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The group-as-a-whole concept in the interpretation in group psychotherapy

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Summary

*In the course of the European history of civilisation there gradually occurred a shift from "We" to "Ego" (**Elias**,1987). From a psychological point of view, therefore, it is no longer indicated to treat a therapy group as a oneness. If a We-representation (a self enlarged by the other group members – a "narcissistic group-self") develops in each member, this means that each of the members comes to an – inividually different – image of the group. Every participant, therefore, wants to be understood as an individual with its own specific experience. "Group dreams" may come up in group psychotherapy, which reflect not only the unconscious dynamics of the concerned individual, but also, through the co-presence of other members in the dreams of a participant, the interactions he or she has with others. Only as long as at least some individuality in a group remains does the collective merit to be called a group. If the members are too much prone to a narcissistic-fusional collusion with others it is the task of the therapist to sensitise them for their personal co-responsibility for the free exchange of fantasies and opinions in the group.*

Key words: We-representation, "narcissistic group-self", "group-dream", collusion

As mesolithic designs let us suppose, in an archaic state individuals in a collective were more part of the group in which they lived than they were separate entities. König (2001), who further developed ideas of the sociologist Elias (1987), states that in the course of the European history of civilisation there gradually occurred in the "We-Ego-Balance" a shift away from "We" to "Ego". In other words, a process toward individualisation ocurred.

But there are still cultures, such as in eastern Asia, which even 100 years ago did not know the word I and were only familiar with the word "We". They lived in We-centered families in which the collective had to come to a decision before an opinion was made or an action was started by an individual. In our Western cultures, however, we do not speak of the group as if it had a common psyche. Such groups give the prominent role to the participating individuals.

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Psychological motivational and sociological interactional aspect

In therapy groups or in self-experience groups in Western cultures we as therapists want to reach the participating individuals, even when we try to influence them in a systemic way (Minuchin, 1976) through their interactions. Only the individual members have a brain and a mind. The group-as-a-whole, however, exists, as Horwitz (1994) states, as a network of individuals who influence each other emotionally and cognitively. It comes to mutual stimulation, encouragment, support and induction, but also to obstruction with resulting frustration. It is, therefore, always necessary that the group psychotherapists have a bifocal attention, i.e. on the one hand on the participating individuals and, on the other hand, on the group situation. We have, in other words, to maintain both a psychological-motivational approach that considers the individual experience and the sociological interactional viewpoint in which we consider the emotional, cognitive and intellectual interrelations between the members forming a network of different interactions in a group. These manifold reciprocal influences between the members of a group allow us to speak of the group-as-a-whole in spite of the fact that, from the psychological viewpoint, only the participating individuals are able to experience things. If, however, the group is considered as a oneness, as Wexler et al. (1984) assumed, the differentiation is missed in the two modes of consideration, the psycholocial or the sociological interactional. Argelander (1968, 1972), Bion (1961), Ezriel (1959) and Kächele et al. (1975) treated the therapy group o n l y as a whole. In such groups, where only the therapist has a welldefined individual role, there is the danger that the group is no longer role-differentiated, and that the members maintain regressive attitudes for prolonged episodes in the sense of a malignant regression (Balint, 1968). Further, with a group-as-a-whole concept the therapist may be experienced as demanding superiority over the members, trying, on the one hand, to manipulate them and, on the other hand, to keep himself out of the group process. Malan and cow. (1976) have proved that the group-as-a-whole concept wich was used in the Tavistock-clinic in London did not bring positive results.

When S.H. Foulkes (1975) speaks of a “foundation matrix” in the group and assumes that there is a supraindividual psychic system “based on the biological properties of the species, but also on the cultural firmly embedded values and reactions” and acts on its members, I can only remark that the group consists of individuals communicating with each other on different levels. I agree with Stacey (2001), who proposes “a way of understanding the relationship between individual and group not in terms of systems above or below people, but as a process of a paradoxical nature in which, in their communicative interaction, individuals form groups and are formed by them simultaneously…” In other words, group members form a network of interactions representing a system which acts itself on the members. This point of view corresponds to what I consider the sociological interactional aspect. To give an idea of the individual experience behind the participants’ communication, and in order to be a group psychotherapist in a position to know what moves them, we have, however, to approach them individually as well.

I have lead a group of initially 5 – 9 young female schizophrenics since 1963, first

in the University Psychiatric Hospital until the end of 1967, then, with additional male and female members (up to 15 – 16) in the University Psychiatric Outpatient Department, where I was the Chief from January 1st 1968 to August 31th 1997, and then, from September 15, 1997, until the present day (February 2003) in my private practice. In this group I observed that on the one hand, the members spoke of their own difficulties in life, for example, in their communication with their parents or sisters and brothers; and on the other hand, they were impressed when, for example, a female patient spoke of her suffering when she experienced her own obsessive-compulsive symptoms. In this group of psychotics I had to see to it that each member received the possibility to speak and to experience the group's attention. But I had also to see to it that they could interact with each other, learn from the communication patterns and the experiences of the other members, and present to them their ideas or offers of help.

We-representation or narcissistic group-self in each member

An individual We-representation develops in the psychological experience of each member. Each participant with increasing time in the group step by step extends his or her self or self-representation onto the other group members and onto the group-as-whole. He or she may then say: "That is my group" and compare it with other groups known to him or her. The members in this case may be proud of "their" group. It exists then in their fantasy a narcissistic group-self (Battegay, 1976), in other words a narcissistic investment of the group. This process leads to the members now feeling the group as an enlarged self. That, however, does not mean that all participants experience the group in the same way. Each one may have a very different We-representation of the group or an individually specific group-self, since experience is always an individual process partly influenced or induced by the other members.

We know, for example, from driving a car that that the driver extends his self onto others travelling with him and even onto the car. There occurs even a narcissistic group-self in the experience of a driver as well as of those who travel with him. He may feel hurt when somebody in the car or even the car itself receives a knock. But we cannot say that everybody in the car experiences the situation in the same way. There are individual differences. Someone in the car, for example, may feel anxious, another be travel-sick, etc. It is, therefore, in the car situation not possible to ask what the group-as-a-whole is feeling. But still in a car in general, everyone develops a We-feeling which, however, is different in each fellow traveller.

In therapeutic groups this We-representation, or narcissistic group-self, furthers the cohesion among the participants. As Mattke and Eckert (2002) underline, the development of a cohesive relationship between the members of a therapy group is very important. It gives them a hold and a feeling of security, which allows them to speak in the group and to relate with the others.

The "group dream"

Together with a cotherapist I moderated two therapy groups with borderlines each week in an evening for 70 minutes, the first from 1983 to 1991 and the second from 1991 to 1997 (Battegay, 2000). These were slow-open groups in the sense of S.H. Foulkes (1964). It became apparent again and again that the members had the tendency to enter into a narcissistic-fusional relationship with others and had difficulties delimiting themselves from the other participants. This tendency could go so far that when a member reported a dream another felt so much involved that doubts came up whether he was able to maintain his ego-boundaries. But even then not a totally similar experience developed in both participants and others.

One member (Mr. P.F.) reported the following dream: "I came into the living-room of my apartment. All of a sudden a man entered my room through the window. I threw him through the window outside. But he soon entered again. I said: «That is my apartment». He then said: «You can do whatever you want, I'm staying here. I wrestled him to the ground. He looked at me. I left him alone and sat on my couch, turned the radio on and I discussed with it. He interfered with the discussion and I said: «It does not regard you.» I continued to discuss with the radio. The man whom I had wrestled to the earth defended me with words. I had this dream four weeks ago, and yesterday I had almost the same dream: I saw a hairdresser, who was dressing a person's hair and spoke with somebody about this and that. I was, however, too lazy to shout at him. I looked on him curiously, and it fascinated me that somebody was present. Then I went into another room. There were three persons who happily spoke with each other. I said to them that they should go away. They replied that they have the right to stay. Somebody with morals came and remarked that everybody has people at home. I went to the hairdresser. There, in the other room of my apartment, they laughed. I went again in the other room, threw their mattresses through the window, but they remained. The dream took place in a house I knew from the past. I went to my parents' house. It did not please me and I went again to my apartment. I settled with the others, but I was still engaged with their reproach for my throwing them out of the room."

In his associations he said that in the first dream he can recognise a part of himself, and that he had held back his active and creative part. He added that the second dream concerns him even more. He should, as he said, integrate all parts of his personality into his life. This patient had scarcely finished his associations when Mrs Ch., a co-patient, interrupted him and said: "I dream every week about the two therapists B. and Y. I dreamt as follows: You, B., locked me in a padded cell, which, I admit, was stuffed with wadding instead of rubber. You said that I would be allowed to come out only when I had ceased my raging. I went into a panic, since I had nothing to drink and to eat. I knocked against the walls and it looked like when soap-bubbles flew around."

Mrs. Ch., had participated very intensively in the dream-report of Mr. P.F. and had apparently developed a narcissistic-fusional relationship with him. She recognised now, as became clear in her associations, that large parts of her personality (or she as a whole) symbolically were still locked in a prison or in a closed cell. In the transference she experienced therapist B. as the locking instance and with that as a bad – not the right – father. Mrs. Ch. was 23 years old and had overcome his death, had an ambivalent relationship toward her mother and became aware that she enjoyed – similarly to her

dream wadded cell – her nice, protecting memories concerning her father, but had developed defence mechanisms against the demands of the actual social reality.

The narcissistic-fusional relationship that occasionly occurred between the members mobilised, when they heard a dream report of another group member, a dream with similar problems. When the reported dream contents are group-related and concern the delimitation from other members or liberation in or from the group, as it is the case in the dreams of Mr. P.F. and Mrs. Ch., we can speak of a "group dream". But it never happens that the dreams of two or even more members of a group would have been more or less identical. Such an identical dream experience is not possible, since dreams occur only in the mind of the participating individuals. Never, therefore, can it come to a common or identical group phantasm as the French group psychotherapist René Kaës (1979) postulated.

The manifold interactions and interrelations, however, lead in the group to such a reciprocal emotional confidence among each other that the members, for example, the above mentioned Mr. P.F. and Mrs. Ch. dared to speak about their dreams, fantasies and associations. In other words these two patients, and with them presumably most of the group members, had developed a We-representation in themselves, a self that was enlarged by the group and as such narcissistically invested. It encouraged them to open themselves to the group. Psychologically, however, the members remained in their emotions and reflections separate individuals, who from a sociological-systemic point of view, formed an interactional network and from this viewpoint may be seen as a group-as-a-whole.

Narcissistic-fusional collusion

In each therapeutic or other group we can observe, after an initial phase of explorative contact, in which the participating individuals explore how the other members feel, think and behave, a phase in which more or less all participants undergo a process of regression. They all expect that the therapist(s) will give them instructions or a theme for discussion. Whereas their attention is directed towards the moderator or leader, in this time they extend their selves onto the other members, who are equally concerned with the feeling that they are abandoned by the therapist, when he remains silent or refuses to take an active role. After a certain time they may then look at each other and enter into a phase of a more or less aggressive catharsis. One member may then ask, why he does not speak. Or somebody may even ask why the therapist remains in the room at all, if he only wants to keep silent. In a self-experience group of medical doctors and psychologists a member received much approval when he said that in principle the therapist should pay the group a fee and not the members him. This comment showed that, in their regressive attitude, they had entered into a narcissistic-fusional collusion with each other. They all felt frustrated that the moderator did not take over the responsible role they expected. Because of that they spoke in an aggressive way with him and developed in this phase a negative transference towards him. It could be said that then the therapist would perhaps do well if he were to treat the group-as-a-whole since all the members remained for a certain time in this narcissistic-fusional

collusion.

All analytic groups, after the initial phase of contact-seeking, undergo a regressive tendency, in which the members expect support from the therapist, and then enter into a phase of catharsis in which they speak aggressively against the moderator who refuses to take over the role as pacemaker. In this development of regression, with a following cathartic abreaction of aggressions out of frustration, the therapist may address himself to the group-as-a-whole. If he does this, however, in a too pronounced way and does not respect the differences of the participating individuals, he may hurt them narcisstically, since the mentioned narcissistic-fusional collusion never goes so far that all the members develop a totally identical collusion with the other members of the group.

I observed this fact when I was once invited by a psychiatrist who was chief of a small Norwegian institution for drug dependents. It was wintertime and very dark during the day. The colleague who received me at the airport of Oslo and I had to travel 180 kilometers to the north, where the small therapy-station was situated. Soon after I had arrived everybody who lived in that institution assembled in its main room, the staff together with the patients. I first explained that we would have a self-experience group and, therefore, a personal experience of that what will happen during the process of development of that group. I said also that the moderator will not present a theme, and that all people present will have to contribute to the group process. I then remained silent. It lasted approximately 15 to 20 minutes until somebody spoke. It was the chief of the house who said that he had invited a guest from far away and that this man does not say anything more. After this the silence continued. Some minutes later, the chief again began to speak and said that now he cannot remain silent. He thinks the guest should say something. Then one of his medical co-workers remarked: “You are really a nice man, but you think always that we need a guardian. We can speak for ourselves and don’t need somebody who acts as a father”. Others now confirmed individually in different ways that the chief always tries – nicely – to dominate them and to speak for them. Only then did I begin to be openly active. I explained them that in my opinion they were frustrated by my silence and instead of attacking me they had directed their aggressions against their boss whom in everyday life they didn’t dare to attack. Then the discussion turned towards analysing the roles of the different members in that group of co-workers and patients.

When I thought over what had happened in this group I recognised at least among the staff members a regressive silence over a relatively long time. In this phase they apparently had undergone a narcissistic-fusional collusion with each other and felt aggressions against me – but also against the chief who had brought them, by inviting me into a frustrating situation.

All of the group members had felt this frustration and concomitant aggression. But, as the different manners of verbaliing their aggressions showed, the feeling of frustration did not lead to the same expression of aggressions by the different members. There remained individual differences.

Generally it can be said that only as long as some individuality in a group remains

can the collective be evaluated as a group. If an individual and a role-differentiation no longer exists, the group has undergone a development towards a gang or a mob on a small framework. (Battegay, 1973)

Missed individuation

If a group is marked by narcissistic-fusional relationships, the individuation of the participants is hindered for several reasons:

1) In such a state the members are so dependent of the others that an individual development characteristic for each of them is not possible.
2) In a group with a strong narcissistic collusion the assumption of conscious individual responsibility is more or less impossible since this kind of bond takes place on a preponderantly unconscious level.
3) If a narcissistic-fusional relationship persists, after a while there is a projection of one's own aggressions onto other group members if they are experienced as not belonging to, now seen in these others (projective identification). The members are then no longer able to judge the group situation according to objective criteria and lose their capacity for a responsible individual judgment – and tend to fight or flight.

In this context I remember a therapy group of heavy drinkers which came together each week in the University Psychiatric Inpatient Department of Basel. I moderated this group and offered them apple-juice and cheap cigars. In each session there was a warm pub atmosphere in which some participants praised alcohol in spite of the fact that before they had promised never to drink again. They spoke in a very rude language and projected the whole responsibility for their alcoholabuse onto their spouses. When I once invited these women for a separate group session I recognised that, with one exception, they appeared to be very devoted to their husbands and ready to sacrifice much of their energy for them. This group of these men, however, was almost unanimously ready to accuse their spouses and to deny their responsibility for themselves. They didn't seem to experience any shame or guilt, but felt reinforced in their selves by the co-presence of their group colleagues. I, as therapist, tried to interfere with their taking the group only as an enlargement of themselves and to appeal to them to take over a personal responsibility for their and the other group members' well-being. I said, for example, with "paradoxic intention" according to Victor E. Frankl (1975): "I see that for your alcohol abuse only your spouses are guilty." Some of them then came to reason and said: "No, no that is not the case", but already the next session they began from anew to project the cause for their alcoholism onto their spouses.

These men tended in their regression to become group dependent and experienced the group-as-a-whole as a kind of "Great Mother" (Neumann, 1956). In this group as in most therapy groups with heavy drinkers, it became apparent that in general they tend to undergo in this setting a regression onto the narcissistic-fusional level of object relations – and for a relatively long time are not ready to go the way of individuation and of taking over a responsible role in the group. It is, therefore, the difficult task

of the therapist to sensitise the members repeatedly for their personal responsibility concerning their alcohol abuse and for the role of other group members.

The five phases of group psychotherapy

In each therapy group more or less equal steps of development can be observed. At the same time an intrapsychic process similarly takes place in the different members. After a phase of *exploratory contact* between the members follows a phase characterised by an enlargement of the participants' selves onto the others and a concomitant tendency toward *regression* of the members, especially in analytic groups, when the therapist remains in a silent observer attitude.

Individually, out of frustration, aggressive tendencies may come to the foreground and, by projective identification (Melanie Klein, 1946), they may be seen in the therapist. He is then attacked in a way I have already shown as being responsible for the members' frustration and feelings of unease. They may in time also ask him, as already mentioned, why he is here at all, when he remains silent. The members discharge, however, in this *cathartic phase*, aggressive feelings about social conditions too which were experienced by them as frustrating. In this state some members may also feel frustrated by the impression of now being under pressure by group members with their cohesive expectations. The acting-out of negative feelings against the therapist and other frustrating conditions may last several sessions until one or more members begin to ask themselves, and perhaps also verbally the entire group, why at all they wait on him to elucidate their problems. With that, the *phase of insight* is reached and the participants begin to analyse what happened in themselves and in the group.

If the aggressions are directed more towards the group or the other members thereof, the concerned participants try to liberate themselves from this bond to the others which was felt as being too strong.

In a self-experience group of medical doctors and psychologists, a participating physician told the following dream:

"I stood in a shower and the water run on me. Foam developed, the bubbles of which came always higher, and I feared being suffocated. Group members stood around the shower and looked at me. When I was close to being suffocated I succeeded in jumping out of it." This member, also with the help of the other members' associations, recognised that his permanent adaptation to the group, and in the outside world to his family or to other groups, may have caused him to fail until now to realise his capacities. From then on, in the framework of the group, he defended his own opinions, even when it meant assuming a role of opposition against the others. In the next session he reported that also in his family he was better able to carry his own weight against his dominating mother-in-law and his children. During his group participation he decided also that he wanted to change the rooms of his medical practice, and he completed this project within some months. From then on he had his medical practice in a representative house, whereas before he had received his patients in a very simple apartment. In the group this man, stimulated by his dream and the unconscious knowledge expressed in it, recognised his insufficient role in it. But in addition, following his insight, he

managed to undergo a *social learning process* which facilitated him to seek a more prominent role in his family and the society. By his activity he encouraged also the other members to enter into this phase.

Because in each therapeutic group we can observe these five developmental phases – exploratory contact, regression, catharsis, insight, social learning – we may suppose that they correspond to an archaic pattern present a priori in each human being, one activated in every group situation.

In spite of the fact that this process in a group goes on in each participating individual, we can conclude that it is based on a common archaic tendency in each human, which allows us to speak in this respect of the group-as-a-whole. Naturally, not all the members enter exactly at the same time into a next phase. But the reciprocal emotional, intellectual and behavioural interactions influence and encourage each member to go with others a step forward in their development, for which apparently there exists an archaic basis in each person.

Conclusions

In group psychotherapy each therapist has to learn to differentiate the psychological motivational and the sociological interactional aspect. Whereas the group members may experience a narcissistic injury if the therapist were to address them as an entity, from a sociological point of view they can be seen as forming a network that may be considered as a group-as-a-whole. In each group member, however, there develops psychologically an individually specific We-representation that strengthens the cohesion of the group. But it would not be advisable to further the development of a common group phantasm, since then the group members would eventually be in danger of adapting themselves too much to the others and of delegating their responsibility to them or to the leader.

The therapist has to focus his attention at the same time on the participating individuals and the group situation. He has to be aware of the fact that in the actual group dynamics, besides conscious or unconscious psychological processes in one or more individuals concerning the past or the present time, archaic psychic processes possibly come to the foreground which may be mobilized in each individual when integrated in a group and amplified in this milieu.

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