Introduction

The application of basic, psychoanalytic concepts to analytic group therapy helps to clarify the dynamics of the therapeutic process. The similarities and the differences between psychoanalysis and group process can thus be described and understood. In theory and practice analytic concepts change in character when transposed from the psychoanalytic situation into that of the group. This is why M. Foulkes, for instance, prefers to talk about “group analytic” concepts.

Psychoanalysis has definite therapeutic limitations, but is unsurpassed as a tool of research and training. In this book I will use this tool to show the dynamics of the therapeutic process in groups.

Analytic group therapy is based on analytic principles— for example, transference, resistance, and interpretation—and aimed at mastery of outer and inner reality.

There are three different kinds of analytic group therapy. One concerns itself with the psychoanalysis of the individual in groups as represented by Alexander Wolf. The second variety of analytic group therapy is psychoanalysis of the entire group as a whole, as represented by the technique of Jacob Moreno. The third variation of analytic group therapy is analysis by the group as developed by Michael
Foulkes, De Maré, James Anthony and others. It is this type of analytic group therapy with which I identify.

One major difference between the transference neurosis in the dual relationship of psychoanalysis and the multiple transference relationships in groups is that three trends of transference must be differentiated in the latter. The transference relationship to the central figure of the therapist is similar to the transference neurosis of psychoanalysis. The second transference relationship is extended to the peers in the group and forms an important therapeutic agent. The third transference develops in later stages of an analytic group process; it is the transference to the group as an early, preoedipal mother.

Analysis of the transference neurosis has become the focus of standard analysis. It seems that the fully developed transference neurosis is inclined to “swallow the analyst” (M. Foulkes). Dissolution of such a regressive transference neurosis frequently becomes time consuming and is sometimes impossible to resolve. Furthermore, such transference neurosis, modeled after the early mother-infant symbiosis, has a magic power, almost like hypnosis. It is mostly responsible for the ever longer-lasting duration of the standard analysis.

Anna Freud, in a dialogue with Michael Foulkes, considered such development a mistake, probably due to an unconscious need in some analysts, who want to be mothers and invite their patients to develop such regressive dependency. According to Michael Foulkes’ observations, such transference neurosis is often stronger than the original infantile neurosis and is not just a mistake but an inherent danger of standard analysis. This has been recognized by analysts like Lawrence Kubie, who after a long life in analytic work, suggests a routine second analysis with another analyst to provide a chance to analyze the original transference neurosis. Franz Alexander suggested a realistic contact with the patient in order to lift him out of the residual regressive transference. In my opinion, the analytic group experience is the best solution for leftover transference residuals, as it does not invite any regressive transference neuroses.

I prefer not to talk about the transference “neurosis” in group therapy, but about transference trends or transference situations.

This implies that the systematic analysis of the transference and the transference resistance is neither possible in groups nor necessary. There is a built-in correction of the transference phenomena through the peer relationship in groups. An analyst is trained to let the transference neurosis develop to full bloom. The members in a group are neither trained nor willing to accept such projections for long and will correct them. This is the basis for the corrective therapeutic family experience.

It has been claimed that the therapeutic task in psychoanalysis and in group therapy is the same. I doubt the correctness of such a statement. In psychoanalysis the analyst’s foremost assignment is to interpret the resistance of the individual against insight into his unconscious. In group therapy the therapist’s assignment is to remove roadblocks in communication. The “unconscious” of the group is represented by that which is not shared communication. Thus the unconscious of the individual is different from the unconscious of the group.

The analyst in psychoanalysis is more or less a screen for the transference neurosis. The group is more like a “theatre-in-the-round” for the projection of the entire mind, conscious and unconscious. The mind is not a thing, it is a collection of personal images, of father and mother, brother and sister, of friend and enemy. The group, therefore, gives a more complete opportunity for the past to be projected into the reality of today.

In psychoanalysis the analyst interprets resistance against the unconscious, or against free associations. In group psychotherapy the therapist interprets the resistance against free, spontaneous communication and responsive interaction.

There are some group-specific forms of interpretation. The best interpretation in groups is spontaneous, responsive interaction. One does not need, for example, to call somebody hostile. The group’s responsive confrontation to the hostile person offers the best interpretation.

There is another form of group-specific interpretation and that is triangular interpretation. For instance, a patient comes and complains about something and somebody in the group responds to this complaint. Then understanding interpretation may be offered by a third person who watches this interaction between the two antagonists.

The third group-specific interpretation I call comparative interpretation: the therapist occasionally compares two or more individuals in the same group in their similarities and differences and their dynamics.
Resistance in psychoanalysis is resistance against insight into the unconscious while resistance in the group is directed against free communication. This becomes most obvious in dream analysis within the group. It seems to me after years of observation that everybody in a well conducted group understands the meaning of dreams—except the dreamer himself. Most group analysts would agree with the correctness of this observation, which could be of the greatest import for the group process.

A question arises whether there is a specific form of group resistance and this seems to be the case. For instance, most groups in beginning slowly show what could be a form of resistance. When six to eight people come together once or twice a week for a session, they have to reestablish communication with each other before they can interact freely. What happened automatically in analysis with the greeting of the analyst to his patient at the beginning of an analytic hour has to be actively established in an analytic group session.

Something similar can be observed after a necessary interruption of the group sessions through vacations.

There is one kind of resistance which I thought could be observed only in analysis and that is the mutual adjustment between analyst and patient, but I learned that this can happen in groups too. Any group which has worked together for a year or two may automatically make some allowances for the peculiarities of one or another person in the group, as if to say: Let us lose no time by reacting to it. Such situations call for alertness in the therapist, who must interpret them.

The roots of group resistance may lead to the resistance in the individual. For example, when a person has overcome his resistance and begins to speak in the group after having been silent, then the entire group may come to life.

Interaction is much more dependent upon the freedom and the spontaneity and responsiveness of the therapist than it is in psychoanalysis. The group therapist must be turned toward the group. If there is anything wrong or inhibited in his relationship to the group it will be reflected in the behavior and interaction of the group. If the therapist has a resistance, the group will identify with that. In such situations the therapist must actively turn to himself and must try to analyze his resistance. Without that, progress will stop. The therapist is not a patient in his group, but it is his privilege and his duty to explain himself at times when the progress of the group demands it. He is not allowed to become a therapeutic burden to the group.

There exists a peculiar hierarchy of regression. In psychoanalysis therapeutic regression is controlled and slow and should be reversible. This is also the situation in small groups, but in large groups of 25 or 250 people an almost automatic, deeply regressive process begins almost instantly. Any group situation is a challenge to ego autonomy, but in large groups this autonomy is relinquished.

It has often been said that the free association of psychoanalysis is replaced by the free dialogue or discussion in the group. This is not quite the way I see it. The analytic method of free association is replaced in the group by the free, spontaneous, responsive interaction. This interaction is frequently more focal than free associations are bound to be. It is often asked whether my groups are problem-solving or interactive groups. In my mind this is not an alternative. Any group session may, and usually will, start with attempts at problem solving, out of which interaction then grows.

The longer I work with groups, the more I conclude that group therapy is the basic form of treatment. I no longer ask myself, “Does this patient belong in individual or group therapy?” My first question is always, “What kind of group?” There are many contraindications to analytic group therapy; this should not exclude a patient from other forms of group therapy.

When I have decided in favor of analytic group therapy I still have to consider the composition of groups. The family model is a good guideline.

Whether there are people truly impossible for productive group work is for me an unsolved question. I certainly have met people whose behavior in my groups led to the conclusion that cooperation between them, myself, and the group cannot be achieved.

There is one objection against group therapy which sounds convincing. It could be claimed that individual psychotherapy is one of the last small islands of freedom and individuation left to us at a time of mechanization and alienation, and that therefore individual therapy should not be replaced by the group. This argument is misleading,
however, since the ego needs "the other" in order to form and grow in such a relationship. The group, more than any other situation, gives an opportunity for individuation. In psychoanalysis the patient is, so to speak, an only child. In group psychotherapy he is a member of a family.

Franz Alexander once compared psychotherapy to a corrective emotional experience. In this sense, group psychotherapy could be called a corrective therapeutic family experience.

The Transference

Transference dynamics in groups are quite different from those in the one-to-one relationship of standard analysis. Recognizing the tripartite nature of transference in groups provides a good basis for understanding their dynamics:

1. Transference toward the central figure, patterned on the transference neurosis in analysis
2. Transference toward peers in the group, patterned on that of the family neurosis
3. Transference toward the group as a whole.

In this latter transference, the group symbolizes the preoedipal mother figure (basic trust). It includes all the relations of every member to every other member, transferral or real in nature. It forms the background of the communication network, or matrix, which is essential to the group process.
TRANSFERENCE TOWARD THE CENTRAL FIGURE

Three young women, all in the same group, developed three different kinds of transference toward the therapist. One of them was the oldest of seven children. As a child, she had replaced the mother and taken care of her younger siblings. She had fully enjoyed her privileged position, especially in relation to her father. She knew that she was his favorite and had developed that peculiar glow of beauty which one occasionally finds in beloved firstborn daughters. She established a similar attitude toward the therapist and enjoyed it fully without guilt. She had a natural maternal affection for "brothers and sisters" in the group. She combined her genuine motherliness with warmth and a truly feminine understanding of her fellow members. I appreciated it and considered her a great help in the promotion of the group's cohesion. Trouble started when her attitude of duty and devotion was not recognized by her young and inattentive husband. Insight into her habit of transferring affection for her father into the present helped her to correct her situation.

Another woman in the same group developed a quieter but similar attitude toward me. She had always loved her father and some recollections of happy times with him were cherished as the best moments of her life. She dreamed about a similar happiness with her therapist and enjoyed her dreams quietly and silently, knowing their meaning without interpretative help. As time progressed she began to analyze her relationship to the therapist and revealed how, with the help of her mother, she had become aware of her love for her father— an awareness resulting in great guilt and misery. She had succeeded without much effort in seducing her two previous therapists and now felt keenly the frustration of her transference toward the group therapist.

The third woman in this group was the oldest of the three and pregnant for the first time, while the two younger women were mothers of several children. She had a much more complicated attitude toward her father—an attitude of having finally come to peaceful terms with her still-living father, who, she felt, had made her life miserable with his negative, critical attitude. She felt that she would never appear lovable to any man. After a long struggle with the therapist, she developed some trusting affection toward him, then toward the group, and finally toward herself and her husband.

As in analysis, all three women could experience, analyze, and finally integrate the insights gained from the transference of their neurosis from the father to the therapist.

TRANSFERENCE TOWARD PEERS

Theresa was a young woman who reacted with shocked surprise followed by rage and envy to the introduction of another, younger woman into "her" group. She expressed her annoyance and hostility with great difficulty. She was envious of the younger woman's attractive appearance and self-assured, well-mannered behavior. Theresa doubted that "the other woman" needed or belonged in "our" group. It was only a short step from there to associating her sister. Emotions previously not felt were now activated and open for understanding and integration. The younger sister was the one who was supposed to have been "the boy in the family" and had succeeded in an aggressive, apparently masculine career. Theresa's peer transference to the new "sister" in the group mobilized her old conflict with her sister and bared it for insight and working through. She had been in therapy with quite a number of therapists, and the relation to the younger sister had often been analyzed. But the experience of the arrival of a younger "sister" in the family of the group provided a badly needed emotional dimension to the analytic experience.

In another group, a young man began to hassle a new member of the group and the newcomer reacted in kind, until both realized that they were reenacting in the group the Cain and Abel story both had experienced in their relationships with their brothers.

The therapeutic process is, however, by no means exclusively based upon transference and its interpretation. This becomes especially clear in a situation providing special peer pressure. For instance, in my groups I have rarely seen compulsive gamblers or people with severe drinking problems. However, moderate gambling as well as moderate drinking are frequent. My experience and my knowledge of the literature lead me to believe that the therapeutic benefit of individual treatment is limited for such patients. However, I have frequently seen
gambling and drinking diminish among members of well-conducted groups. I attribute this phenomenon to peer pressure, sometimes silent but often outspoken and persistent.

THE GROUP AS THE TRUSTED MOTHER SYMBOL

A young woman, married for a second time, was being invited into the group. Since she was quite depressed, I introduced her myself and mentioned that she had tried to commit suicide recently. She felt unable to live up to the demands of her new husband and was exhausted by the move to a new city with new schools for her children. It all seemed too much to handle.

One psychotherapist, a member of the group, was loudly skeptical about the wisdom of accepting such a depressed woman in the group and brusquely announced that she was “much too sick!” The patient was angry about this rejection and, in spite of her depression, had the energy and courage to say somewhat haughtily, after several people had taken up her defense, “You can be reassured that I will not commit suicide as long as I am a member of this group.” She kept her word and it seemed to us that it was not even difficult for her. She found in the group a good and strong, if indulgent, mother.

Depressive people take well to groups, because a group will love them in a way acceptable to them. A group is neither threatening, overwhelming with affection, rejecting, nor judgmental, but offers the kind of support and understanding a depressive person seems to need and find acceptable. In other words, the group can take on the function of a well-meaning mother.

THE HOSPITAL AS MOTHER SYMBOL

Anybody who has ever watched the behavior of patients at a large psychiatric facility will be impressed by their affection or hatred toward the hospital. It is a mother—good, bad, or ambivalent; loving and protecting or rejecting; threatening or destroying. I will discuss below the powerful transference trends of psychotic people for whom a personal transference is often too threatening to be tolerated and for whom the impersonal institution is a better screen for the transference psychosis.

TRANSFERENCE TO THE GROUP AS A FAMILY

For many years I have been indebted to Dr. Walter Schindler’s contribution to the literature on groups. He was probably the first group therapist to think of group dynamics in terms of the family. This model cannot be applied in a static way since groups are in constant change. Everybody will be father or child, mother or aunt, brother or sister, teacher or student, therapist or patient. All roles can be reversed or changed according to the unconscious needs of any member. It is this network of transference relations which S. H. Foulkes calls “the matrix.”

A great part of the therapeutic process repeats the primary family situation as a corrective emotional family experience within the group. As a rule the group family is tolerant but not indulgent. The family may be judgmental, but an appeal is always possible. The therapeutic group family aims at a free, direct, spontaneous, and honest communication. Six or eight members hardly ever act as tyrannical father or domineering mother; there is always somebody who will take the side of a member in revolt and try to understand him. The family is fiercely loyal and forms the foundation for group cohesion.

Like all families, the therapeutic “family group” has a natural tendency to growth, maturation and health. It exercises a less pathogenic impact than a sick family does as long as the therapist does not impose his pathology on the group. No other individual member can impose his pathology easily. Thus the basis for a corrective emotional, analytic-therapeutic family experience is provided.

AN “IMPOSSIBLE” GROUP FAMILY

A middle-aged woman of undistinguished appearance joined a group which had worked together for several years. After three meetings she was unhappy and dissatisfied; she felt unaccepted, wanted to leave the group, and complained bitterly: “This group is exactly like
my family. Harry behaves like my indifferent and strict father. Louise is superficial and dumb like my mother. Everybody turns to Josephine as if she were my sister, prefers her and listens to her drivel and fusses over her. Boris is my silent brother and you, my therapist, are nobody. I can’t stand it any longer. Nobody notices me. I may as well not be here and that is that. Who needs this?"

It could be shown to this woman that she had within three weeks established herself in the group just as she had in her present and childhood families. The group and the therapist had to work hard and fast to show her how she manipulated her environment to her needs. This had to be done to prevent her dropping out. The group did not welcome her enthusiastically, but as usual, waiting. We had reached the point of therapeutic confrontation: neither in her family nor in the group did she reach out for anybody. She did not fight for her place on the merry-go-round. At home she sat in a corner with a bottle of liquor; here in the group she isolated herself, was depressed, bitter, and resentful, yet still hoped to be discovered and invited. It was shown to her that she tested the group with her provocative behavior, and wanted to be accepted in spite of it. Our interpretation was taken as the first invitation to join us and as a first sign of understanding, if not of acceptance. Unlikely as it may sound, this group experience became a turning point in this woman’s life.

A HEALTHY FAMILY GROUP

A woman in another group hardly responded for a long time. Under pressure she would participate in a rather meaningless fashion. She continually complained about her family and her own life. She accepted every interpretation and every advice gratefully but followed none. No matter how often an interpretation was repeated it was accepted gratefully like a pearl of wisdom and then dropped. Finally I asked her why she continued to come. I did not imply that she should stop. She had made the decision to start, and I left the decision to end to her. I knew from her history that she came from a deeply disturbed and unhappy family. The mother was psychotic and had left her four children to themselves. The boys had run wild and the girls became depressed and confused. The patient repeated an almost identical family situation in her present life: her husband was always working and never at home, her sons were running wild, and her daughter was hostile and well on her way to delinquency. When the family occasionally came together, it was a wild, undisciplined, and confused encounter. It became clear that our group offered the first halfway reasonable family relationship the patient had ever known. She quietly enjoyed it and the group became an important experience for her. She did not want to use the group to change her reality at all. She used it to make reality bearable.

THE TRANSFERENCE SITUATION IN GROUPS OF ADOLESCENTS

Groups of adolescents show slightly different patterns of transference than other groups. Present-day adolescents are often brutally honest and direct enough to say clearly and without much hesitation what they think about their therapist. Any therapist who stands up against the sharp eyes of a group of adolescents has passed the baptismal fire. Young people of today have the sharp and jaundiced eyes of analysts. The next best test for a therapist is to conduct a group of his younger colleagues. Older colleagues are mellowed by experience and self-knowledge. The peer relationship is most important to adolescents; one-to-one transference, least important. Adolescents are quite resistant to the authority of parents or their representative in the control figure. They do listen to each other and the group can exercise greater pressure than the “voice of the establishment.” An adolescent is almost honor-bound to protest against the therapist. It is easy for him to abuse the analytic situation as an active or passive hostile rebellion against which the therapist finds himself almost helpless.

The central conflict of adolescence is between the need for infantile dependency and the urge to individuation and identity. This struggle, acted out in the home situation and repeated in school and college, leads to the behavior problems that seem so significant to young people. The third transference trend (the group as preoedipal mother) shows all the features of this struggle, but the symbol of the mother has now been created according to the need of the group, providing a favorable therapeutic basis.

A well-conducted group of adolescents is no hour of rest but of drama and participation for all, including the therapist. Any therapist
who tries to remain outside the process loses influence; therefore it is advisable in such groups to divide the function of the therapist between two persons, preferably a man and a woman. This has two advantages: first, it simulates the structure of the family and invites family transference, and second, the divided responsibility has a beneficial influence on the therapists’ countertransference. The group process depends on the active, honest, frank, and spontaneous responsiveness of the central figure. The cotherapeutic relationship offers the freedom and opportunity to one of the therapists to become at times “one of the group,” in order to sharpen his empathy, to interact, and to be accepted. At such times, it is good for him to know that the other therapist remains an observer and not a participant. There is in all of us an adolescent left alive who is a rebel, who is longing for dependency and searching for identity, independence, and individuation. There is in all of us a tendency to be mother and infant at the same time. Occasionally, tentatively and sparingly, we have to allow ourselves a partial regression. It gives us strength, patience, faith, and therapeutic impulse. This strength is sorely needed by the therapist holding onto his position in a group of adolescents.

A therapist may achieve in these groups more than a “countertransference cure.” In treating adolescents, a therapist occasionally feels more intensely and perhaps also more frequently than in treating of adults: “Here is the grace of God go I, and I have to cure me in this, my younger brother.” Such a relationship should be of transitory nature, and the therapist should be aware of it.

According to all evidence, analytic group psychotherapy is the treatment of choice for adolescents. A time will come when all adolescents will go through a psychoanalytic group experience, whether they are considered to be patients or not. Psychoanalytic group therapy for adolescents will become an integral part of growth in the education of free people of the future.

OTHER VARIATIONS OF THE TRANSFERENCE SITUATION

A special situation develops in the transference of hospital groups, whether conducted on the ward, or in the outpatient clinic as a part of the hospital’s service. The therapist must know that such groups frequently develop a transference to the hospital as such, as prisoners sometimes develop a transference to the stone mother of the prison. Especially in the treatment of psychotics and borderline cases, such nonpersonal transference is of the greatest practical importance. For the psychotic person the transference is a psychotic one, which is more safely enacted in relation to the hospital-mother than to any individual therapist.

THE TRANSCFERENCE

S. H. Foulkes once said, somewhat aphoristically, that the human mind is a group. Equally allegorically, the group is a person. Somebody in the group may act as a superego. Another member may delegate superego functions to somebody else in order to enjoy a temporary, guilt-free period.

It is easily possible to delegate ego and reality functions to the group. Frequently a member may turn to the group almost as if it were a jury and repeat in detail the events of the home situation as he experienced them in order to appeal to the group for judgment. Who is right? Who is wrong? Who is at fault? Who should be punished? And who should change? It is always tempting to project ego functions onto the group: let them tell me what to do, how to react, and what to decide. The group cannot simply refuse this assignment, it has to deal with it. Giving advice is more or less ridiculous. People know what to do. They have to learn why they don’t do it and why they are driven to take what they know is the wrong way out. The group’s advice is a disguised interpretation. But this can be offered only when the given considers it neither as order or answer. I never give advice; I do give my opinion, hoping that it will be taken seriously. The person should deal with my opinion, not necessarily follow it.

Another member of the group may take it upon himself to play the role of a “personified id” or of the collective unconscious. He may do so consistently or occasionally. Such people associate freely, repeatedly bring dreams, or have easy access to their unconscious and occasionally show the breakthrough of the primary process. Their behavior can be used to ease everybody’s access to the unconscious or, at least, to gain temporarily this free associative liberty.
THE TRANSFERENCE

patient and patient: it is perceived and interpreted by all and starts a
"chain reaction." What is conscious to one individual may not be so to
all. What is repressed to one may be obvious to others. Such an
observation may be repeated daily in group psychotherapy. Somebody
tells a dream, the meaning of which is unknown to the dreamer only,
while everybody else reads the dream like an undisguised text. It is
precisely this transformation of individual communication into a trans-
personal dialogue which constitutes the therapeutic process of group
therapy.

A BREAKTHROUGH FROM THE BACKGROUND
OF THE MATRIX

It is difficult and perhaps impossible to demonstrate the matrix
with a clinical example. I will try to describe an interaction from which
one can conclude the existence and function of the matrix.

Liza had been in the group for more than two years. She was sent
by her analyst, who continued her treatment but thought that the
group experience would help her out of her narcissistic isolation. Her
loneliness had become intolerable since her children had grown, and
she was left alone with a husband from whom she felt alienated. The
world seemed to her new, frightening, and not at all inviting. She
remained silent for many sessions but then slowly developed relations-
ships to the group. Occasionally she even joined the group for a dinner
after the session. For many months she limited herself to moderately
funny wisecracks, never taking anybody seriously and never being
taken seriously. For a while the group tried to accept her with a silent
shrugging of the collective shoulder as if to say oh well, that's Liza.

At the beginning of the third year, the group had changed. Some
members had left and new members had joined. The new members
were not willing to show the kind of indulgent acceptance Liza
expected. The veteran members finally also grew impatient, and the
entire group felt her presence a hindrance to further progress. I said to
her that her irrelevant remarks were interrupting and misleading.
Vivian took up the battle cry and said quite sharply that these flippan-
cies had to stop. She was welcome to say what she had to say, but we
were not here to interrupt our work or to be entertained by such
nonsense. Knowing Liza's long history of alienation, I intervened,
defended her, and said that her wisecracks were her first attempts to come out of her isolation and join us. To this Liza answered with a short outburst of hostility: "Stop protecting me. This is not necessary. It bores me." In her provocative masochism, she tried once more another flippancy to which now Ed responded, "You kill everything." He said it quietly, almost offhandedly. I was not even sure whether Liza had heard it, and the group proceeded.

At the end of the session I turned to Liza, having forgotten my irritation over her remark about being bored, and asked her whether she had heard Ed's remark. To my surprise, she and everybody else had heard it. They all looked silently at Liza who reacted with deep feeling: "Yes, I kill everything and everybody. This is my great fear as it is a fact. When I was twelve, I killed the son of my mother, the violin playing, concert giving virtuoso, a child prodigy dressed in a velvet suit. I told Mother that she could not turn me into that fantasy. She was shocked and so was I. She never dared to mention that prodigy-bastard to me ever again. He was dead. I killed him. I let her down, and ever since I have suffered under my guilt and lived in silent atonement." Although these were not her exact words, it was what she meant. Everybody had the feeling that she had finally joined us.

This clinical illustration shows the working of the matrix as well as it shows the interpretation of interaction in groups. The patient had been "bored" by me, because by protecting her, I had interfered with a painful but necessary confrontation leading to insight. The group had become her family, with a mother who wanted to change her into a fantasy boy and a father who tried to help her but understood nothing. The rest of the group symbolized her extended family, who, like the Greek chorus, knew what she herself knew all along.

Interpretation was not given by the therapist, but by an almost anonymous member of the group, who did not know the patient and her fantasy but responded spontaneously to her behavior and its influence on the entire group.

**INSIGHT SPRINGING FROM THE MATRIX**

A girl of twenty-nine, who wanted to be called "Honey" by the group, had been in individual therapy for approximately two years. Her therapist sent her to the group hoping that such group experience would help her in her "only child" attitude. She looked like a teenager, dressed like one, and behaved accordingly. She actually had successfully finished her studies and was a professor. The group decided to address her with her academic title which annoyed her greatly.

She played, as we call it, "ping-pong" with us, answering any question with counterquestions and noncommital replies, as if hitting a ping-pong ball back. She always sat in the chair next to the exit and at the end of the hour she ran to remove herself from the group. I had to warn her that this was a tough, impatient group which had worked together for some years and had accepted only a few new members and that nobody wanted to lose any time slowly indoctrinating a new member.

I knew from her therapist that she felt uncomfortable and that she had not the slightest inclination to be "one of this family." She had been the only daughter of an adoring but authoritarian father and a silently suffering mother. Her academic career was identical with that of her father; she did what she unconsciously perceived her father hoped a son would have done.

At the beginning of the hour, I had turned to her and said, "I notice that you run from the group when the session is over and that you obviously avoid all of us as if we were a leper colony. If that's the way you feel, then perhaps we could give you a little more time and you could start your summer vacation now instead of in two months. You could rejoin us later in the fall. I don't want you to feel expelled, but perhaps you should have a chance to work with your analyst and try to understand your reaction to your first exposure to a group."

In an indifferent yet hostile way, she declined the offer, hardly speaking to me. During the next half hour, somebody would occasionally pick on her slightly: How do you feel? What do you think? Where are you? Do you hear us? She responded to all these invitations like a schoolgirl, attentive and bright-eyed but having nothing to say. The group talked about husbands and fathers. When everybody related their feelings about their fathers, discussion grew loudly emotional and insightful.

The right moment seemed to have arrived and to everybody's surprise, including my own, the girl responded with an outburst of wild hostility toward me: she confessed that she had felt deeply with everybody who had spoken. Then she turned toward me with unprecedented fury, calling me a Prussian, and an authoritarian, male chau-
vinist—intolerant, indifferent, always critical and, worst of all, sarcastic. She began to cry and wanted to stop, but it was too late. Through her tears, she described her German father, who obviously would have preferred a son and who had trained his daughter to be an extension of himself and a replacement for his hoped-for son. She tried to live up to his expectations, and gave up all her own feminine wishes, desires, and fantasies. She became an excellent student. Then one morning, rushing down to her car in an underground garage, to be on time to her early morning lecture, she was threatened and sexually assaulted by a man with a knife. She fought him off and screamed loudly. The man ran away when somebody else came down into the garage.

She turned to her father who flew into a rage and accused her of having provoked the incident. For once this was more than she could take; she screamed back through her tears at him. For a few days they did not speak to each other; then the father died of a coronary occlusion.

The story itself had been told to her therapist but not with such powerful, explosive, spontaneous dramatization. She repeated and then worked through the rape scene, especially through the rage against her father and her mother who had not defended her. She tried to settle with us, her new family, what she could not settle with the old one. After that we never called her by her title any more but addressed her by her proper first name which we had not known before. Slowly the group let her feel that we did not want her to be a male imposter or a sexually undifferentiated youth. We wanted her to be what she was, a woman.

In the hour of the dramatic recapitulation of the rape scene, she had become a member of the group.

Resistance

THE PRINCIPAL DIFFERENCE BETWEEN INDIVIDUAL AND GROUP RESISTANCE

The main task of a psychoanalyst working in individual therapy is the interpretation of the patient's resistance, which is blocking access to his unconscious. The main task of a therapist working with a group is to interpret the disturbances in the communication and interaction between the group members. The therapist has to work with an essentially different form of resistance—one which stands in the way of honesty, trust, and direct, free associative communication and response between the different members of the group.

For instance, an individual may defend himself against the interpretation or understanding of his dream, which is unintelligible only to the dreamer but easily readable by the entire group. Someone who cannot understand another's dream may be blocked because he has a similar conflict or fixation and therefore a similar individual resistance.

The group resistance is directed against free communication, and not against the individual unconscious. A collective resistance may be caused by external circumstances which may interfere with free com-
munication. For instance, the group may be in a vacation mood, or disturbed by some overwhelming social catastrophe or threat like the illness of the therapist, or by events like an election or other political development. Such an “inroad of reality” into the group atmosphere may look like a “group resistance.” It is actually only a different focus of the group attention: reality has taken the temporary center of everybody’s preoccupation.

There are, of course, also internal reasons for a resistance in the group communication. A death or a severe illness of one member may stop the proceedings temporarily. The group joins in a resistance against analyzing death fear and the danger of dying. The individual taboo may become general and thus a resistance to group communication. The birth of a new baby, especially when the proud mother brings it along and displays it for general admiration, may seduce the entire group into stopping the therapeutic communication.

There may be hours of resistance when the entire group has developed a conspiracy of silence after either a specific topic has been discussed or a specific individual has spoken. There may be sad news about somebody, and the group may feel that a silence is the only decent way to show respect and response. There may be some behavior in one individual which is so serious that the responsibility to react to it is silently shifted to the therapist. On other occasions something may be known to everybody but the therapist and nobody, as in school, wants to tell on another.

The individual’s resistance is directed against the unconscious, the group’s resistance against free communication.

AN INDIVIDUAL’S RESISTANCE IN GROUPS

Many patients working in the group may show as much resistance against insight into their unconscious as they would working in a one-to-one relationship with an analyst. There are, however, slight differences; for instance a group member may feel endangered or invaded and threatened by well-meaning interpretations and defend himself. Such anxiety is rare in group, defending one’s individuality is less necessary there than with a determined analyst. Paradoxically it is, in my experience, easier for a patient to become an individual in a group than in analytic isolation. Here is an example:

Carl went to a meeting of salesmen and had a wonderful time there. When he got home he got into a terrible fight with his wife. He started the session by reporting the situation. As was his habit, he called on the group to function as a kind of jury who would hear his story and then pronounce the judgment: with a woman like that you have the perfect right to go your own way. He had, however, mentioned only that he had been out of town, but not that he had been with a girl. Another member clarified the situation with a suspicious question: “Did you meet somebody at that convention?” It became obvious to everybody but Carl himself that he had felt guilty about his adventure and, coming home to his wife (who had been caring alone for the big family), had arranged the terrible fight “in order to be punished.” He would then tell the group and get absolution. The whole situation was so obvious, so clear that every member in the group understood it. But Carl needed some time to see what he had been doing.

GROUP RESISTANCE: THE SLOW START OF THE FIRST HALF HOUR

Another form of resistance in groups is the slowness of the first half hour. People need time and effort to shift from defensive, noncommittal communication to the free, spontaneous, honest interchange of an analytic group. Each time the session begins, all the members come into the room alone as individuals and have to become part of the group again. A group has to constitute itself each time it meets. The matrix has to be established, lines of communication have to be set up, tested and finally used.

I facilitate this process by not letting the group slowly constitute itself in the waiting room. I open the doors ten minutes before we begin in order to watch the group getting together in the consultation room. In this way there is no interruption of the group formation. Initial resistance cannot be overcome by the therapist taking the initiative. Whenever I used to do that, I prolonged the period of slowness. Speaking makes one an individual, and only later interaction can reintegrate him into the group.
OTHER FORMS OF GROUP RESISTANCE

The entire group may come late at times or they may start to talk about such difficulties as traffic on the way or parking. They are testing whether the communications are still working before they proceed in earnest.

I have learned to recognize the limited value of anecdotes. As a rule, they leave the speaker out of the group process. The group's response to anecdotes is usually indifferent tolerance. Occasionally it is possible to treat an anecdote almost like a dream and an interpretation can stimulate the individual and then the group to proceed from the story to the analytic "working through" of the group.

There are special difficulties in communication after a missed hour, and I conduct group sessions under almost any circumstances, canceling a session only when absolutely unavoidable.

In rare cases everybody in the group may seem to act according to a secret and silent agreement: Let us be good brothers and good sisters so we can indulge in the "good mother" we have created. Usually somebody's cry for help shatters the comfort and work begins. Not much analytic work is done when the group meets socially after a session or during the therapist's vacation. In such a situation the good feeling replaces interaction and serious work has to be postponed.

All groups have to learn that social taboos or well-mannered behavior must not be allowed to stand in the way of free communication and responsive interaction. I always make a point of discussing people who for some reason could not be present. Whatever we say behind somebody's back will be repeated sooner or later in different words as interpretation or confrontation after the missing member has returned. Talking about him, the group begins to understand him, and sometimes this is a little easier when he is not there. Listening after his return, he gets the benefit of the group's insight.

INDIVIDUAL RESISTANCE SIMULATING GROUP RESISTANCE

Individuals may endanger the group process with resistance arising from their own defensive needs.

A woman in one of my groups used "common sense" as a substitute for understanding. Each time the group or I had placed somebody in the focus of attention in preparation of a confrontation, she rushed in and defended the patient before we could deepen our understanding. She was afraid of her own unconscious and projected this fear on other people in the group. She tried to short-circuit interaction before it could become effective.

There seems to be somebody in every group who prefers to be argumentative than to search for meaningful understanding. This form of resistance is especially frequent with psychiatric residents. Inevitably somebody says: "We all talk like psychiatric residents." Although this remark may be true and appropriate such a warning must not be used to undermine all interpretation.

If the entire group is up in arms against the therapist, he may safely assume that he has made a mistake. He may not have seen it at the time it happened and may not start to search in himself for his motivation right then, but he must try to analyze himself after the session.

SOME UNCOMMON FORMS OF RESISTANCE IN GROUP WORK

Among the many differences between psychoanalysis and analytic group therapy is the fact that nobody lies down during group sessions. Once in a while somebody may slide to the floor or lean way back in his chair. Usually this is not a good sign. It is a sign that the patient has retreated from group interaction into himself. In this way the patient slides into passivity, waiting for good things to happen. He expects the group-mother to feed him. Mothers, however, have the tendency not to react well to expectations. The group will respond by trying to get the passive member to interact.

MUTUAL ADJUSTMENT AS RESISTANCE

A cynical therapist is supposed to have said: "A cure in psychoanalysis is pronounced when patient and analyst have established a mutual adjustment to each other." The patient, after years of therapy, has finally convinced his therapist that his way of life, as crazy as it
may be, is still the best adjustment he can make, and so the analyst
gives up his ambition to change anything and agrees with the patient,
who then feels understood. I have seen many such examples of mutual
adjustment.

There are people who remain outsiders in the group because that
is where they feel safe. At times the group, which may be busy with
the active participants, may leave the outsider where he wants to be, on
the outside looking in. I may take the initiative and point out the
neglect by the group. I may give a special invitation to the outsider to
join. On other occasions a group may accept a member as “the problem
child” of the group. The attitude of the members may be tolerant and,
perhaps, even indulgent, and leaving the problem child unattended.
The court jester, the wisecracker, the flippanter youngster may find
similar places in their groups. It is as if the group shrugs its shoulders
collectively like a resigned parent saying, oh well, that’s Johnnie.

Mutual adjustment or a conspiracy of analytic silence is difficult
to avoid in an analysis which extends over several years. In analytic
groups open to new members, this danger is small; newcomers will
challenge where veterans of the group have resided.

Peter, who had been a member of one of my groups several years
earlier, joined another of my groups for some additional work because
of a crisis in his life. During the first two meetings he watched with
interest and introduced himself when asked why he had joined the
group, but in the third meeting he began interacting.

Then Mae felt “touched” by his interpretation of her defensive
confusion. She had been out with different men every night for ten
nights. The group did not react to her story since it was a report Mae
had given frequently before. Peter turned to her and said: “I don’t like
your hysterical confusion, your insincerity, your dishonesty. Why do
you live that way, that is terrible!”

Mae was shocked and said: “This is the best way for me to avoid
intimacy and keep on going.”

Later Peter turned to Anne and said: “I don’t like your inappropri-
ate smile. You come in grinning and then tell your sad story.”
Toward her too, the group had silently developed the attitude: oh,
that’s the way Anne wants to live; let her live that way. Peter’s remark
shattered her defensive facade, and she broke into tears. Her defensive
smile did not hide her sadness. Both women were once more chal-
genged and invited to change.

In the second half of the hour Peter turned to Liza, toward whom
the group was by no means indifferent. Instead they were loving,
accepting and supporting of her in the difficult situation of a young
mother with two young boys. We always wanted to show her how
demanding, strenuous, and stressful her situation was and that she
should not demand more from herself than she was already giving. In
this session she seemed especially fragile as she courageously worked
on mastering her reality. Peter turned to her and said: “I love you.” Liza
was startled, and a few minutes later, we noticed that she was quietly
crying. That somebody could love her in her “inefficiency,” as she, her
father, and her husband called it, was a great and corrective emotional
experience.

GROUP RESISTANCE AS RESPONSE TO
THE THERAPIST

It is ridiculous to berate the group when something goes wrong
and the group process slows down or halts.

When a group is not interacting I ask myself or the group: “What
is wrong today? Why don’t we get started?” Often the group is
responding and the reason for the stoppage lies with me.

Groups are sensitive to the mood of the therapist, and the analytic
process in a group seems to be more dependent on the therapist than is
the case in individual treatment. There is nothing else to do but to
apply the same honesty and frankness as we expect from our patients
looking at ourselves. Such self analysis may take place right there in
the group. At least it should get started there, though it may have to be
continued later when the analyst writes his report about the session at
the end of the day.

Self-analysis is rarely misunderstood by the group, but the ther-
pist must not abuse it. This subject will be discussed in more detail in
chapter 12.