

Chapter 3

The first session – an apparent distraction

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SITUATION 1

It is the first meeting of a new group. The six members begin by initiating a brief go-round giving their names but no other information. One member begins talking about therapy, and mentions the name of Carl Rogers. Another then produces an advertisement torn from a newspaper about a Ronald Laing workshop taking place locally in a week or so, and offers it round to the other members.

THE THERAPIST'S TASK AND PROBLEMS

The therapist in this situation has an overriding task, to help the group get started, moving approximately in the direction he or she would like it to go. There is much involved here potentially: listening, modelling, promoting safety, exploring defences, demonstrating group processes at work.

Let us take listening first, since that is what the therapist is doing. We can infer that he or she has taken a back seat so far, waiting to see what happens, having set the group up. What is he or she listening to? On the surface, members introducing themselves, then veering away from the group to talk about other therapists and other groups. This is unlikely to be a coincidence. Indeed from a group-analytic point of view the apparent topic, whatever it is, will always have an unconscious resonance with a concern that some or all members are experiencing within the group. So the listening is an active listening, scanning the content of the conversation for psychological parallels with the group.

In this case the parallel is not hard to find. They are talking about therapy and

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therapists, exchanging information about this new kind of venture they have all just embarked on. What parallels does this have with the present situation? Might they be in the underlying questions the group members are asking? 'What kinds of therapy are there? What kinds of therapists are there?' translates as 'What kind of therapy and therapist do we have? If we know more about these things will we be better able to cope with what is going to happen here?'

So one theme is uncertainty about what the group has in store. That theme probably is shared by all the group members. Whatever preparation they may have had, the actual future of this group is still a mystery to everyone, including the therapist.

The therapist will also notice the behaviour of individuals. Two have taken the lead, and are offering themselves to the others as guides or sources of knowledge. What guesses can we make to understand what this means for the individuals concerned, who, like all the members, are facing a group of strangers for the first time? A desire to demonstrate to the others their knowledge, helpfulness or enthusiasm? Wanting to impress the therapist with the same? Wanting to displace the therapist? An anxiety that the group may somehow fall apart in the silence? These and other interpretations are possible, but it would be a rash therapist who would venture a judgement without further evidence. The therapist also notices the behaviour of the other members – do they respond with interest or keep to themselves? We are not told, but must assume that reactions range along this continuum.

The therapist notices the behaviour of individuals but does little with this information at present, partly because the information is still very incomplete, but more importantly because the task which faces the therapist at present would not be facilitated by exploring the feelings or motives of individual members.

As pointed out above, the paramount task right now is to help the group get started. This is its fledgling flight and at this stage the following short-term criteria apply to everything the therapist is considering saying or doing. In other words the therapist will need to ask him or herself the question: is what I am going to say (or have just said) likely to help towards the following goals in this session?

First goal

By the end of the session all members should feel able to come back the following week. No one should have felt so exposed, so ignored, so frightened, so disillusioned that they want to give up on the group there and then. To this end the therapist must stay alert for how each member of the group might be feeling, intervening if he or she senses that someone may be jeopardising their own or someone else's future in the group, and refraining from intervening in a way that might lead to an intolerable increase in anxiety for one or more members.

Second goal

The group needs to feel safe at the same time as promising something for the future. There is balance here. Too much safety and the question may arise in members' minds:

what's the point of coming? Too strong an intimation of underlying wishes or fears and members may withdraw quickly to a safe distance, emotionally if not physically.

When in doubt about the balance the therapist should give priority to the needs of the group as a whole and err on the side of safety. Most members will appreciate it if they see that the therapist does not intend to let anyone turn themselves into a sacrificial offering on the first day nor do they intend to use their superior position and knowledge to criticise, humiliate or ridicule anyone.

Yet the group also needs to feel that here there is promise of help and relief, that this is something different from a social club, an evening with friends – even close ones – a seminar or discussion group. The therapist needs to intervene in ways that show he or she understands what is going on and what people may be feeling, without doing this in a way that makes anyone feel too exposed or undermined. The message has to be: here is potential for change, here too are safe boundaries.

Third goal

The therapist has an opportunity to begin modelling the kind of behaviour he or she hopes will become the norm for the group. Self-disclosure about here-and-now thoughts or feelings of a not too revealing kind may help, or direct but non-threatening comments or questions to individuals, e.g. 'I'm glad you said that, I was feeling something similar'. These kinds of interventions help not only to set the tone for the group, but also indirectly indicate what will not happen. They can indicate that the group will not be a forum for intellectual discussion about general issues nor a place where conventional rules of social etiquette prevail, but neither will it be a hot-house of confrontation and forced personal growth. Obviously the group will have to work on developing its norms for a period of weeks or months, but the therapist can begin to set the tone from the outset.

Another important task the therapist has at this stage is to be aware of and cope with his or her own feelings about the group and his or her role in it. He or she is likely to be feeling a number of things, many of which cannot – or should not – be shared with the group, at least at this early stage. The therapist is likely to have anxieties and uncertainties, such as 'How will they get on together? Will they all keep coming? Will I say too much? Too little?' Perhaps there are group therapists who face the first session of a new group with equanimity, but this is rare and would raise questions about the therapist's sensitivity. It can be an exhilarating experience too, the culmination of months of preparation and interviewing. Both the painful and pleasant feelings of the therapist need to be kept in awareness but, except where they serve a positive purpose for the group, out of interventions at this stage. The group does not want to be burdened with the therapist's doubts about his or her competence or judgement at this point.

One interpretation of the present group situation that may be made (internally) by an anxious or insecure therapist is that it is a reflection of the therapist's own inadequacy in contrast to other more famous therapists. Here the therapist's difficult

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task is to tolerate and stand back from the feeling of inadequacy in order to separate out two components: 1) the information it provides about the unconscious anxiety or question being posed by individuals within and possibly on behalf of the group: will you look after us as well as these other therapists could? 2) the therapist's own personal doubts about his or her competence. In other words the therapist must try to cope with feeling undermined and possible feelings of anger or resentment towards individual members and hold on to these feelings until he or she has had a chance to reflect on them and determine their sources. If this can be done during the group an appropriate and helpful response might be to comment on the unconscious question being posed.

One of the paradoxes and frustrations of first sessions is that a great deal of meaning may be revealed or implied in the way individuals deal with this new and strange situation, yet the therapist cannot comment too directly to individuals on this without jeopardising the sense of safety in the group.

It is also a fact that relative to any group therapist's general experience, experience of first sessions is bound to be limited – the more so the more long term are the groups he or she runs.

SELECTED INTERVENTIONS

Having commented on the group situation presented, and on the situation of first sessions generally, let us look at how a number of group therapists have said they would deal with this particular moment.

(F) 'I think people are probably feeling quite anxious about the sort of group this is going to be, and what is going to happen here.' (1)

The therapist focuses on making explicit the parallel connection between the topic and the member's underlying concern about the immediate situation. It is a simple, straightforward interpretation at the group level of what is, at that moment, unconscious or at least unspoken in the group.

(F) No comment – allow group to proceed. (2)

Therapist notes – *A comment could be too controlling. Various challenges to the conductor can allow members to begin expressing their views.*

The therapist perceives what is happening in terms of the challenge to the therapist by some members, and decides to avoid giving any direct response to this. This is consistent with my comments earlier about the need for the group to feel safe, including safe from criticism by the therapist, which at this early stage could appear punitive. Note that saying nothing is an active choice by the therapist, based on a perception of the needs of the group at this time.

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(M) 'I'm wondering if it's easier to talk about the therapy group you might have been in or the one you might go to, rather than the one you're in the middle of right now.' (3)

Therapist notes – *At this early stage I'm trying to be gentle and encouraging but also to model a bit of directness.*

As in the first intervention, the therapist comments on the parallel subject matter, but in this case restricts himself to commenting on the defence – that the group is avoiding something potentially difficult – rather than commenting directly, as the first therapist did, on the presence of anxiety. Such an intervention may be described as a guided facilitation, since the therapist is leading the members towards the interpretation that they are anxious about this group, but is leaving the recognition of this for the group to come to. As the therapist notes, this is a gentle approach, less challenging than the first intervention. He also notes that there is some deliberate modelling, for reasons similar to those discussed above: to indicate the kind of behaviour the therapist is hoping to foster in others, which confronts avoidance rather than going along with it.

(M) 'I would be silent but listen attentively and encouragingly.' (4)

Therapist notes – *A group needs its defences, especially at the beginning. The necessary early lesson is that everything you say is listened to with interest and, at this stage, without implied criticism.*

This needs little extra comment.

(F) Blank response awaiting further developments. (5)

Therapist notes – *I would see the group as anxious about themselves and the possibilities of this group therapy. Probably some member(s) will indicate that the group was important and recall the preparatory work I would have done with each member.*

It is interesting to see that therapists (as well as patients) can be quiet for different reasons. This therapist is concerned about the devaluing of the group, but is relying on the members to balance this by coming in with comments on the importance of the group and by recalling the preparatory work done. Trusting the group right from the start is an important part of the group therapist's role. In this situation the therapist might decide to intervene later on if the group continued to focus on external material.

(M) 'I get the impression that the group has got on a train but isn't too sure whether it is the right one. It is difficult to experience a journey before it has begun.' (6)

Therapist notes – *A type of typical start with group searching to find out what type of group it is plus natural tendency to look for life-savers in case of emergency.*

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The therapist is referring to the group's parallel concern with the here-and-now through the metaphor of a train journey. The second sentence could be taken as reassurance – in effect, 'don't worry, it's always difficult at this stage' – or as a mild rebuke – in effect, 'you are in too much of a hurry'. This ambiguity, combined with the use of a metaphor so early in the group's life, marks the therapist out as the interpreter and guide of the group, and is likely to reinforce his position as a potentially disapproving authority figure in the group.

(F) 'Now that we are all here together, we hardly know how to begin, or what to expect might happen.' (7)

Therapist notes – I would be trying to make a 'joining' statement which would be designed to address and contain the anxiety of this first meeting.

The therapist is aware of the parallel between the content of the topic and its underlying meaning, but does not refer to this. Rather than link the defence with the anxiety (which can be done implicitly or explicitly – see first and third interventions above) only the anxiety is referred to. This may be puzzling to those members who are not conscious of their anxiety. For members who are aware of their anxiety it is an intervention which, despite the therapist's intention, may heighten anxiety by referring to it so directly, and without the comforting sense that the therapist understands and can give meaning to what is happening. In this sense it is the opposite kind of intervention to the one immediately preceding it. The former conveyed the therapist's power to understand, this conveys the therapist's powerlessness to do so.

(F) 'It seems that people in this group are pretty keen to get help.' (8)

Therapist notes – 1) Go with the moment. Plenty of time later to talk (another session – in say two months' time) about not putting all their energy/interest in THIS group. 2) Stress the positive. 3) Don't stir up the resistance just yet.

A skilfully low key and supportive way to make the parallel link: the out-there/in-here connection is made with deliberate avoidance of drawing attention to the existence of the defence-anxiety link. The therapist's reasoning is clear from the comments made. The aim here appears to be to get the group members to start talking about themselves without introducing them to ideas about the processes going on in the group, as most previous interventions have done. In a sense it is quite a controlling intervention with the therapist taking a concealed supervisory role over the group's development. In making it the therapist is treading on a tightrope, as its effect will depend on how it is heard: any impression of the therapist's tongue being in her cheek would destroy the intended effect, implying criticism and disdain, and arousing the resistance that the therapist is wanting to postpone to a later session.

(F) I would say something to the effect that we have all been looking forward to today's meeting – we are all new as a group etc. and how do we feel – what do we hope etc. (9)

Therapist notes – *I think one explanation of this behaviour may be a need to control and fill the strange situation with a tangible plan/programme. In a group new to each other I would want to be cautious yet be firm in my offering of a structuring of our own to hold that anxious feeling.*

The therapist here is responding not to the parallel content of the topic but to the function it performs in 'filling the void' of a strange situation. The intervention would be an open, non-directive facilitation, recognising the need for some structure and implicitly pushing to the sidelines the structure offered by the group members. With what effects? The group may feel reassured by the therapist's firmness but also that they have to follow the therapist's agenda. The therapist has not tried to avoid appearing authoritative or stirring up resistance, and has put her leadership style firmly centre stage.

(M) My initial immediate non-verbal response would be to look up, open my eyes wider, and invite discussion. For a first group I'd be delighted for such potentially rich material. To continue the discussion I might say something like 'Laing has stood up against the medical profession'. (10)

Therapist notes – *I would be expecting there to be several reasons for this talk:*

- a) interest, excitement and hope in a new group.*
- b) the anxiety about what would happen here.*
- c) the question of whether they'll get what they really need.*
- d) Fear of total commitment to this group. Fear of rejection.*
- e) Questions about me as a leader – my competence, my fame.*
- f) Confrontation with my authority, and anger at my 'knowing' and their need of me. I would not want group members to go to these meetings.*

This therapist has thought out most of the possibilities! His optimism is infectious and one feels that he will positively enjoy the group's resistance. It is perhaps worth noting that the therapist here is a doctor – so his comment about Laing may be seen as drawing attention to the parallel between the members' feelings of approval for Laing and their desire to stand up against their medical group therapist. He is also clear that he would not want group members to attend the workshop – presumably because this would be acting out their feelings towards the group or its therapist – although it is not clear how he would convey this to the group.

(M) 'I suppose everyone wonders and must be anxious about, what they are in

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for. . .and wonders what group psychotherapy is all about. . .you probably wonder if you will meet outside, and what then. . .' (11)

Therapist notes – *I would want to stimulate/support boundary making. . .and to avoid taking a position on Laing etc.*

Both the previous and this therapist have drawn attention to a hitherto unmentioned issue, which is the boundary between what happens in the group and potential meetings and shared activities outside the group. Any kind of analytic work requires this boundary to be strictly observed, as not to do so risks a defensive dilution of the group experience and an acting out of feelings rather than bringing them to the group. The need for this is not always apparent to group members in a new group, even if they have been told this prior to joining. If the therapist suspects that some members may be embarking on outside meetings it may be necessary to tell them not to. The group will probably be relieved at this as it affirms the therapist's commitment to the group and its status as somewhere different from ordinary social life.

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