

## GROUP ANALYSIS

Group therapy has become a remarkably widespread and accepted form of treatment. Owing to the influence of movies, television, books, popular articles, and word of mouth, virtually everyone knows at least a little about what goes on.

People know, for instance, that a set of members come together in a room regularly, typically once a week; they sit in a circle and talk. Nearly always, a therapist, someone trained in the technique of working with groups of people, mediates in some way. To the extent that a group is successful, its members learn to cope with problems and to take more from life.

The majority of those who undertake group treatment are not acutely disturbed. Some are already highly accomplished in their chosen fields. Others are floundering because of the very personality difficulties that they hope to surmount as a result of their group experience.

It is a mistaken notion that the aim of group treatment is to help people socialize better. Group should accomplish this. Far more important, however, the group itself, when used effectively, is a vehicle for people to identify and deal with their own emotional blocks and limitations. The successful group member finishes not simply with a superior capacity to relate to others, but also with more inner comfort and with a far better ability to realize his or her own potential.

In short, effective group treatment should enable people to make inner adjustments, and to use themselves effectively on Earth—so that

they are better able to love and to work. This means even to work in solitude, if that is what they wish to do.

But these are general statements, and necessarily so. Exactly what can the participants expect to get out of a group? What does the therapist actually do?

Such questions are puzzling to the millions of people who have heard smatterings about group therapy—and indeed, even to most professionals. This book, though addressed to the practitioner, aims at describing the whole group process both to professionals and to anyone who is interested in group treatment.

Group therapy is almost a century old. Its earliest advocates spoke about their work apologetically. While maintaining that groups could help people learn skills in relating to others, they too readily succumbed to the argument that group therapy did little more than this, and that it was in a sense makeshift, inferior to one-on-one treatment, especially for the patient with a serious problem.

Opponents of group treatment argued that such a patient wouldn't have time or space enough to pay his tortured psyche the needed attention. They imagined a whole group spending its time investigating one person's slip of the tongue, much to the chagrin of the other group members who would derive nothing. At best, only one individual stood to profit from any segment of a session.

And indeed, in the 1940s this was precisely what often happened. Not surprisingly, during the first twenty years of group treatment, nearly all practitioners continued to advocate the deep-delving instrument of individual psychoanalysis.

For decades psychoanalytic institutes refused all alliance with group therapy; to the orthodox, it seemed that placing many patients together in a room could lead to nothing but chaos. Anyone attempting to treat a whole group at once was perceived as having a shaky grasp of technique. No one doubted that Freud himself, who often barred people from his inner circle for violating his tenets, would have disqualified group treatment as a form of true psychoanalysis. The story goes that Freud once, having walked into the office of a therapist who had two couches, remarked mockingly, "Ah-hah! Group therapy."

On the other hand, many contended that group therapeutic techniques deeply affected people—and not merely by teaching them how to act in company. An obvious benefit was that the patient could

receive diverse reactions to his or her social behavior and could glean different opinions about it.

Another benefit, which became evident a bit more slowly, was that patients in group behaved in ways that were characteristic of them in the world but that might not surface in the presence of their therapist alone.

For instance, those who overreacted to slight irrationalities in others would have no chance to do this in the presence of a therapist, who was, ideally, rational himself and well analyzed. They would show their true problems only when provoked by the slight irrationality of fellow group members.

Also, there were those patients whose problems appeared in the presence of members of one sex but not the other: if their therapist was of the "wrong" sex, their real problems would not arise and so could not get resolved. Countering this, groups provide an ample supply of both men and women.

As time went by, other benefits of group therapy became apparent. In the group, people felt a curious freedom to express ideas that did not occur to them during their individual hours. Many who felt inhibited by the vaunted presence of someone they revered cut loose when they found themselves in a room with people they considered their equals or inferiors.

More recently, still subtler benefits of group therapy have been identified. Chief among them is that when a person speaks to *many* others and not just to one other individual, his own words echo in his or her mind more loudly. And finally, the very fact that many people vie for attention tends to elicit early childhood feelings of helplessness and competition among siblings, feelings that have influenced the person's life profoundly over the years and that can be resolved in group.

So the benefits of group therapy have become increasingly appreciated. Defenses of the technique have ceased, and many therapists now recommend group treatment in preference to individual treatment where both are equally available. Even among card-carrying psychoanalysts, the idea is disappearing that group therapy is off-course. In orthodox circles, therapists who run groups meet and discuss their work without the old stigma that it is not truly psychoanalysis.

Over the years, group therapists have begun to codify their work, qualifying it and adding to it. We in the field have created our own

vocabulary for group therapy events, devising technical terms, giving us what the philosopher Carl Pearson has called a "conceptual shorthand." For instance, we have conceived of such notions as "shared resistance" and "subgrouping." These have application uniquely to our work, referring to events that arise exclusively in the group context and have meaning only there.

As our techniques evolved and their success became more evident, nonpsychoanalytic therapists have become attracted to our work. Today relatively few group therapists have classically traditional training. Indeed, not all who practice group therapy are professional psychologists; our ranks include social workers, nurses, and industrial organizers.

People with problems are realizing from their end too that group therapy may address their needs more directly than individual therapy does. Take someone whose failings are interpersonal. A man is fine when alone or with his wife, but suffers or behaves irrationally in social contexts. He may well need to explore his problems alone with a private therapist.

But actual immersion in a group also becomes helpful, possibly indispensable. To people with interpersonal difficulties, the group context serves as a *microcosm of reality* and is the ideal place to solve real problems. There is no substitute for experiencing one's worst moments in the lab before approaching them in life.

Fundamental to all group therapeutic treatment is a single truth. It is that people in their daily lives and as patients in group therapy always create their own impasses, and in virtually the same ways. Wittingly or unwittingly, they block themselves in their relationships with other group members, just as they block themselves with associates, friends, lovers, and relatives. People have ingrained mannerisms by which they handicap themselves, and group therapy is the arena in which we both evoke these mannerisms and help the patient recognize and overcome them.

A few words about the use of the group itself as an arena. We make the assumption that virtually everything that our group members do and experience in their outside lives, they also do and experience with the other group members. This means that the group itself may be used as a theater of study and change, rather than as merely a place for postmortems and dissections of what has taken place in people's lives during the week.

We encourage our members to respond to one another and to talk

about their responses, to discuss how others make them feel. We rest everything on the premise that whatever their problems are in the outside world, they will be manifested in the group and can be resolved right in front of us.

The result is a great new immediacy, which marks so-called modern group analysis and distinguishes it from earlier methods. In modern analysis, the group experience becomes emotionally alive for all the members simultaneously, no matter who is actually speaking, and to whom.

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