

## CHAPTER THIRTEEN

## Challenging scenarios

PROBLEMATIC SITUATIONS FOR THE GROUP ANALYST:  
DUDLEY INSISTS ON BRINGING HIS OWN  
PERSONAL SCAPEGOAT TO THE GROUP



The popular caricature of a therapeutic group, which serves us ill, depicts it as a place where highly disturbed individuals disport themselves uninhibitedly, presided over by an equally disturbed, but supremely controlled therapist. The reality is that analytic groups, protected by careful attention to the composition, setting and boundaries of the group, and by the conductor's awareness of what constitutes a therapeutic direction, seldom erupt into such extravagant or intrusive displays of behaviour. From time to time, however, the group presents the conductor with challenging scenarios which pose a threat to the therapeutic culture and put the stability of the group at risk.

## Dropping out

A potential danger point in the group may arise when a group member suddenly announces his or her intention to leave the group. If this wish has an unconscious neurotic determinant, it is important to uncover it and help the patient to deal with it other than by flight. One such determinant can be the need to avoid painful and conflict-ridden departures in previous life situations, which are now being avoided or compulsively repeated. Announcements of the intention to leave often come after long breaks or the absence of the conductor for one reason or another. These may be in the nature of acting out the rage at having been left: 'If you can leave me, I can leave you.' More difficult to unearth and locate is the wish to terminate treatment due to an unconscious fear of having to face a conflict which has so far been avoided.

The premonitory signs of dropping out include latecoming, absenteeism, a pattern of stuttering attendance – sometimes clustering around holiday breaks – and withdrawal from group interaction. The last of these is not only manifested by silence on the part of the group member. The communication may take on a defensive, repetitious character, a shift from personal disclosure to a detached mode, and a distancing from the group as a whole. Potential drop-outs often start to act like therapists, 'unjoining' themselves from the group. Other signs involve a change in the emotional coloration of the group member, such as a retreat into grim silence, or a dissociated internal preoccupation. Literally and figuratively, the patient stares out of the window.

Dropping out may be due to faulty selection in the first place. The patient may be unable, at that time at least, to bear a therapy which offers less protection than the one-to-one situation of individual therapy. Alternatively, the timing of entry may have been wrong for the group, which might then act out its rejection till it succeeds, and the newcomer drops out.

## Vignette

A woman had had two years of psychoanalytic treatment with a male analyst, when he announced that he was leaving the country to return to his country of origin. He would therefore be terminating the therapy, he explained, but he recommended group therapy

with Mrs X, a therapist whom he knew and valued highly. After due contact and preparation, the woman came into a suitable twice-weekly group, where she was well received. She seemed to have settled down, when she suddenly declared that she was leaving. Her reasons came tumbling out: How could she rely on anyone in the group? They might all be gone tomorrow. The group analyst, especially, could not be trusted. (The group conductor, like her departed analyst, was of foreign origin.) When asked by the group why she thought she could not rely on them, she said: 'After all, everyone looks only after himself.' In spite of efforts by the group conductor and the group to link her feelings to the sudden, painful desertion by her analyst, she left the group. From the initial interviews the group analyst knew that the desertion by her analyst constituted a repeat of an earlier, childhood one: her father had left the family, handing her over to the sole care of her mother, and she had not seen him again. The therapy situation brought up the seemingly unbearable pain of her childhood.

A patient dropping out leaves a sense of failure in the therapist, and often a sense of guilt in the group. In the case just mentioned, it is clear that it would have been of great benefit to this group member had she been able to face the re-awakened childhood trauma by working through it as she was experiencing it in the transference to the conductor and the group. But she was gone, and the opportunity was lost. However, there was still some possibility for therapeutic work: the emergence of feelings of inadequacy and powerlessness which her dropping out had evoked in the group could be investigated and analysed as having their origins in infantile omnipotence. And the group conductor, too, learnt from this painful experience. What had happened could have been foreseen and the transition from individual analysis and the loss of the old therapist better prepared for. Her entrance into the group should have been delayed. Drop-outs are failures in therapy, and though not always avoidable, well worth looking at in depth. Such failures, though not often discussed in the literature of therapy, are more instructive than success stories.

Attention to such phenomena as latecoming and irregular attendance is important in unearthing the transference resistances which

predispose to dropping out. Group members watch closely to see how the group analyst manages absence, and how he or she treats the returned member. A 'laissez faire' approach on the part of the conductor could imply an uncaring attitude. Equally unproductive is the opposite, a knee-jerk insistence on analysing as resistance all slippages in punctuality and attendance – an attitude on the part of the conductor which is often driven by a fear of losing group members or presiding over the disintegration of the group. The contextual trigger of dropping out may be around a specific, emotionally charged event in the group, such as the emergence and disclosure of a long-buried trauma, a conflictual exchange between members, a change in the group itself – the introduction of a new member, for example – or pressure from the group members' life situation outside the group.

Dropping out can also reflect a failure on the part of the group to recognize a healthy need to leave, in other words, to 'let go'. At some point a judgement has to be made about the wisdom of the person's intention to leave the group. Although this may mean acknowledging that the original decision to enter the group was ill-considered or ill-timed, it is best to end the therapy on a constructive, forward-looking note by converting a potential dropping out into a proper leaving.

A drop-out can sometimes be averted by one or more individual sessions during which the reasons can be more robustly explored and rehearsed for presentation to the group. It is not easy to decide when to make contact with a person who has left a group session early and unhappily, or is inexplicably absent from a session. Over-solicitous efforts at retrieval may have a counter-productive effect, and may be experienced as invasive or persecutory. But the opposite error of neglecting to act between sessions, more common in our experience, may equally jeopardize the therapy.

## The scapegoat phenomenon

The ancient tendency for groups to appoint a carrier for their own badness, and then set about getting rid of that carrier, will probably always be part of the human condition, and therapeutic groups are by no means immune to the process. On the crest of an evolutionary wave between magical and symbolic thinking, the biblical scapegoat

was chosen to act as the carrier for the sins of the community. At first the animal, duly crowned with a wreath of thorns, was driven out into the desert, but the wretched creature, unaware of its important communal function, tended to wander back, so a more thorough method of expulsion had to be devised, which entailed pushing the animal over a cliff. Exit the goat, never to return. Or did it? The problem with scapegoating is that it has a recurring dynamic. Sooner or later the goat does return, in the shape of a relative or ghost, and the cycle is repeated.

In therapy groups, an individual is more likely to become a scapegoat if he or she is experienced as conspicuously different from the other group members in ways which threaten the fantasied integrity of the group. This is important to bear in mind when composing the group and selecting new members. The conductor has to ensure the presence in the group of at least some members with the capacity for mutual identification with the new member, especially if cultural, ethnic or sexual orientation identity markers are likely to be a source of alienation and isolation. This does not imply a simplistic pairing up or matching exercise by the conductor. The personality attributes of the group members and their empathic and identificatory skills are more important than easily discernible traits, and are the chief safeguards against scapegoating.

Scapegoating is more likely to manifest itself in societies or groups which have been afflicted by a traumatic event which has threatened their integrity, or even their very existence. The fear or threat of recurrent adversity impels the group to seek out the source and origin of its affliction and take steps to get rid of it. These groups may develop a culture of conformity and an autocratic leadership, resulting in the progressive stigmatization and isolation of those considered a threat to the group's integrity.

In large groups, and in society at large, the scapegoat takes on a more representational role. Cultural myths and political slogans float to the surface from the depth of the social unconscious to feed the process. The actual behaviour of the scapegoat is less significant than the attributions of the group based on prejudiced and stereotyped thinking. In the small therapy group, these factors operate as well, but they are mitigated by the powerful communication processes available to the group. In the small group, the behaviour and personality of the group member plays more of a part than social or cultural attributes.

Monopolizing and victim behaviour are particularly deceptive manifestations which can lead to scapegoating, since they all too easily invite the self-justifying collusion of the group, including, at times, the conductor. The early warning signs can sometimes be seen in the exaggerated attention given to a potential scapegoat by the group, expressed as a mixture of concern and impatience. This spills over into frank hostility, expressed either by withdrawal from the scapegoat or blunt attack. This has to be effectively counteracted by the conductor in a series of interventions designed, first to arrest the process, ('Just a moment, let's pause and look at what's going on here') and then to draw the attention of the group to the projective mechanisms involved.

The disowning dynamic which is intrinsic to scapegoating works against the climate of mutual identification, reflective receptivity and empathy on which the group relies. To break the cycle, the conductor has to foster a spirit of empathy with the isolated group member. This means that group members, including the scapegoat, each have to be shown their part in the process and helped to re-own their projections. The attack on a potential scapegoat may revolve around disowned guilt, but it may also feature a host of other negative attributions such as disgust and shame. Underlying the process are blame, contempt and envy. On a manifest level, these can appear in many forms: over-solicitousness, avoidance of contact, verbal expressions of dislike or angry attacks.

The transference fear or resentment towards the conductor often slips a cog and gets displaced from the conductor on to a vulnerable group member. A classic scenario is the unwelcome arrival of a new member, experienced unconsciously as a demanding new baby, delivered into the group by the conductor and gazed upon lovingly at the expense of the siblings. Only when these feelings have been acknowledged can the group confront the potential scapegoat with those aspects of his or her personality or behaviour which might have been colluding with the process. If the scapegoating is allowed to run its course unchecked, the group might at first feel a sense of relief and enhanced cohesion. But a deep sense of guilt predisposes to a recurrence, unless the underlying dynamic has been grasped and fully analysed.

Scapegoating can be an insidious process, but it can also occur with startling rapidity, and it may be vain to hope that the group will

arrest the process spontaneously. The conductor has to be the first person to show an identification with the scapegoat. This can be perceived as the conductor 'siding with' the scapegoat, and the group may then turn its guns on the conductor, a necessary and welcome corrective to the dynamic of displacement which often lies at the heart of the scapegoating process. This is work done with the group as a whole, culminating in an understanding of the myths and assumptions underlying the process.

## Monopolizing behaviour

Often encountered and difficult to handle is the group member who seems to need to hold the floor in the group's discourse. This is done with detailed, lengthy descriptions of problems, states of affairs or states of mind. Other group members' contributions are used as hooks to hang this on, in a narrative which is then poured into the group with disregard of its reception. The 'Group Monopolizer' is the term coined for such an individual (Yalom, 1975).

Before considering an intervention, the conductor has to arrive at an understanding of the cause of such behaviour, which differs from person to person. The most likely cause is a high level of anxiety which is self-perpetuating, and which increases as the monopolizer becomes dimly aware of the growing resentment in the group. Another reason for compulsively monopolizing a group originates in an unconscious conviction that one is not heard or understood unless one hammers home one's story. This conviction, likely to have been acquired in childhood and perpetuated in adolescence, readily surfaces in the group.

Whatever the cause, the group setting offers a good background for reparation. This is not easy, since such group members evoke impatience and irritation in the conductor as well as amongst the group members. The conductor has to avoid showing irritation or sounding forbidding or punitive when trying to bring the avalanche of words to a halt. One reaction to such an attempt was: 'You told me to say what's in my mind, and now you shut me up!'

As always, one has to observe the group's reactions. Is the group using the monopolizer to hide behind? Is the monopolizer expressing the anger residing in the group and in this way allowing the

group to remain sensible and civilized while he or she is exposed? Is the group tolerating this behaviour without comment for fear of erupting into aggression which might get out of hand? If the underlying dynamic is picked up and voiced by the conductor, the monopolizing group member can be released from the role and encouraged to look at himself or herself with new eyes.

The conductor's task is made all the more difficult for having two seemingly contradictory aims: firstly, to protect the group's integrity in the face of a potentially group-destructive effect which might result in acting out behaviour such as absenteeism, sub-grouping or scapegoating, and then to help the monopolizing member to recognize their anti-social, isolating behaviour and wish to change it. Getting to the unconscious driving force of the behaviour will follow change. This is a prime example of Foulkes' dictum that insight follows change rather than causing it (Foulkes, 1990).

There is a distinction between monopolizing and attention-seeking behaviour. Monopolization of the group's time gets the attention of both the conductor and the group, but this is not usually the driving motive. Straightforward attention-seeking, on the other hand, is usually more accessible to consciousness and can therefore be more easily handled. It is readily detected by a mature group and usually treated with good-natured humour. This is not the case, though, when it expresses itself as an attack on the setting, such as persistent latecoming, or staying behind at the close of a session 'to have a word with you' (the conductor) with some apparently urgent information. When this happens, it is important to hold the line, and tactfully but firmly steer such an attempt at extra attention back into the group session, where it can be explored for its meaning.

## Vignette

A young woman who had recently come into a group would invariably enter five minutes or so late and take her chair with a smile but no explanation or apology. After a while someone pointed out her latecoming and wondered whether her work or some other reason accounted for it. The woman was obviously pleased that her behaviour had been noticed but she still offered no reasons for it. The group analyst intervened with: 'Perhaps there are other ways of making oneself noticed here?' This intervention came dangerously

close to being shame-inducing, but in the event it helped the woman to participate more, state her views forcefully, and discover that what she said was being heard and taken seriously. Much later in her group life she spoke of her family as boisterous and dominated by her two bright brothers, leaving little room for her.

## Enactment of aggression in the group

There is a fine line between those angry exchanges in the group which are the lifeblood of open communication, and those which are coloured by aggression of a destructive nature, edged with sadism. As always, the conductor is poised to intervene if the group seems paralysed in spectator mode. The group member who discharges transferential anger or narcissistic rage impulsively has probably lost sight of the 'as if' clause necessary for analytic thought, but the group has to see this process through, eventually to restore a reflective climate. Perpetrators of verbal abuse sometimes assume that the group grants a licence to insult in the name of honesty, and tend to be oblivious to the impact of their aggression on others. This process has to be halted and named, and the abuser confronted with the effect of their utterances on the group. The same principle applies to more disguised forms of aggression which can masquerade as therapy: mockery, sarcasm and ridicule. These social devices have to be translated in the group, first into the aggressive motivation which underlies them, and then into ownership by the group member or members who have adopted them.

### Vignette

Two women launched into a slanging match with each other over one of the woman's handling of her husband's violence, especially since it involved her child. The rest of the group looked on in stunned silence. The conductor, although aware of the transferential basis of this attack, was faced with a dilemma. Should he allow the interaction to escalate, or should he intervene, and if so, how? Each of the two protagonists was looking at the scenario from her own standpoint, governed by her own life experiences and the values distilled from them. The conductor turned first to the one woman, then the other, reformulating their angry outbursts in more moder-

ate language. This freed the other group members to join in and identify with one or other element of the psychic substrate.

## The therapist's ally

The unique strength of group analysis is that it mobilizes people's innate ability to act as therapists towards one another. Yet group members can sometimes hide behind this entitlement as a way of avoiding personal involvement in the group. The conductor has to judge whether the patient who wears this cloak of impersonality – which might, incidentally, be both insightful and helpful to others in the group – is doing so as a means of easing the way towards more personal involvement or as a means of avoiding self-disclosure and self-discovery. The language with which the problem is addressed is important. A typical intervention might run along the lines of: 'That's helpful, but where are you in all this?' Underlying this tendency to become the 'therapist's ally', there is sometimes a wish to remain in control.

## The isolated group member

Isolation, in Foulkes' conception, is the antithesis of communication. All who join an analytic group bring with them areas of isolation, expressed in cryptic form as neurotic symptoms, which gradually get transformed into articulate language (Foulkes, 1948). This said, certain individuals are conspicuously isolated from their fellows and pose a distinctive challenge to the conductor and the group.

Some group isolates are locked into a position of silent and frozen watchfulness. Others struggle to maintain their psychic equilibrium by ladling out advice or indulging in wild generalizations and stereotyping behaviour, distorting the communications of the group as a means of retaining control. The therapist has to help the group to make links gradually with the isolated group member. This is achieved by encouraging the group to make transient identifications with the isolated person (Ormont, 2004).

Group members who are isolated may need a period in therapy which runs to many years, since what they require is a slow exposure to the nurturing processes inherent in the group. The integration of

isolated group members is helped if they can be brought into conflict with their own isolation. This is more likely to happen if the isolated stance is keeping strong feelings at bay, which would otherwise erupt in unmanageable outbursts. Shame and poorly controlled rage may be significant features of the self-presentation of such isolated group members (Behr, 2004).

Another manifestation of isolation is found in the group member who has experienced earlier and more enduring traumatization than the conflict-ridden isolate. It may well be that isolation in this case protects against fantasied disintegration. Conversely, the defence may serve the fear of being taken over by the group. The group is usually sensitive to the latter form of isolation, and readily accommodates to the time-scale required by the group member to emerge from the bunker of isolation.

## The 'stuck' group

A certain amount of stability and predictability is necessary for the analytic process. However, groups sometimes drift into the doldrums, entering a phase in which very little seems to change. The question to ask is: 'What is missing from the group?' The group may be in this state to avoid getting in touch with potentially excessive pain or a fantasied dread. Having come to this conclusion, the conductor may decide to name the unconscious conspiracy, and the reason for it; that is, to interpret it.

The experience of stuckness may take place in a context of relative silence, or sporadic exchanges which appear to lead nowhere and fizzle out, leading to an enhanced sense of futility. It is important, however, not to mistake a fairly long prelude of silence for a stuck position. Some groups have a culture of reverie which runs its course before an utterance opens the discourse.

Sometimes the spell which entrances the 'stuck' group can be broken by an appeal to the group as a whole to identify the problem, but it is probably more productive to appeal to one of the group members who seems more in touch with the group's collective unconscious. This in turn releases the emotions, which, once they begin to be put into words, break the barrier of resistance and lead to a reinvigoration of the group.

Appeals, whether to the individual or the group-as-a-whole, are

more likely to succeed if couched in the language of metaphor. This is because a metaphor is more in the nature of 'common property' and therefore more capable of producing resonances which lead in turn to imaginative thoughts and utterances. The choice of metaphor is a personal one. To lead the way with metaphor, the therapist must be prepared to venture into the realms of self-disclosure. To introduce a metaphor is to lay oneself open to efforts, whether jocular or serious, on the part of the group, to seize on the offering as an opportunity to view the therapist's inner world. The art of offering a metaphor or a dream is to know how and when to travel back into the self and then out again to the group.

Groups sometimes get stuck because the therapist is implicated in a dynamic to which the group dares not draw attention. Some examples of this are: an excessively emotional or partisan display on the part of the therapist towards or against a particular group member; a tendency on the part of the therapist to extinguish 'non-problem'-related conversations and light-hearted or discursive conversations, ostensibly in the name of therapy, or a recent incident which has been insufficiently explored.

Another effective method of challenging the stuck dynamic is to introduce a new member whose foremost motive for seeking therapy lies in the area which is being avoided by the group. This is an heroic step to take. The conductor is likely to experience a sense of trepidation, which has both realistic and counter-transferential aspects, for the group's equilibrium. However, in our experience, the introduction of a new member at this point can work like a charm. The new member immediately feels at home and understood, and the group undergoes a surge of energy. The new member is likely to act under the pressure of his or her problems by disclosing them quite soon after entry into the group, and this gives the group the impetus and permission to recognize the previously unacknowledged problem area and look it in the face. This applies especially to sexuality in all its forms, and to socially unacceptable fantasies or attitudes such as racism.

## Malignant mirroring

The real reason why Vronsky disliked the prince so much was that in him he could not help seeing himself. And what he saw in this mirror did not gratify his self-esteem.  
Tolstoy, *Anna Karenina*



Mirroring is a therapeutic factor intrinsic to group analysis. It implies the opportunity to see oneself as others see one, as Robert Burns put it, in the thoughtful, caring environment of the group. But there is a down-side to it which can lead to the phenomenon known as 'malignant mirroring'. This occurs typically when two people sense in each other a disliked and often a hated attribute which they have in common. The similarity is unrecognized, dreaded and rejected. Louis Zinkin, in his seminal paper on the subject, sees the destructiveness in its 'controlling taking over' (Zinkin, 1983).

Malignant mirroring can become so intolerable for the pair engaged in the process that the only solution may be seen in one of the pair leaving the group. It can also endanger the group itself, who tend to react by observing the process in a state akin to paralysis. It is left to the conductor to act immediately and vigorously. He or she tries to take the unbearable burden off the shoulders of the embattled pair, with such words as 'I think I recognize the gnawing feelings you two are experiencing. I wonder whether the others do too.' If this does not have the desired result, and it must be said that it often does not, the therapist has to fall back on techniques normally reserved for working with individuals who are unable to own their part in a process. The intensity of the exchanges between the two protagonists in a malignant mirroring scenario is so great that for some time there is no room for reflective thought.

### Vignette

A woman in a group attacked a man, accusing him of having no respect for women. He spiritedly defended himself, and counter-accused her of treating men as objects of contempt and ridicule. Both perceptions were to some extent accurate. The woman had been affected by a string of destructive relationships with men, who in one way or another had abused her or taken advantage of her. The man had similarly been affected by his relationship with a woman who had reduced him to a precarious financial state in the course of a destructive marital breakdown. What neither party was recognizing, since both saw themselves as victims in their respective partner relationships, was the attribute that they were harbouring in themselves of angry, potentially aggressive and abusive behaviour directed at men and women respectively. The therapist shadowed

first one, then the other, allying himself with whomever he saw as immediately at risk of being further victimized, until he found the moment to draw attention to the similarities of their experiences. This detoxified the process and allowed time for the two protagonists to cope with the strength of their feelings and eventually modify them.

Malignant mirroring is a process which can flare up during the course of a single session, or it can simmer on and run a course of weeks or months, surfacing episodically, or burning away beneath the surface. It can tax the emotional and professional endurance of the conductor to its limits.

### Enactment of erotic feelings in the group

Groups, despite their 'public' dimension, provide a safe forum for the exploration of symptoms and problems relating to physical sexuality. The group-analytic situation places these in their relational context, and the interactional and transference field of the group brings them alive for the group members. This presents its own specific set of difficulties. These relate, first of all, to the discussion of what is essentially a private function in what is technically a public arena. Sexuality has its own language, and is capable of evoking a strong sense of shame, guilt or arousal.

A group member may be tempted to act on their attraction to another group member. This undermines the group-analytic culture in that it creates a special relationship which works against the possibility of criss-crossing transferences. The secrecy surrounding the relationship results in isolation, with the result that the pairing couple often drops out. If the information comes back into the group in good time, the process has to be thoroughly analysed to divest it of its transference component. If the couple insists on staying in the relationship, group-analytic work becomes untenable, and one or the other, or both, may be asked to leave the group.