into a group of hens (New Hampshire Reds). She was a hen with a submissive personality – if hens can be credited with personalities. Within ten minutes she could be spotted clearly as being different from the others. She remained longer in one spot; she moved faster; she alternated statuesque postures with sudden scurries; she remained under cover more and avoided the other hens especially at the feeding trough. She acted as though she was under constant threat of attack; but she ran before she was struck, and she never fought back. Her flighting responses lasted acutely for the first half-hour. For the next few days she was still identifiable by distance and demeanour, but by the tenth day she had blended beyond recognition with the group – a full member, sharing, in close proximity, the feeding trough and the water fountain.

Another new hen was an aggressive hen. In striking contrast with the first, she passed the acute initiating phase in a series of battles, taking on hen after hen, and frequently drawing blood. She showed no signs of avoidance until the seventeenth encounter, which was also her first defeat. Thereafter, her behaviour assumed all the characteristics of the previous hen – scurries and stops, furtive pecking from the floor, and runs to cover. By the tenth day, she, too, was completely blended with the group.

It seemed, therefore, that the 'stranger response' remained the same whether the new hen came in fighting or fleeing, dominant or submissive. The behaviour of both became stereotyped and distinct, and the blending process took about the same time. There was thus a natural period of assimilation which was not affected much by events or personalities. Once assimilation was complete, the new hen entered a second biosocial phase during which her permanent status in the 'pecking order' was established;

that is, she was required to learn (from experience) whom she could peck and who could peck her.

However, hens have small brains and short memories. The 'new hen' in the human group presents a much more complex pattern of response. Basically, as in the farmyard, there seems to exist the same urgent gregarious desire to belong, however distorted this may appear at times from the influence of past experience. In the most asocial and antisocial individuals, one can discern the wish, which is tantamount to saying that, fundamentally, man is a group animal. The stranger in the human group feels the rub of strangeness until he finds acceptance and can blend with his surroundings. The next newcomer reactivates the past uneasiness and challenges the present familiarity with his obtrusive strangeness. It is disturbing to the self-satisfaction of the group, and they must deal with it either by assimilation or extrusion. The persistence of strangeness is intolerable to the group.

Freud, with his customary insight, had something to say about this phenomenon:

> In the undisguised antipathies and aversions which people feel towards strangers . . . we recognize the expression of self-love, or narcissism. This self-love works for the self-assertion of the individual and behaves as though the occurrence of any divergence from his own particular line of development involved a criticism of them and a demand for their alteration. . . . In this connexion men give evidence of a readiness for hatred and aggressiveness, the source of which is unknown, and to which one is tempted to ascribe an elementary character.

In the therapeutic group this 'elementary' response can be followed through its various vicissitudes. It has been found that the rate of assimilation is not as fixed as in the farmyard, and is dependent on many factors. It varies, for instance, with the nature of the group, its homogeneity, the amount of preparation made for the advent of the stranger, the personal qualities of the newcomer, the type of therapeutic environment from which he comes (individual or group psychotherapy, hospital or private practice, psychoanalysis, etc.), the duration of the group, and the readiness of the newcomer to accept the initiation demands.

At a deeper level, the advent of the stranger into the group probably harks back to an earlier situation, when the new baby was first introduced into the family. The jealousy reaction to this has complex determinants, the main factors being the attitude of

the parents to the newborn, and their handling of the other children. In the therapeutic group, the conductor is held responsible, as in fact he is, for the newcomer. If he tries to mitigate the 'stranger response' unduly, by helping the new member to talk, or by showing a special interest in him, he may provoke a strongly hostile reaction in the group. The rate of assimilation should be left to the group.

At times, the stranger may defiantly accentuate his difference, so that it appears as a threat to the traditions of the group. The group narcissism is evoked and the implied criticism is taken very much to heart. The members set about changing the stranger or, failing this, changing the group. This may lead to a dynamic shift in the therapeutic situation, so that a protracted stalemate may give place to new moves and new therapeutic openings.

The historian. In the life history of any group, circumstances being propitious, there may emerge a member showing a special interest in and concern with the past history of the group, often to the very minutest detail and often with an avid attention to dates. He is there to remind the group of what has gone before, and to compare and contrast the past with the present. Like certain historians, he manifests, on analysis, a disposition to manipulate the events of the past to demonstrate an undesirable and retrogressive movement away from a 'golden age', when the group situation was altogether much better.

In many respects, the group historian is often as necessary to the group as the scapegoat. He fulfils a real dynamic function. His emergence, as with the scapegoat, depends on a complex of factors, some to do with the group, and others to do with the individual himself. At the time when the historian emerges, the group is generally in a state of great resistance to therapeutic advancement, and has for the time being abandoned, with every sign of inner panic, its forward-looking perspective. Among them is an individual ready and willing to deal with this crisis. He shows an intense neurotic interest in the past (displaced from his own past to the group's past), and a decided capacity for investing it with a nostalgic attractiveness that, in the face of current difficulties, the group may find irresistible. For many sessions, under his aegis, it may 'wallow' in the past.

Such history-making is more characteristic of the 'slow' open

type of group, when the arrival of a new member may stimulate the 'historian' (or the group to a less marked extent, since all are potential historians) to reminiscence. It is a defensively regressive phenomenon.*

Rhythm and tensions. Every psychotherapeutic group develops in time a characteristic rhythm of its own. For a time the group may seem to be moving along on dynamic wings, and the members leave the sessions in various states of elation. Not long after, it may give the impression of being at a standstill. Nothing apparently happens, and the members are bored and disgruntled and talk of leaving the group.

There are disrupting and integrating forces in every group. In social groups, the latter are encouraged and the former denied, so that the movement is steadily towards greater integration. Social groups do disrupt, nevertheless, because the suppressed disrupting forces start an underground movement of their own.

The psychotherapeutic group makes it its task to expose and analyse both friendly and hostile elements. Its aim is not integration. It works best at a level of tolerable tension and instability, but the group can tolerate these therapeutic levels of tension only over certain periods. Thereafter, resistances grow, defences operate, and a period of integration sets in. This basic alternating rhythm of static and dynamic, of pause and movement, of rest and change – the Yin and Yang of Sinic Society – has been regarded by Professor Toynbee as the basic process in historical development. All natural institutions to some extent reveal the challenge and response theme which brings about change. In the group, this is self-generating. Each session brings its own dynamic challenge – a new member, an absent member, a sick therapist, a latecomer, as external provocations; the internal stimuli are equally effective.

There is never any need to push or pull the group along. It moves at its own tempo governed by a constellation of forces, progressing and regressing, integrating and disrupting, ceaselessly opposing change and ceaselessly changing, never the same.

You cannot step twice into the same river; for fresh waters are ever flowing in upon you. . . .

* Cf. page 180 below.

said Heraclitus. And so it is with groups. It is never the same group twice running.

Like all experience, these phenomena – a selection from many that exist – cannot be understood wholly from reading about them. Our social scientist must experience them before he begins to make his theories.

3. INDIVIDUAL PSYCHOPATHOLOGY AND THE GROUP TRANSACTION*

Dynamic differentiation. The group situation can be as effective in exploring the psychopathology of individuals in the group as it is in analysing abnormal behaviour of the group as a whole. Abnormal group dynamics are likely to occur when a normal group is subjected to abnormal stress or when a group is made up of abnormal individuals. In the latter case, the individuals will both behave abnormally, as well as create abnormal patterns of interaction.

The advantages of the group approach to psychopathology are manifest. The investigator is able to study greater numbers at the same time, compare and contrast the cases simultaneously, and watch them 'act out' their psychological impulses in a 'real life' situation and not merely report them.

Whilst the 'mirror reactions' throw more and more light on different aspects of similar symptoms, group interaction may throw more and more doubt on the apparent similarity of the symptoms by referring them to different levels of development. In this respect, the group can function as a deep-going instrument of diagnosis. An illustration of this will put the matter more clearly.

A group was made up of a number of mothers with a single distressing symptom in common – a fear that they might impulsively harm their children, to whom they were otherwise devoted.

This is not an uncommon psychiatric symptom, but each of these women, prior to their group experience, felt that they alone in the world were obsessed with this very unpleasant idea. It seemed to them, and to those who knew them, out of keeping with their kind and somewhat timid personalities. This in part was their solace. Between the impulsive thought and the act there was a

* This section should be read in relation to Chapter 10 where such phenomena are by contrast considered from a new point of view which places the group situation in the centre of theory.

'gap', and the more 'isolated' the thought, the more immersed it was in surrounding mildness and submission, the wider the 'gap' appeared to be.

It soon became clear in the group that the cases were not as homogeneous as they seemed to the diagnostician referring them for treatment. They could be roughly separated into two main types – those who were more depressed, and those who were more obsessional.

The depressed members were less tolerant of the group situation and a few of them left in the early stages. These were unwilling to share the therapist, wait their turn in the group forum, or interact with the other members, except when the problem discussed was very near to their own. They were quite unable to listen sympathetically to any alien experience. Their communications were egocentric in the extreme. On the whole, they were not very popular, and, curiously enough, they appeared to resent this. Their case histories told of an unhappy, neglected, or rejected childhood. They seemed savagely hostile to their mothers or to their memories of them. Many of them had suffered from depressive illnesses, some associated with childbirth. The 'gap' in these cases seemed to be less wide. They were habitually tense, irritable, and resentful, easily provoked to the attack, and punitive with their children. What they thought in cold blood and what they did in hot blood bore a recognized relationship to each other. They came for help, but were disinclined to accept it. One could call them deeply frustrated individuals, who were exquisitely sensitive to any frustration. They were guilt-ridden as a result of their intense inner feelings, and tried hard to compensate for them. They would do things to make their children happy and then envy them the happiness. They often made comparisons between their childhood's unhappiness and their children's happiness.

The obsessional members suffered from an excessive 'housepride' that made them self-exacting polishers and cleaners for the best part of the day. They maintained submissive, dependent, and apparently good relationships with their mothers, and carried this dependency into marriage and the therapeutic situation, using both husband and therapist as substitute 'props'. In the absence of their 'props', they were liable to acute panic attacks and this gave them a good excuse to remain irrevocably bound up with their 'props' to whom, however, their feelings remained 'mixed' or

ambivalent. They differentiated clearly between the cold-blooded thought with which they were at times obsessed, and the hot-blooded act of beating their children when they were naughty and deserved it. They made stable and popular group members, swallowed most of their feelings of resentment, and established polite but lively relationships with each other and with the therapist.

It was clear that in both sections of the group, the impulse towards their children derived from their own childhood impulses but arose from different levels of development. It was not the primary business of the group to connect up the adult level with the level of childhood, but this idea of linking up was eagerly accepted by the group, who saw more sense in it than in linking up with each other.

In the group-analytic situation, the intense dependency needs of the patients made them more leader-centred than was usual even with hospital groups. However, the most dynamic group mechanism was the interaction between the two sections of the group – the depressives and the obsessionals. The former were irritated by the apparently 'good' life situation of the latter, and envied them with the intense feeling that they envied their own children their happiness. The obsessionals, on the other hand, were often alarmed by the narrowness of the 'gap' between the thought and the act in the former. These two basic interactions began to shed a great deal of light on the causal factors in the aggressive impulse and its relation to the 'neutralizing' sexual impulses with which some of the obsessional group were also afflicted. The group as a whole were perplexed by their differences from 'normal' people. They inferred that 'normal' women may occasionally have similar thoughts, but far less frequently, far less consciously, and far less intensely. They concluded that they had 'sticky' minds that retained thoughts that fled evanescently through the minds of others. This was a group-derived theory – part of the therapeutic theorizing that plays a part in the curative movement in all groups. The battle of the 'gap' that went on in this group was the central dynamic group issue. It brought both sides face to face with each other. The 'narrowing' and generalizing of the 'gap' in one case was necessary to counteract the denial of the aggressive feeling and its isolation; the 'widening' of the 'gap' in the other case was necessary to bring the patient back from her deep phantasies to a

sense of reality. In the real world, as opposed to the phantasy world, such thoughts are never carried into action.

Significance of syndrome for selection. One could very quickly come to the conclusion that everything is of crucial importance in group therapy, and this comes nearer to the truth the more one becomes aware of the effects of even minute details of structure and function. As in every branch of knowledge, however, some hierarchy of importance does exist. Seating arrangements, the distribution of sexes within the group, the number of patients within the group, and so on, are among the many features that are certainly important, and significant influences belong to the workings of the various diagnostic syndromes that the patients bring in with them to a particular group setting. Neuroses, psychoses, and psychopathies may all exert devastating effects on the life of any group, which is one good reason why close considerations of psychiatric categories are important in the matter of selection. According to some authorities, too wide a range of diagnostic reaction types may build up into a self-disruptive force. Implicit in this concern is the belief, well-founded on experience with social groups, that homogeneity of age, sex, class, race, and religion enhances group formations. Bringing compatible people together certainly makes for a more comfortable group life, but whether it makes for better group therapy is only to some extent true. Many experienced therapists prefer to work with wide ranges of compatibility verging towards incompatibility, since many of the nuclear problems of life stem from an inability to cope with incompatibilities arising out of differences of sex, age, and personality reactions. It is not merely that individual members have to learn that it takes all sorts to make a world or to learn to live with all sorts of people, but more specifically, to learn that he himself has never resolved certain problems of early family life related to differences of sex and age.

In selecting cases for group psychotherapy, most group psychotherapists are probably more influenced by psychopathological appraisals than by psychiatric labels, that is, they are less inclined to worry about patients being neurotic, psychopathic, and psychotic than by the nature and intensity of their basic conflicts. These provide more dimensions to an individual than a simple label which may even work against a proper understanding of his idiomatic maladjustments. There are occasions, however, when

the psychiatric nose proves more discerning than the psychotherapeutic one and might lead to the exclusion of a potentially disruptive paranoid individual.

There are some group interactions which appear to have their genesis in the diagnostic syndromes that the individual patients bring with them into the group. We have already discussed the phenomenon of resonance, where individuals at different points of developmental fixation reverberate in a manner specific to the stage to which they belong. These individual vibrations, set in motion by a common stimulus, create a sort of contrapuntal effect. The overtones add a peculiar richness to group life occasioning cross currents of argument, surprise, incredulity, opposition, and interest. It is as if a player, habituated to the narrow range of a single instrument, was suddenly and unexpectedly confronted with a symphonic extension of his little theme. At these moments in the therapeutic group, a sudden widening of the psychopathological horizon may lead to significant group developments. Not only are the instinctual expressions in this complex response different and varied, but the habitual defences associated with them are also manifold. In one group setting, a 'dirty' joke set a series of defence mechanisms into action. One member was quite silent, but disgust showed plainly on his face. Another protested that this was going too far and refused to take any part in the proceedings for a while. Another said that she could listen to these jokes quite comfortably because they aroused no feelings whatsoever in her. Still another respondent attempted to divert the matter into quite a different channel. When challenged about this, he said, 'Whenever someone says something dirty, I like to come out with something that is clean to wipe it off.' A member sitting next to him nodded sympathetically but added that doing this was never sufficient for him; he always wanted to wash out his mouth and hands as well. Such group transactions, therefore, represent a hotch-potch of denial, repression, suppression, sublimation, reaction formation, and protection, the preferred defence once again being characteristic of a particular patient. Out of this variety of defences, a group may develop its own repertoire of defence mechanisms, reflecting such variables as the social class, educational background, previous therapeutic experience and diagnostic category of the individual members. The defences of dominant members may often predominate, and the group may also defend itself collectively

against disturbing content or affect. In psychotic or borderline groups, the defence transactions are frequently on a primitive level so that the disturbing stimulus is treated in unrealistic fashion by rapid alternating internalization and externalization, blatant denial or bizarre symbolization. Very occasionally, a collective delusional idea may develop.

In addition to these transactions relating to drives and defences, there are response patterns in which certain psychopathological components seem to play a crucial role. The possible number of such transactions is myriad, but a small sample will serve to illustrate their nature. It is characteristic of such transactions to be complementary, that is, they help to complete each other in a total response. Secondly, since they are latent in all members and manifest in a few, their repeated emergence serves to sensitize group consciousness in this area. Thirdly, transactions within the group are closely reflective of reactions within the individual which are also of a double nature. In individual psychotherapy, the two elements that constitute the whole provoke each other continually so that response cycles are set up in the individual. When a group setting is provided, the response cycle set up in one individual may be completed in another.

Voyeurism and exhibitionism. The therapeutic group is especially susceptible to the development of exhibitionistic-voyeuristic transactions. The arrangement in a circle is designed to show as much of each person to his neighbour as possible. Nothing is provided with which to screen the body or its movements. The same applies on the psychological level. There is a demand for exposure – for the uncovering of one's feelings and one's impulses. It is not at all surprising, therefore, that the latent impulse to show off becomes manifest and is responded to by the latent impulse to look. It is also not unexpected that in group therapy many patients for the first time become aware of such feelings and the ways in which these have affected their behaviour. They become part of that treatment-induced neurosis without which resolution of emotional disturbances cannot occur. The analytic transference neurosis is an example of such a development in individual psychotherapy, and something of the same kind also makes its appearance in group psychotherapy. This is not to say that such a thing as a 'group transference neurosis' occurs, but that certain neurotic

developments are brought into the open as a result of the interactive process. In certain instances, a transference neurosis may develop in certain individual members, mainly in relation to the group therapist.

In the mixed group of about a year's duration, three members underwent a spontaneous and temporary sub-grouping. They had found in one another a mutuality of interest that for a period was strong enough to exclude the other members of the group and often reduced them to the role of the silent spectators, interested but not involved. Of the trio, one was a man with a strong clinical voyeuristic tendency who had been referred for treatment because of this symptom; the second was a man whose voyeurism had only become apparent during the course of treatment; the third member was a woman whose presenting symptom had been attacks of uncontrollable and unaccountable weeping, and whose dramatic lachrymations had disturbed and bewildered the group for some time. At the start of the present episode to be described, the woman had had one of her crying attacks, and the manifest voyeur immediately made the accusation that the weeping represented a method of seeking attention. 'It is like showing off,' he said, 'just like the way you sometimes sit with your legs apart.' The woman responded to this observation by recounting a recurrent masturbatory phantasy she had had since childhood in which she imagined herself urinating in front of a large group of people. This linked up the weeping with her urinating and was based on the unconscious belief that the discharge of a large amount of water might create the illusion that a sizeable organ was producing it, that, in fact, she had a male organ. Deep down, she knew that she had nothing much to show from a genital point of view, but during masturbation she saw herself urinating in a sitting position with a well directed stream. She confessed that she sometimes had tried to urinate standing up, but this had been unsuccessful, and she was unable to incorporate it into her phantasy. As usual with many symptoms, a paradox was involved. Whilst calling attention to the man-sized stream she could produce, she was, at the same time, admitting that she was a poor, helpless woman crying out for assistance. At this point, the manifest voyeur recounted a dream of his mother as a phallic woman. In the dream she was naked, dry and dehydrated, somewhat resembling a skeleton, which was in keeping with her real life role of an unwarm person who had

nothing to give and whose masculinity contrasted with the passivity of her husband. In his associations to his dream, he disclosed the information that he had never been able to convince himself, even during sexual relations with his wife, that women were 'like dolls' in their physical development. He could seldom bring himself to look at his wife's genitals, but when he did so, he felt that he was unable to distinguish the wood from the trees because she had so much pubic hair: 'With that amount of pubic hair, there is no saying what you mightn't find.'

The woman group member interpreted the dream and his association as a reassurance on his part that she did have a male organ, and she responded positively to the support that he seemed to be giving her. However, her satisfaction was short-lived, because he turned and said to her immediately: 'Of course, it's rather stupid. I know that you haven't got anything to show, but I admit I would like you to show what you have got. I don't think that we need to pretend in this situation.'

The latent voyeur, who was sitting next to the woman, now interrupted to say that he had quite lost interest in having the girl show what she had, and was much more interested in the man showing what he had. He was afraid, however, that it would be much bigger than his. He was against exposure, since if they all 'put their cards on the table', it might well emerge that he had no 'trumps' at all.

One of the silent members now burst in on this triangular discussion. He was a gross stammerer whose difficulties in articulation were accompanied by curious tetanic movements of his protruded tongue between his lips. In the past, this had reminded some of the members of a male organ, and, in general, they disliked watching him in the throes of a stammer because of this suggestion. During the interchange, the stammerer had become increasingly disturbed at what was going on, and his face looked drawn and anxious. Eventually he was able to say that all of this brought back a memory of a long-forgotten phantasy he used to have as an adolescent of girls dancing naked in front of him whilst he masturbated. However, they always had their backs turned to him so that he was unable to see what was going on in front. He was able to reveal this for the first time without stammering and without protruding his tongue convulsively between his lips.

At each stage of this encounter, the wish to see and the fear of looking, the wish to show and the fear of showing something inadequate had reverberated among a susceptible membership taking form in phantasy, dream, and memory. The exhibitionist was provoking voyeuristic responses in the voyeur, and the voyeur was provoking exhibitionistic responses in the exhibitionist. All the responses were interlinked and interchangeable.

Hetero- and homosexuality. Another type of complementary transaction relates to the balance of heterosexuality and homosexuality in the individual. Once again, the setting is a mixed neurotic group in which the inevitable bisexual conflicts of the neurotic individual begin to have repercussions on his peers. Over a period of time, the heterosexual and the homosexual interest appear to take turns in predominating.

It was Freud's belief, as expressed in his *Group Psychology*, that heterosexual impulses within groups lead eventually to disruption, whereas homosexual ones brought about cohesion and integration. The experience of the group therapist would, on the whole, tend to confirm this observation, with the addendum that the two sexual modes are often reciprocally related to each other through an ongoing process of provocation and defence, the one leading to the other in an endless and subtle sequence.

The contributors to this particular illustration included a withdrawn, 'shut-in' young woman, a man, A, with a limited sexual interest in women, and a man, B, who frequently chose to sit next to him. To the surprise of the group, the woman, who had previously often stressed a coolness towards males, began to elaborate a neurotic phantasy about A that appeared to indicate a strong heterosexual attachment. She made great ado at the beginning of each session about whether she should sit next to or away from him. The rest of the group shifted from an early interest in the affair to a later exasperation with her maidenly titillations and panics.

A was both embarrassed and flattered that she should focus this attention upon him, and admitted that it gave his ego 'quite a boost'. Very soon, however, he began to feel threatened with its intensity and persistence. He complained that she was trying to use him to further some heterosexual development in herself. He said that it felt like being swallowed up by a whale, and talked in a

somewhat primitive way of being engulfed in the dark inside of this impetuous young woman. Eventually, he even produced a classical 'vagina dentata' – a phantasy of women with teeth in their vagina that could bite off the male organ. He introduced some impressive citations from the literature describing the toxic effects that menstruating women could induce in unsuspecting men. He recalled the fear engendered in him by his menstruating mother and the attacks of diarrhoea that he attributed to her touching his food. A friend of his, who was a physiologist, had reinforced his anxiety by telling him of acid secretions put forth by the woman that could macerate the male organ.

B gave a close and sympathetic attention to these disclosures and declared that menstruation had been one of the most alarming discoveries he had ever made in his entire life. As a small boy, he had accidentally come across a used menstrual pad, and this had been such a shock to him that for a long time he had refused to go near women or even think about them. They had seemed like a terrible and alien species who should have been made by law to carry a red flag signifying danger!

The two threatened males were drawn together in the face of the common enemy and began to show a lively interest in each other. They agreed that they had a great deal in common, and this led to an exploration of overlapping concerns. At this point, A had a dream in which B and himself were on the top of a mountain trying to keep each other warm whilst a dreadful snow blizzard was beating down on them. B's reaction to the dream was immediate. 'Oh, goodness,' he said, 'we were behaving like a couple of old homosexuals, weren't we?' A reddened and looked extremely disturbed by the interpretation. For the rest of the session, he went out of his way to be pleasant to the woman who had showed interest in him. He began talking about having her as a girl friend when the group treatment was concluded and was even tempted to go ahead and ask her out for the evening. However this, he thought, might prove detrimental to treatment, and so after much sober consideration, he decided to postpone his heterosexual intention. For some time after the three members fluctuated between heterosexuality and homosexuality, any forceful expression of the one tendency inevitably serving to drive the individual into the opposite sexual camp. At a later stage, A did bring himself to go out with the woman member, yet the effort was doomed to

failure, and both came back to another homosexual sequence in the group.

Sadism and masochism. The sadist-masochistic transactions are among the most 'inevitable' of all these group mechanisms. Once again, an example will best demonstrate their nature. The protagonists in this episode are S and M. S is a highly aggressive woman with a biting tongue which she can use with the effectiveness of a lash. She is rigid, self-righteous, moralistically Victorian, and painstakingly didactic. She is forever trying to teach the group about virtue being its own reward. At times, her sarcasms are extremely cruel. It takes her very little time in the group to discover M's extreme timidity and submissiveness. His vulnerability is a constant provocation, and on many occasions she turns the group situation into a Roman holiday, subjecting him to a merciless attack. He makes little attempt to escape from this predicament, and his remarks frequently seem designed to antagonize his assailant further, although made with an anxious watchfulness in her direction. The constant repetition of the pattern brings the mutual tendency into the open, and she begins to accuse him of deliberately provoking her in order to bring down her anger on his head.

He becomes equally well aware of this and attributes it to the fact that this reminded him vividly of his mother: 'My mother treated me in very much the same way. Whenever I said or did anything that was in the least contrary to her expectations, she would lash into me and make me feel like a real worm that deserved to be grounded to the earth. I so began to expect her attack that when she failed to make it I would feel as if there was something missing and work hard at provoking her.' S was stung by the comparison: 'I'm just tired of being everybody's mother. Wherever I go people will try and make me into their mothers, and I'm going to tell you here and now that I am just not going to be your mother.' But become his mother she gradually and inevitably did. They set up their own little sub-group and limited the interchanges to themselves. Every now and then he would cringe beneath the sarcastic barrage. A silence would then develop between them until he set off another attack.

After a while, M brings out some hidden phantasies about being beaten and tortured, and S reacts to this in characteristic fashion:

'So that's what you're after. You are trying to make me into a torturer so you can get a kick out of it. Well, I am not going to play your game. The last thing in the world I want to become is a torturer. I am not going to torture you, however much you want it.' But torture him she does, week after week and month after month. It is with some satisfaction that M remarks: 'We do make a peculiar couple. You want to attack, and I want to be attacked. It's as simple as that. We might as well get married.'

The night after this remark, as if to demonstrate that such situations are far from simple, M has a dream in which he has tied S to a wall and is beating her while she is complaining: 'You can't do this to me; I'll tell Dr A about you' (Dr A being the group therapist).

The reversible positions of torturer and tortured become clear to the group, and once again the sequence of phantasy, dream, and memory set the manifest and the latent in juxtaposition so that the complementary features of the transaction are at once discernible. At the end of this particular session, S remarks: 'Isn't it funny! Here we are talking about who is being tortured when really we are all being tortured by you (Dr A).' Here she generalizes from her own sado-masochistic tendency to the group as a whole. The patients are all there to suffer, justly and inevitably, at the hands of the sadistic therapist. The whole treatment process is no more than a sadistic-masochistic transaction. The model of the treatment situation in the first illustration based on the exhibitionistic-voyeuristic transaction is of patients exposing themselves to the voyeuristic therapist; in this model, they are being sadistically punished for their wrongdoing. The analysis of the group model built up on the latent inclinations of the individual members is a potent therapeutic procedure. Treatment cannot help but uncover and cause suffering, and patients can make use of these inherent aspects to further their own pathological needs. Inevitably they will see the therapist as pruriently curious and his interpretations as onslaughts which they need to endure. A typical group dream envisages the therapist as a lion tamer battling ferociously with his lions but always in command because he has the 'whip hand'.

Male–female competitiveness. The fourth transaction is inevitable in a mixed group. It concerns itself with the basic human situation of sex difference and the interplay of feeling between the

'haves' and the 'have nots'. The neurotically exaggerated pride of the male provokes the neurotically exaggerated envy of the female, and the ensuing conflict tends to focus on the rivalry between the sexes, at first on a manifest level, but eventually deepening to an unconscious level.

A, a male patient, has taken up flying with a great deal of enthusiasm and is anxiously working towards his 'wings'. He is constantly informing the group of his progress, and it has become quite a group joke. Since this is a group well on in its therapeutic development, its members are able to point out A's need to demonstrate his masculinity, and in this they are not far off the mark. He is indeed very much concerned with his ability to be potent with women. He suffers inordinately from what has been described in the psychological literature as 'the small penis complex', and he spends a great deal of time with a measuring tape, but the measurements never satisfy him. He is sometimes 'amazed' by what he surreptitiously glimpses in men's lavatories, and it depresses him. He is anxious to take the women members of the group flying with him, and with a certain amount of sly amusement, they respond to his invitation on two levels. Could they trust him whilst he was still unlicensed? Would he be able to keep them 'up in the air' all by himself for so long? Was he certain he knew his way around the controls, and that he could handle them efficiently? Couldn't they have a go themselves? To all this, he would answer furiously and literally. They had to come as his passengers, since this was the rule of the club. It took a lot of experience to handle an aeroplane, and women were quite hopeless about machines. His solo experience was sufficient guarantee that he could fly passengers. He had been up as long as two hours by himself.

B is contemptuous about it all. He sees it as just a substitute for the real thing. He doubts very much whether flying can make you feel any more potent. You might jump over a six feet wall to get to a girl, but the problem of what you did when you got there still remained. He feels strongly that you have to do things directly and not beat about the bush. He tells the group stories of extraordinary sexual feats, adding that women in some countries have been given medals for multiple motherhood, and he saw no reason why men should not have visible insignia of some sort that would indicate their capacities. The women in the group react in various ways,

some accepting his stories and others preferring to regard it as pure phantasy. To this B replies that he would like to prove it to them and let deeds speak louder than words. 'But it's one of the rules of our therapeutic group that we can't have such demonstrations,' comes the reply. One of them remarks that B reminds her of Don Juan, and that her understanding of this adventurer, if the psychology books meant anything, indicated that he was only an impotent homosexual striving to prove himself a man. It was because he was so inept that he was driven to promiscuity and boastfulness. At this interpretation, B turns on her angrily and says: 'Whether we have three women each night or not or whether we can fly fifty miles or not, at least we've got something that you haven't got. Put that in your pipe and smoke it.'

The battle between the sexes. The battle between the sexes is on, and each side becomes increasingly provocative. To one particular woman who is reacting with great intensity to every male attack, B remarks with cutting emphasis: 'It must be terrible to sit over there and feel that you have nothing to show at all.' She looks outraged. 'What do you mean, nothing? You are just biologically illiterate. We've all got something. It just happens to take different forms. The mass of apparatus is the same; it is simply a question of visibility.' B, who is leading the male attack, shakes his head. 'You can't call what you've got *something*. You yourself know it's nothing and that's why you are so prudish.' The women squeal in unison, and one of them goes on to say: 'That's where you're so wrong; it's not nothing. It's something that makes the world and keeps it going. Where would you be if it weren't for that something? Put that in *your* silly little pipe.' Another adds: 'What's more, we've got things that you haven't got. We've got breasts which you haven't got. We can produce babies and feed them which you cannot do. We are self sufficient, but you have to depend for everything on us.' A hears this with disgust: 'That's just what you'd expect of women. They're so irrational. Whenever you've proved to the hilt that they've got nothing, they try to show you that they have twice as much, which is silly.'

At this point, the women tire of the biological argument and turn to everyday life. Their leader is venomous about the two men. 'Both of you are really failures as men. There isn't enough masculinity between you to carry you anywhere in the world. That's

why you both live in a world of phantasy. The difference between you and us is not a question of what you've got and what we haven't got, but of our being successful and of your being unsuccessful.' There is a large measure of truth in this remark, the women in this group being better educated, better paid, and having higher community standing than the men. The men are reduced under this new attack to a state of silent, sulky depression. She goes on: 'It's not we who are jealous of you; it's you who are jealous of us. We have probably read more books together in the last month than the two of you have read since you left school.' B mutters about 'blue stockings' and then goes on to make a crude comment that she could keep her books between her legs for all it was worth to her. All in all, it is an even battle with both sides very much on the defensive. Eventually, like most group battles, the struggle begins to move in the direction of the therapist. Could he arbitrate in this impossible situation? Could he decide about what was 'something' and what was 'nothing'?

Here again they are confronted with one of those 'givens' of a group situation, the dichotomous model of therapist and group, the basic classificatory difference. The women grumble at the unfairness of the situation, and one of them says: 'Well, he is bound to be on the side of the men, because after all he is a man, he is bound to be against us in this matter.' Talking among themselves, they decide that the only thing they could do in the face of this brute fact is to leave the group and find a woman therapist who worked with groups. The therapist is just as bad as any of the other males in the group. He parades his own maleness with the same blatancy and egotism. The male members, perhaps relieved at finding the attack shifted away from them, cannot identify the therapist with their cause. He is the god who sits by himself and has everything and gives nothing. He is the really potent individual who sees the group as a collection of weak, impotent people. They can now make common cause with the women against this obscene, omnipotent figure, the only one in the group really equipped to deal with all aspects of life in a thrustful, successful fashion; the only well member of the group. The focus has shifted from the psychopathology of the individual to the psychopathology of the sub-group, and finally to the psychopathology of the group as a whole contrasting itself with the therapist, and at this point group analysis and group interpretation become possible. This is one

transaction among others. The women do not leave the group, and go a long way towards resolving some of their basic problems concerning envy and pride, while the men concomitantly consider matters of impotence and femininity. Side by side with the envy of the opposite sex come the beginnings of a mutual admiration for maleness and femaleness and the complementary roles of the sexes.

Manic-depressive transactions. These are among the most interesting to be observed in any group. They tend to be set into motion when depressive people become members of a group or when members sustain or imagine that they sustain some catastrophic loss. There is, in addition, a contagiousness in such affective responses as elation and depression, and groups are inclined to be deeply affected by any predominant emotion that impinges on them.

The ingredients of this transaction are made up of anxiety, transient despair, apathetic detachment, defensive excitement, and grief. There is a subtle interplay of elation and depression as they enter into the general matrix of the group's emotional reactions. One sees it especially at times when members leave the group, fall sick, or die.

In the following clinical illustration from a women's group, a woman, C, had just lost her father through death. For some time before his death, she brought bulletins about his condition, and it seemed that she was preparing herself and preparing the group for what appeared to be an inevitable outcome. She was also asking the help of the group in coping with her mounting anxiety and guilt with regard to a period during her adolescence when she and her father attacked each other with unremitting hostility. She had then consciously prayed for his death, and now, twenty years later, the fulfilment had caught up with the wish. She wanted to be rid of all traces of death-wish before his actual death, and she looked to the group to absolve her. The group responded positively to this demand and reassured her that each and every one of them had frequently quarrelled with their fathers many times during their lives, and they felt that her particular case was within the statistically normal range of response. Some of the women had had dreams indicating death-wishes towards parents, and all agreed that adolescents were given to much exaggerated

expression and that something said in the heat of anger need not necessarily be regarded as a true index of real feeling. It was not a cold-blooded wish. The woman pointed out that she had made many acts of reparation since those early days. She had frequently given her father money, bought him his weekly tobacco, and lent him a beautiful bed to lie in and die in. She couldn't have done more for him in the past few years without neglecting her own family. The group assured her most earnestly that she had done everything possible to exorcize the evil thought and told her that the good relationship she now enjoyed with her father was proof enough to them that the old demon had been successfully laid to rest. They gave her to understand that when her father died, they would still be there to support her, and she would not lose them however bad her feelings were then or at any other time. There was no doubt that she derived a great deal of comfort from the group's positive attitude towards her forthcoming bereavement. At times, it resembled the solemn and supportive interchanges between women preparing a shroud. There was a profound commonality of purpose.

In the session following her father's death, she arrives in a deeply depressed state completely dressed in black. She gives a sorrowful account of the entire proceedings from death to interment and weeps bitterly as she recalls the sound of dirt descending on the coffin. The group is embarrassed and a little perplexed, as if they did not expect her to show this intensity of sorrow after the work they have put in on her, and there is some trace of impatience in the questions they ask her. They seem curiously aloof to her grief. The promised support in her hour of trial does not seem to be forthcoming. Without any further mention of the death, the women begin exchanging little jokes. The hilarity grows until it almost sounds like an Irish wake. The mourning figure of the sad, silent, and bewildered woman sitting isolated in the group makes the reaction appear even more bizarre and incongruous. At one time, one of the women begins to intone: 'John Brown's body lies a'mouldering in the grave', and no one is disturbed by the fact that it is in such poor taste.

The therapist himself is somewhat perplexed by the group's behaviour and out of sympathy with it. He feels the need for some intrusion into the situation and considers offering some simple expression of condolence to the woman. As if anticipating him,

she turns towards the group and says: 'I must thank you for trying to make me feel happier.' The group is startled, and one of them asks rather brusquely: 'Happier about what?' the woman says: 'I mean about my father.' They fall silent, and then the previous speaker says, more gently: 'I am sorry. I am afraid I forgot all about that.' The others in the group echo this in a similar guilty fashion.

Following this session, the woman sets about her mourning in a typically orderly and organized manner, and she takes to bringing bulletins recording the diminution in her grief reaction. First she discards her black dress and then the black armlet; next she allows herself to watch TV and go to a movie; then she feels able to start sexual relationships with her husband; and finally, she is able to report that she no longer has vivid dreams of her father as still alive. There is no doubt that she behaves as if she is very pleased with herself. Her father is now dead and buried, and she is happier than she has ever been before. 'I used to feel so awful about him,' she says, 'but now I can see things realistically.' She becomes increasingly cheerful and, at one point, is described as the 'life and soul of the party'. It is at this stage that the group begin to react to the situation and, once again, the discrepancy of affect between the woman and the rest of the group is striking. She is now oozing gaiety, constantly making the silliest little jokes, and is in fits of laughter over nothing in particular, whilst the rest of the group sit solemnly discussing death and damnation, the possibilities of suicide, the absurdity of life, and their sorrow over the death of loved ones. As she comes out of her depression, they enter into theirs, and at the height of her elation they are like spectres at the feast.

That this is a transactional cycle makes itself clear when she succumbs again to the unspoken condemnation and relapses into a state of depression with suicidal ideas. A more genuine mourning process begins, but once again it is cut short by the counter-reaction of the group. With each transaction there seems to be a working through of the problem and an enhancement of insight. The growth of self awareness is closely associated with the growth of group awareness, and group awareness develops with the activity involved in differentiating the group from the group leader. The group may respond to the leader in numerous ways. They may see him as the powerful healer in relation to themselves as sick, as the normal one with themselves as abnormal, as the parent

with themselves as children, as the strong one with themselves as weak and helpless, etc. In the transaction just described, they began to see him as someone immune from emotional provocation, maintaining stability and serenity at a time when volcanic eruptions of feeling were taking place.

In a later session, at the tail end of the manic-depressive transactions, the group takes the therapist to task for not feeling sorry when a member is burdened with such terrible news. They upbraid him for lacking common human feeling. How can he sit there and gloat about his own happy circumstances when they are all so low-spirited. The least thing he could do would be to show some 'professional' signs of sadness. They feel that his happiness, in fact, derives from their sadness and that he has become a psychiatrist in order to derive vicarious satisfactions of this nature. Later when the group reaction lifts, and the state of general euphoria ensues, they mockingly refer to him as 'the undertaker' whose business is death and who has found it professionally necessary to eradicate joy from his life. The analysis of the affective swings of the group in relation to the therapist then becomes the key procedure in the ongoing group movement.

Progressive and regressive forces. One final transaction noticeable in the daily life of the group involves the reciprocal relationship between progressive and regressive forces. Progress, in any particular member of a group, invariably acts as a challenge, a stimulus, or a provocation to all the others, initiating flights into health, flights into sickness, rivalrous claims, scepticism and cynicism, and mechanisms of imitation and identification. There may also be a peculiarly negativistic response to progress by the group as a whole which may sometimes result in gross symptomatic behaviour and 'crazy' histrionics. Each individual seems to take upon himself the historical load of sickness brought in by all the members and his struggles are watched by the group as an epitome of what besets the total group. With the individual, progress may imply the termination of treatment, the severance of established group ties, the loss of group support, and an end to the valuable group life that they have only recently found. The group are quick to differentiate between real progress and flights into health, just as they become experts with regard to authentic disturbances as opposed to flights into illness. The group may react

with anxiety to both regression and progression, since the former may signify that they are not doing well and may eventually become collectively mad, and the latter that they may lose each other and lose their therapist as a result of termination of the group. Regression and progression may, therefore, bring into play a series of progressive and regressive defences as counterbalancing measures.

P and S are two women in a group who maintain a close companionship even outside the group and make frequent comparisons about their progress both in the group and outside. The group tolerate the association very well and refer to them as 'the heavenly twins'. At one stage, P loses her job and feels very hopeless and helpless about it. She stays in bed most of the morning and can neither fend for herself nor look around constructively for new employment. At about the same time, S's behaviour in the group is peculiarly triumphant. She has got herself engaged to be married and takes up a great deal of group time planning her wedding and making detailed preparations for the babies that are to follow in regular succession. She is apparently surprised to see P in tears during her recital and makes continuous reference to her newfound health and her readiness to leave the group. Her immaturity, however, does not stand up to the real life situations. Under very distressing circumstances, her engagement is broken off, and a shameful retreat into dependent family life takes place. Her phobias once again become prominent, and she finds it hard to face the group, more particularly her friend, P, whose whole behaviour has simultaneously picked up, and who now lavishes mature counsel on poor S. Her solicitude is unbounded, and she fusses like an overprotective mother. She manages to get herself another job and tries hard to get one for S as well. The alternation of the mother-child roles is circular enough to force itself on the attention of the group, and no one is left in doubt that the two transactors derive a great deal of vicarious gratification from each other's regressions. Eventually one of them is able to remark with insight: 'I'm getting tired of being at the other end of the seesaw to P. I don't want to spend my life just going up and down with her. It's awful to think that I can only be good when she is bad. I want to do much better than that. I want to be good on my own, just because I want to be good.'

The regressive-progressive conflict soon irradiates from the

couple to the group, so that the group begins to react regressively to its own progressions and vice versa. The group is on the seesaw with itself. Much of this behaviour becomes clearer in relation to the therapist. He is generally viewed as the embodiment of progression, biased in the direction of maturity, and purposefully and masterfully furthering the healthy features of life. As a mode of rebelliousness, the group will sometimes react to this progressive ideal and indulge itself in gross immaturities. They sometimes behave like small children at a party when the harassed adult is trying to restore law and order. At other times, the therapist is viewed as a hindrance to their mature aspirations. He is driving them back to reconsider their childishness, remove controls from their associations, become more spontaneous and flexible, and in general, loosen up. At these times, the group is defensively adult in its attitudes, and the proceedings settle down to a level of polite tea-party talk. When, on the other hand, he tries to make the group look at itself from the standpoint of its mean chronological age, then they react like two-year-olds. The group is now at the other end of the seesaw to the therapist.

Group dynamics and group therapy. There are, of course, many more transactions than have been reviewed here. The kaleidoscopic pattern of group dynamics is made up in large part by an interplay of such transactions between members, and between the therapist and the group; and only under careful analysis do the various basic components emerge. One should really speak of a transactional complex that dominates group activity at any particular time and is made up of various subsidiary transactions such as those described earlier. It must be also understood that such group dynamics take place within the general therapeutic setting of the group and are very much part of the therapeutic interchange. By abstracting them from their general context, the picture looks more like group dynamics than group therapy, but there is no group therapy without group dynamics, and group dynamics is essential to the understanding of a group therapy.

All this is in keeping with the orientation of group-analytic therapy which is directed towards making the group therapeutic in itself and capable of handling much of the business of therapy largely by themselves. This does not imply self-effacement. The therapist is there to be used when the group needs to use him, and

they learn to use him when they cannot reach a satisfactory conclusion by themselves. In the group-analytic session, the intervention by the therapist is chiefly dictated by the needs of the group rather than by the demands of the individual or a particular situation. The therapist is concerned that the group process of therapy should move forward under its own momentum and refrains from interfering with the autonomous developments by keeping too much to the individual requirements or the individual situations.

Like every other ingredient of the group, transactional phenomena may work both for and against therapy. They belong to the latent life of the group and become manifest largely as a result of group work carried out by the group members in conjunction with the therapist. As we have seen in the selection procedure, it is not helpful to balance neurotic against psychotic patients, and this holds true in the psychopathological sphere where one does not select exhibitionists and place them with voyeurs in order to provoke a transaction. This sort of crude manipulation has no place in analytic group therapy. Transient sub-groups are a normal part of the therapeutic life of any group, and one must be wholly prepared for the different symptomatic and functional groupings that take place from time to time. The selection of complementary psychopathological types would create a contrived and artificial atmosphere that would interfere seriously with the spontaneous development of the group. On the other hand, the normal, spontaneous experiences within the group will encourage the emergence of certain repressed characteristics in patients, and it is these latent manifestations that conduce to the complementary reaction. It is not possible or necessary to foresee all such developments, and even if one could foresee their development, it is not necessary to set about avoiding them. Such reactions may from time to time act as islets of resistance within the group, but for the understanding therapist, the moments of resistance are also the moments of challenge which his therapeutic skills are there to encounter and master. The resolution of a complementary reaction often leads to a further consolidation of therapeutic gains within the group.

The group is not always aware of the subtle interplay of action and reaction. Take the illustration of the manic-depressive transaction, for example. The group had been preparing itself for some time to be helpful to the member when the time of bereavement

arrived. They had planned to support her, reassure her, and, to some extent, share the burden of her mourning process. But the best laid conscious plans often go unconsciously astray. It seemed at first as if they had forgotten about the woman's predicament or that they had detached themselves from its significance. Certainly, no conventional condolences were offered, and no empathetic depression occurred. There was, instead, a wholly inappropriate response taking into consideration the socio-economic and cultural background of the members. What they did was done without conscious effort or intention and, consequently, they were surprised when the woman thanked them towards the end of the session. They did not realize that their behaviour had been different, and for this reason it is not comparable to the effort sometimes made in everyday circles to counter a period of depression in an individual with an attempt at forced cheerfulness. This was at a different level of functioning altogether. On one level, the group as a whole was refusing to accept death as an authentic experience, and the occasion of death, therefore, served as an existential crisis. On another level, the group was refusing to share the woman's sense of loss, as if to defend themselves against any reactivation of similar experiences in their own lives. Had they been able to react differently, each member might have, in turn, resuscitated some incomplete process of mourning from their past lives. Such incomplete acts of mourning belong to all our lives and serve as depressive foci to which we return from time to time under the pressure of some appropriate kind of stress. At still another level, the group seemed to be punishing the woman for threatening their narcissistic equilibrium and adding to the reservoir of anxiety and depression with which the group had to cope. 'It is bad enough to deal with what we have already inside us; why do you have to bring in still more from outside?' could have been another interpretation of their behaviour. Finally, we have to take into consideration the whole problem of unconscious guilt, the unwelcome member of every group session. Old death-wishes, stemming from earlier conflicts within the family, are prone to make their reappearance when the death of a parent once again intrudes on the neurotic interactions of a group. The unconscious wish: 'I want the father to die because he has frustrated my expectations' is at once matched with a counter-wish: 'The father is not dead; there is no reason for guilt and there is no reason for mourning.'

As might be expected, the resolution of this particular transaction did not take place without the therapist's phantasied death and the denial of that particularly frightening wish. In fact, one might say that whatever belonged to the complex psychopathology of depression was there in the group and that the primitive manic defence constituted the group's only resource at that particular time for dealing with it. At least part of the group's reactions had to do with their interference with the process of mourning. At all times and in all climes, the pattern of mourning has been rigidly ordained within certain temporal limits. It almost seemed as if each culture was sufficiently aware of the psychic status of its members to prescribe an appropriate dosage of grief and restitution. In one of the great Sophoclean tragedies, an interference with the process of mourning becomes the central issue of the play. One must bury the dead in the prescribed manner or else grievous consequences will result.