INTRODUCTION TO GROUP THERAPY

William Weitz—for taking the time to write their marvelous analyses in Chapters 10 and 11.

To my colleagues Gary Sandelier, Karen Arkin, Daniel Schoenwald, Scott Rosiere, Edgar Ross, Joan Kreisberg, Francis Berman, Ava Berman, and the group from the AIME community: Nancy, Charlie, Sue, Marty, George, Barry, Ramona, Leslie, Harvey, Veronica, Michael, Phil, Jesse, Julie, and Virginia for their invaluable help on the Problematic Client section in Chapter 12.

Thanks go to David Cantor who generously provided “Group Therapy from A to Z” and his input on the negative aspects of group, and to Lori Gutman, who forthwith is referred to as the “Glossary Lady,” as she patiently read through the glossary and supposedly learned a lot.

In addition, I wish to thank Donald Corriveau of the University of Massachusetts at Dartmouth and WebEd Unlimited, who created the springboard for the first edition by offering me the opportunity to teach a course on group therapy over the Internet; Thomas Scott of Scottcom Networks, Inc., and Ray Cafolla of Florida Atlantic University, whose computer skills were invaluable; Richard Higgins for his effort on Appendix A; my assistant Sheila Sazant, who was a sensitive and kind taskmaster during her many corrections of this book; and my dog Freud, who sat with me during the entire process of writing this book and the other two books. He never once complained, and he validated the statement, “Acquiring a dog may be the only opportunity a human ever has to choose a relative” (author unknown).

Most of all, I want to thank my analyst, Elizabeth, one of the finest human beings I have ever had the privilege of meeting and whose influence, thirty-four years later, continues to guide my life and work. You turned a farm boy into a psychologist and showed me a world I never knew existed. I am saddened that you could not have seen the publication of these books. You are deeply missed.

Chapter 1

The History of Group Therapy, Part I: Genesis, 1895-1943

THE CIRCLE

The circle is the earth upon which we walk. It is the sun from which the elements of life began on this planet. It is the solar system, the planets, and the stars.

In the beginning, a historical overview of group psychotherapy would probably be somewhat remiss without a preliminary discussion of the concept of the circle, round, or sphere, as it physically represents the process of group psychotherapy. It is a most curious global phenomenon that clans, tribes, societies, and civilizations, no matter how primitive or advanced, have continuously used the circle as a symbol in their cultures.

The circle or sphere is an entity that is self-contained; it has no beginning or end, and represents, theoretically, a perfect state in which the opposites are in mutual harmony before a contradiction begins to occur. It is the only symbol in which all points have parity and equivalency. It is the uroboros, a symbol from ancient Babylon, embodying the world, represented by a snake holding its own tail in its mouth, forming a circle. This symbol can be found in the ceremonial artwork of the Navajo Indians in America and in the different tribes and castes in Africa, India, and Mexico. It is used in the alchemical writings of wizards, magicians, and in the wheel of reincarnation. The circle is observed in the Book of Revelation and it appears consistently in the form of a mandala for meditation and unification with a supreme being. By focusing upon the mandala, one travels in search for harmony with the universe.

The circle often represents the womb or the origins from which life springs forth. It is the yin and yang of Chinese philosophy and the
INTRODUCTION TO GROUP THERAPY

The circle has a historical and perhaps intrinsic attraction for Homo sapiens. In times of great importance, the circle, or being a physical part of a circle, offers a degree of emotional comfort, familiarity, strength, and protection. Thus it would seem that group psychotherapy, by the nature of the physical round or circle in which individuals sit, consciously or unconsciously enhances an environment for people seeking to return to a meditative and protected state in which affiliation provides a sense of belonging, acceptance of individual differences, equality, and the possibility of being healed.

The actual origin of the history of group psychotherapy remains a shrouded mystery. It can be assumed from our knowledge of cultural anthropology that group therapy has been informally in existence since the beginning of hominid time, whenever three or more individuals came together and looked to their companions and leader to discuss their problems.

**Indaba**, a Zulu term meaning “gathering together in a meeting with a chief or leader,” may have covered such diverse topics as where to hunt and gather or issues facing the individual, clan, or society. These *indibus* not only had goal-directed behaviors but appeared to offer a degree of healing for both the individual and the tribe.

Unfortunately, time and space does not allow the acknowledgment of every pioneer and student of group psychotherapy who has contributed to the formal, ongoing development of this tremendously important modality for psychotherapy. Referencing and detailing every contribution would call for a book of its own. The individuals to be discussed repeatedly appear in the literature and are always acknowledged when a historical investigation is begun. It is not my intention to slight any other individual who added knowledge to this field.

In the formal sense, group psychotherapy is a fledgling in the field of psychology and psychotherapy, as the majority of monographs appear after World War II. Also, empirical findings concerning the efficacy of group psychotherapy greatly lag behind its actual practice. During World War II, group psychotherapy’s development became known because there was a shortage of mental health providers available to administer necessary psychological interventions for many cases of war neuroses. As with many discoveries in science, group was thrust into prominence because of need.

The following sections describe the contributions of a number of practitioners to the early history of group therapy.

**LeBON**

Groups have never thirsted after truth. They demand illusions and cannot do without them. They constantly give what is unreal precedence over what is real; they are almost as strongly influenced by what is untrue as by what is true. (LeBon, 1920)

Gustav LeBon’s topic of study was the group mind. His research focused exclusively on large groups of people. He felt that in a group an individual behaved in quite a different fashion than in isolation. Behaviors that were not expected emerged quite readily. He referred to these large groups as a heterogeneous entity, which comprised different individuals transformed into a homogeneous entity of like minds and behaviors. LeBon postulated that in a group an individual exhibited certain characteristics which previously did not manifest themselves. He explained this transformation by suggesting that three events catalyzed the change. (1) Because of the numerical size of the group, an individual developed feelings of invincibility and relinquished personal accountability in favor of the group assuming re-
INTRODUCTION TO GROUP THERAPY

The History of Group Therapy, Part I: Genesis, 1895-1943

The herd or school mentality developed, in which an individual readily gave up his or her own interest to the interest of the group. LeBon labeled this as contagion. (3) The individual, almost as if hypnotized, obeyed all suggestions without conscious thought of the consequences of the group’s behaviors. It appeared that the individual was no longer conscious of his or her acts and any suggestion by the leader was readily seized and undertaken. The concept of individual will no longer existed and the people relinquished their personal identities. LeBon felt that whenever people entered a group they reduced their socialized development. In isolation they may have been civilized individuals, but in a group or crowd they could quite possibly turn into barbarians who act upon instinct alone.

PRATT

In a common disease, they have a bond. (Pratt, 1907)

Joseph Pratt may be considered not only the originator of the concept of group therapy, but also the founder of a procedure related to the essence of “recovery” as a group dynamic with a homogeneous population. He focused on patients diagnosed with consumption, more commonly known as tuberculosis.

To students of classical literature and opera, this disease and its impact on European society during the nineteenth century is well described in Alexandre Dumas’s book Camille, written in 1848, which became the source for Giuseppe Verdi’s 1853 opera La Traviata. Pratt’s patient population was not only consumptive but was also economically distressed. He felt that poverty increased the patients’ problems. He chose to help these patients through an educational model in which all who agreed to be part of his study had to adhere to strict rules of behavior. These rules consisted of a change in lifestyle, as Pratt was very concerned with hygiene, food, and fresh air as a possible foundation for the cure of this insidious disease. He limited his groups to between fifteen and twenty-five members. According to Pratt’s prescription, they would meet once a week and record the number of hours of daily outdoor activity and weight gain. Patients who distinguished themselves in their efforts and gains were reinforced by the intrinsic nature of their accomplishment and became a model of hope for the other individuals in the group. An unforeseen benefit also occurred: inclusion in the group had an emotionally positive effect on the patients.

Pratt’s early work can be seen as quite contemporary. Today in the field of medicine, many groups are medically homogeneous and provide care for the members involved.

FREUD

The common ego ideal of the individual member becomes the leader who takes over all the critical faculties of the group. (Freud, 1960)

Sigmund Freud, the father of psychoanalysis and one of the immortal minds of civilization, contributed to our knowledge of group therapy. Although group psychotherapy was not an area of investigation for Freud, he did work on conceptualizing what occurs to and within individuals when they are in a group. His book Group Psychology and the Analysis of the Ego is primarily the study of large groups. It is quite possible that his interest in this area developed from the escalating nationalism in Europe at the time of its writing. Because of his Jewish heritage, Freud, similar to so many other intelligentsia of his faith and time, was sensitive to the increasing anti-Semitism. Freud recognized and credited LeBon’s work in relation to the individual and group, but he felt that the group mind could be more clearly understood through the principles of psychoanalysis. He suggested that individuals in a group relinquished themselves in favor of the group leader’s goals and ideals, as the group members’ attachment to the leader was a function of desexualized libido. Although the individual members of a group were linked to the leader through this desexualized libido, the leader carried no emotional attachment to any of the group members unless they could serve the leader’s needs. Freud felt that this narcissism on the part of the group leader was functionally necessary. The leader represented for the members an individual who achieved mastery, independence, and self-confidence and became the ego ideal and the embodiment of all those characteristics that they themselves could not attain. Freud, similar to LeBon, felt that in a group an individual’s inhibitions melted away and all the destructive instincts which remained below the surface were allowed free expression, and gratification as per-
sonal responsibility was no longer in operation. In some respects, the group functioned as a single entity that lacked a superego to inhibit the expression of primitive id behaviors.

**BURROWS**

The problem in getting along is an industrial problem. (Burrows, 1928)

Trigant Burrows' concept of mental disorder was related to the individual's interaction with society. He believed that a profound conflict existed between how individuals felt about themselves and the assumed social personality they created in order to feel comfortable within their communities. Burrows perceived that individuals existed in a state of "I-ness" but felt this was not a viable entity for analysis. True analysis of the individual was more effective in relation to the group in which the individual belonged. If the group or society could be changed, the individual "I-ness" could also be positively affected. Burrows did not believe in the concept of isolation as it related to the individual. He considered all interaction to have both a manifest and latent content that needed to be further explored. He felt that group analysis was a corrective environment. In order to understand themselves, individuals could ultimately express what they really thought and felt without fear and inhibition of social restrictions. In effect, Burrows was speaking about a dependency problem. The individual depended upon the perceptions of others as the motivation for creating and maintaining the image personality that the person had come to realize as "I." Unfortunately, this image was often at odds with the real personality, causing conflict. In group analysis individuals came to realize that they were not alone in their thoughts and feelings and were privy to these manifestations in others.

Burrows' observations are quite timely and easily observed in clients today. Many people who come to psychotherapy or counseling repetitively speak about their need to be seen in a particular way by their society, community, and group. Because of this need, they have become estranged from their real selves and have sacrificed internal harmony in order to be seen in such a way that their needs may be gratified.

**WENDER**

The impetus to get well derives greater motivation through this method in comparison to individual treatment only. (Wender, 1936)

Louis Wender introduced an eclectic form of therapy into group. Although trained in psychoanalysis, he felt that strict psychoanalysis did not lend itself well to the group arena. His patient population included individuals hospitalized for various psychiatric disturbances. Wender observed that the act of hospitalization caused greater disturbances in the already conflicted individual, but because of the nature of the hospital setting, a closed system, he saw a family structure begin to emerge among the patients in this environment. He felt that individuals were drawn to others similar to themselves and that group membership created a potential for personal growth and change. If this were the case, a group format would prove to be an effective tool in helping this hospitalized population.

Wender appears to be one of the first individuals to promote what we today might call a “group agreement,” although Pratt (1907) might be considered to have developed the first “group contract.” Patients included in Wender’s group had to adhere to certain rules of conduct such as confidentiality. No new members would be admitted into a group that was already in session. Contrary to strict psychoanalysis, Wender’s groups began their sessions with a lecture format in which the group therapist discussed analytic concepts with the patients as a springboard for dialogue. These discussions, which appeared on the surface to cause little anxiety, had the effect of promoting identification among the group members through their personal disclosures. He felt that the nature of the group format helped individuals to recreate early family experiences with their concomitant transferences on the group members. In this case, the therapist and group members would respond differently than the original family did. Disclosures would not be judged and the patient would have a different experience of these disclosures, which effectively created and motivated the development of a new functionally and qualitatively different internalized, healthier ego ideal.

Interestingly, Merton Gill (1982) also postulated this type of experience for the patient in individual psychotherapy. Wender’s observations and beliefs in the effectiveness of the environment, the closed
INTRODUCTION TO GROUP THERAPY

The History of Group Therapy, Part I: The Genesis, 1895-1943

system of the hospital, and the group generating a structure that re­creates the family is far-reaching and quite contemporary although presented over sixty years ago.

MORENO

In psychodrama, he is the dramatist of himself. (Moreno, 1940)

Jacob Moreno, MD, was a most interesting man who became quite influential in the practice of group psychotherapy. Initially, he formulated his theories from an original observation of Aristotle who perceived that when an audience watched a performance of a play the spectators often felt an identification with the scenario of the actors. As a result of this identification, the spectators had an emotional release or catharsis during the theatrical performance. Moreno concluded that if this passive catharsis could occur, perhaps an active catharsis might be attained if the spectator became the actor in the drama of his or her own life. This proved to be well validated and the foundations of psychodrama were laid.

Moreno worked to formalize his theory by introducing a different perception of the concept of spontaneity. Although he did not speak primarily of physics, his view of spontaneity was in some sense similar to the Newtonian theorem that “for every action there is an equal and opposite reaction.” In this particular case, spontaneity indicated a degree of energy necessary to deal effectively with changes in one’s life. If this spontaneity did not equal the amount of change that was occurring, the individual could begin to experience a sense of disequilibrium. Moreno felt that the disequilibrium experienced by one individual would begin to spread out toward other people in his or her life, very much as concentric circles move outward when a stone is thrown into a pond of still water. To correct this disequilibrium, it was necessary to devise a technique that would effectively bring about a catharsis for the individual. This technique was to focus on the drama of one’s life.

Moreno felt that the Freudian approach to psychotherapy focused solely on the individual, thus limiting itself to the past, and did not take into consideration the great importance of the present and the future. Scoffing at psychoanalysis, he thought that psychoanalysts chose to try to go back into the womb and beyond as their sole focus in searching for the elusive trauma. He referred to this as the recherche du temps perdu, or “searching for the lost time” (Moreno, 1966). His use of role reversal, in which the individual assumed the personage of a significant other, and role-playing, a technique to practice behaviors in an anxiety-laden situation, are very effective. The former increases awareness and the latter desensitizes the individual to future stress-related situations.

BION

The problem is the neurosis of the group and must become the focus of treatment. (Bion and Rickman, 1943)

Wilfred Bion’s interest in groups was similar to that of his predecessors and colleagues as his focus was on the group as a whole, or what may be referred to as the mass group process, rather than the individual in the group. MacKenzie (1992) indicates that Bion’s continuous focus on the group as a whole and not acknowledging the individual members runs opposite to the research on group supportive functions of individual members.

According to Stock and Thelen (1958), although Bion’s contribution to the actual running of group therapy was limited because other areas in psychology became more of an interest, his group work generated considerable research. This research and interest continues to grow and Bion-oriented therapy groups are developing around the world, although less so in the United States than in other countries. Perhaps Bion’s initial focus on groups was due to the era in which he conducted his investigations. At the time of his initial monograph of 1943, Bion was an officer in the British military and many of his perceptions appear to have a discipline-oriented feeling. There was a similarity between the treatment of his patients and the training of soldiers. He worked from the assumption that a group needed a common enemy, a goal, and a leader who was experienced and introspective while providing a safe environment in which the followers could express both their hostility and their praise. He suggested that in a treatment group of patients, neurosis was perceived as the enemy. Because of his orientation, he devised a program that would motivate patients to take on the enemy within a rehabilitative environment. Bion’s interest was focused on the concept of community. Its effort in
healing itself was inadvertently therapeutic to the members of the community. To achieve this aim, he chose to develop a program that was both structured and unstructured at the same time. He watched as the men in his rehabilitative experiment focused outside themselves and looked toward the integrity of the community as their common goal.

His later focus was toward analyzing the way groups actually function. He examined which factors prevent a group from working productively. He began with the premise that a work group was one in which all effort was directed toward accomplishing a task to reach a desired goal. The group was rational and effective. This work group culture, as he chose to describe it, could be adversely affected when strong emotion was introduced into the group environment. He found that feelings of helplessness, hostility, fear, optimism, and so on could begin to divert the group from its effective task at hand. Bion suggested that there was a feeling in the group as if all the members were privy to a common belief which negatively affected the change of direction in the group process. He chose to label this impediment as a basic assumption culture. He delineated three assumptions and felt that their common bond related to group leadership. This leadership was sought to meet the needs of the group and was similar to Rioch’s (1970) statement that “groups got the leaders they deserve,” but in this case the group got the leaders it wanted (p. 355). Bion’s three assumptions were:

1. **The dependency assumption.** The group feels at a loss. It is helpless to find direction and is seeking guidance from someone outside the group. In this case, it is the group leader. The group does not know where to go, so all eyes will focus on the leader to take over and eliminate the conflict. The expectancy of the members is that the leader will produce some magical direction in which the group can proceed.

2. **The fight-or-flight assumption.** Something has occurred in the group that has disturbed its equilibrium. It could be the introduction of a new member or a new idea that either angers or frightens the members. For example, if a group becomes frightened because a new member is threatening, it would not be uncommon for the group members to displace their hostility on one another rather than effectively deal with the issue of the new member. In the flight scenario, Vinogradov and Yalom (1989) used the example of a group that had a change in leadership. One of the coleaders left the group without adequate processing and the next time the group met, the members discussed issues of personal loss, such as the death of a loved one with concomitant feelings. The issue of the loss of the coleader was not approached at all, but was masked and avoided. A flight response can be seen when a group member or the group leader brings up a topic that generates anxiety. Either a member changes the topic or the group will not respond to the subject matter, as if it had not been introduced.

3. **The pairing assumption.** A leader is always sought when a group forms. In this assumption, the group is optimistic and has hope, and its integrity becomes a major focus. To that end, the group members pair up to support and strengthen the continuity of the group. It is likened to the people of a country eagerly awaiting the birth of a royal child who takes over and rules the country in peace and prosperity. It can also be an idea that is presented which gives positive and cohesive direction to the group. In groups that have bonded and worked well together, this assumption manifests itself when the process of termination is occurring. Members begin brainstorming about how they can keep the group in contact and integrated after the group itself has ended.

Bion suggested the existence of antitherapeutic factors that inhibit a group in accomplishing its goal. Although not directly stated, a group may have an unconscious set of rules of behavior to which each member diligently adheres. For example, if a group norm is, “No confrontation will be allowed,” the group will remain on a very superficial, polite level. No matter what one does as a leader, the group will cling to this unconscious rule. The leader may provide a number of group-as-a-whole interpretations of what is occurring, but the group will not budge.

Although Bion’s observations are interesting, Yalom (1975) and Malan (1976) feel that solely providing whole-group interpretations is basically ineffectual. Their belief is that such intervention does little to motivate individual members for self-exploration and examination and that Bion’s perceptions of the mass-group process are
more effectively utilized by the leader who wishes to understand what is occurring at any one time.

The following questions are provided for review and reinforcement of the material in this chapter.

**REVIEW**

**Part A**

The circle not only has an intrinsic value for humanity but also is the physical representation of the practice of group psychotherapy. From your personal experience, can you think of other examples in which the circle is used to bring people together or to connect them?

**Part B**

Please answer true (T) or false (F) to the following questions.

1. (T) (F) Parity is not a feature of a circle.
2. (T) (F) Moving away from a circle to individuality offers individuals a greater opportunity for security and healing.
3. (T) (F) Children of different cultures use different symbols in their primary drawings.
4. (T) (F) The history of group psychotherapy is well documented. Psychotherapists promoted its use before individual psychotherapy.
5. (T) (F) *Indaba* is a Babylonian term meaning a gathering together in a meeting with a chief or leader.
6. (T) (F) The greatest amount of material concerning group psychotherapy was written before World War II because the focus of most psychological researchers was related to nationalism.

**LeBon**

7. (T) (F) Gustav LeBon felt that an individual acted very differently in a group than in isolation.

8. (T) (F) According to LeBon, in a group, the individual’s concept of will no longer exists and people relinquish their personal identities.
9. (T) (F) He felt that whenever an individual enters a group or crowd he or she could quite possibly turn into a barbarian who acted upon instinct alone.

**Pratt**

10. (T) (F) Pratt’s work is noted as the origin of group therapy.
11. (T) (F) His patient population consisted of individuals suffering from neurotic conflicts.
12. (T) (F) An unforeseen effect was the positive feelings patients felt belonging to his group.

**Freud**

13. (T) (F) Freud’s initial work was focused solely on groups.
14. (T) (F) He found that when working with groups he was able to observe his patients’ behaviors more clearly.
15. (T) (F) He felt that when an individual entered a group, he or she relinquished personal will in favor of the group leader’s goals and ideals.
16. (T) (F) Freud believed that group members were linked to the group leader by a desexualized libido.
17. (T) (F) According to Freud, the group leader became the ego ideal and embodied all the characteristics the group members could not attain.

**Burrows**

18. (T) (F) Burrows felt that a mental disorder was contingent upon an individual’s interaction with society.
19. (T) (F) He believed that there was a profound disturbance in how the individual felt about himself or herself.
20. (T) (F) All interactions did not have a latent content and manifest content.