The Development of an Analytic Perspective in the Group Leader: Some Basic Thoughts

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Previous experience working with individuals on a one-to-one basis along with previous analytic therapy are important prerequisites for analytic group training. Training must emphasize understanding of group-as-a-whole processes, such as basic assumption life, complex transference manifestations, as well as awareness of one's countertransference toward individuals, subgroups and the group-as-a-whole. Specific concepts derived from object-relations theory such as projective identification are crucial to master. Personal analytic group therapy is recommended.

KEY WORDS: basic assumption life; group; analytic perspective.

INTRODUCTION

In general, training a clinician to be a group leader involves providing guidance, information, and supervision in three areas: mastering theoretical orientation, acquiring clinical experience that has been integrated with the theoretical knowledge base, and the individual becoming more familiar and comfortable with his or her own personality so that incisive and effective use can be made of that personality as a therapeutic instrument. The process just outlined must occur in the training of a group psychotherapist within any theoretical orientation. However, the subject of this article is preparing group leaders for an analytic perspective. Thus, I will state what I think is basic to the development of an analytic perspective. I will describe prerequisites as well as fundamental concepts to be mastered. Then I will

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discuss the differences between analytic and non-analytic training from my point of view and offer a biographical sketch of how I acquired my knowledge base and experience as an example.

PREREQUISITES

I believe there are three fundamental prerequisites for preparing group leaders for an analytic perspective, at least in the ideal world. First, the budding group psychotherapist should have had training and developed an expertise in working with individuals on a one-to-one basis. The clinician must have some degree of comfort with understanding how psychological change occurs in individuals. The group situation requires tracking multiple sources of information, the most fundamental of which is the individual. It is simply too difficult to learn to monitor multiple sources of information if the clinician is not already fairly comfortable in noting and processing information about each individual. Secondly, the beginning group psychotherapist must be psychologically minded, which must include having an innate capacity to observe and analyze behavior of others and of one's self. Finally, the beginner will learn much more quickly if he or she has had personal psychological treatment, i.e., psychoanalysis, group psychotherapy, or both. While many programs do not make personal treatment a requirement, in my opinion it is essential to good clinical practice.

CONCEPTS

The Group-as-a-Whole

Group psychotherapy is a unique modality in part because the group is more than the sum of its parts. The psychotherapy group is a system—behavior or change in one part affects all other parts (Horwitz, 1986). Individuals are better understood when phenomena such as their roles within the whole group or resistances/defenses at the group level can be combined with other knowledge about them. To make most effective use of the power inherent in the group, then, the beginner must learn to view the group as a whole. When individuals speak, for instance, the learner listens with two ears: how the content pertains to the particular person and how it relates to the group-as-a-whole.

Listening to Unconscious Themes

A major focus in psychoanalytic work is helping patients to make unconscious thoughts, feelings, and object relations conscious. It is therefore
essential that the psychoanalytically oriented group psychotherapist learn to identify unconscious themes on both the group and individual levels. Hopefully, the young clinician's previous individual psychotherapeutic work will have facilitated the capacity to do this with individuals. Identifying unconscious group processes, however, is a new skill to be learned. A central problem in learning this skill is differentiating the unconscious theme from that of the overt content. In my experience, it takes years for the group therapist to learn to monitor both conscious and unconscious themes simultaneously and with ease.

Listening for and to unconscious themes involves careful observation of nonverbal behaviors including posture, tone of voice, facial expressions, punctuality, seating arrangement, etc. In psychoanalysis, free association gives both patient and clinician access to the contents of the unconscious. The corollary of free association in a psychotherapy group is shifts from member to member and subject to subject. I attempt to find the stimuli for these shifts because identifying them is one way of discovering the unconscious determinants. Other tools for gaining access to unconscious material include: dream analysis (examining dreams as a group product), exploration of fantasy, and examination of phenomena such as parapraxes. Let me emphasize that monitoring the unconscious group processes should occur only as conscious themes are also tracked; one should not be watched to the exclusion of the other since conscious and unconscious content are both important.

Basic Assumption Life

Assuming that the beginning group clinician has developed some ease and comfort with looking for and monitoring unconscious material in individuals and at the group thematic level, then it becomes important to develop some mastery of the concept of basic assumption life in the group, a conceptualization created by Wilfred Bion (Ricoch, 1970). This is a different way of thinking about unconscious processes in terms of the entire group. Basic assumptions are group wide defenses against psychotic-like, primitive anxieties. Bion believed that groups function at two levels simultaneously. He describes the first level as the work group; this aspect of group life is related to the actual task of the group and is conscious. When the work group predominates, the job gets done, there is an awareness of the passage of time and everyone, not solely the leader, has expertise to contribute to the accomplishment of the task at hand.

At the same time the group also has an unconscious level of functioning, which Bion labeled basic assumption life. The term was chosen because when this level predominates, the group behaves as if certain assumptions
or premises are true. For example, in the most common basic assumption, that of dependency, the group acts as if the purpose of the members—being together is that of being cared for by the leader—to feel secure and be protected by one person. The leader is idealized as all-knowing and omniscient and members experience themselves and peers as without expertise. Ultimately, of course, the leader fails to meet these unconscious expectations and others are pulled into the leadership role only to fail as well.

The second basic assumption is fight/flight. Here the group behaves as if its purpose is to preserve itself and this can only be accomplished by fighting an enemy or fleeing. The leader who can mobilize the group for an attack is valued. Reflection is not possible and the anti-intellectual atmosphere leads to devaluation of knowledge.

The third, final, and least common assumption described by Bion is pairing. The group unconsciously believes that it is meeting to produce a Savior to rescue it from despair. Two entities, i.e., two people of any gender combination, a person and an idea, etc., are paired to produce the Savior. Reproduction is the theme, but the pair need not be male and female nor the content sexual (although it can be). Group members are very alert and there is an ambience of helplessness. If a Messiah does appear, he or she is rejected. For this basic assumption to exist, the Savior must stay unborn.

The basic assumption group and the work group coexist. When basic assumption life furthers the task, it is seldom a problem; examples would be that the basic assumption dependency facilitates learning in a university and the presence of fight/flight helps the army to defend a country against attack from other countries. Sometimes, however, basic assumption life impedes the group’s work, as in the following example:

A women's psychotherapy group with five members is off to a robust beginning of several months' duration. The group has, however, very recently established a pattern of interaction wherein the flow is not free and relaxed. Group members respond to each other in a hesitant way. Comments to others are prefaced by apologies and denials that the member’s feedback is valid. These comments are usually accompanied by furtive looks at the leader which are experienced by her as nonverbal pleas to intervene.

In the above example it would appear that this group is functioning as if its purpose for meeting is to be protected and nurtured by the leader. As indicated by their denials and apologies, individuals believe that only the leader has worthwhile contributions and nonverbally they seem to be begging her to take care of them.

Basic assumptions become important when the group cannot work on its stated task. In my experience, most students enjoy learning about this tool because it helps them emerge from difficult group stalemates.
Transference

Transference is a concept fundamental to the practice of any psychoanalytically oriented treatment. The task, of course, is to identify the transference and make it conscious so the patient can see how current relationships are unconsciously affected by past relationships, especially in ways that are maladaptive. Hopefully, most clinicians will have developed this skill in individual psychotherapy. In group situations, however, leaders must be helped to observe, monitor, and interpret transference on at least three levels: individual member to therapist, member to member, and member to group-as-a-whole. When co-therapists lead the group, there is also a transference to the co-therapy pair (Ganzarain and Buchele, 1988).

Countertransference

Another important concept is that of countertransference—the group therapist's feelings toward individuals, subgroups of individuals, and the group as a whole. Learning to identify and work with these phenomena is highly dependent on the ease and comfort of the supervision process. Many beginning students fear their personal reactions to their patients. Feeling judgmental toward themselves, they fear self-exploration and anticipate disapproval from supervisors, which can lead to a need to avoid addressing this aspect of the work unless invited to do so in a curious and constructive way by the supervisor. Personal psychoanalysis helps beginning clinicians with this part of the work since personal treatment typically decreases superego injunctions about the clinician’s internal psychological functioning and diminishes fright of his or her own psychopathology. Unfortunately, even if the clinician has completed a personal psychoanalysis, the individual may not be familiar with the types of countertransference vulnerability and blind spots that occur in a group situation. Psychoanalysis does not usually open up an awareness of what is stimulated by group leadership. Personal treatment, however, does help to establish a willingness to explore and learn.

Establishing some degree of comfort in discovering and examining countertransference is also important because countertransference is a useful tool in delineating group process. In the example given above, the group leader was able to identify the basic assumption dependency in part via her own countertransference—she felt pulled to talk often and provide “answers” herself to various problems rather than allowing the group to struggle with the difficulties.

For the psychoanalytic clinician an idiosyncratic, countertransference-related issue may be the antipathy that sometimes exists between psy-
choanalysts and group psychotherapists. For instance, there may be a fear that developing expertise as a group therapist will lessen the psychoanalyst's status in the eyes of other psychoanalysts. When this is the case, the availability of mentors who are both psychoanalysts and psychoanalytically-oriented group psychotherapists is very helpful.

Interpretation

Yet another basic concept for psychoanalytic work is that of interpretation. In the group situation, following the identification of unconscious themes, it must then be determined what can be heard and how the content can best be stated, taking consideration of all group members into account. In the realm of interpretation, Yalom's (1985) adage about a group's level of functioning being determined by its lowest functioning member is important. Here it is important to emphasize to the beginner that interpretations are not one-shot, brilliant feats of accomplishment—they usually occur as a process spanning a period of time with the total interpretation being broken into many components. For instance, when a conflict is defended against, the interpretation may begin with the defense, to which the patient may respond with self-criticism leading to temporary cessation of exploratory work. The therapist may then interpret this response which may result in broader exploration, but reaching the conflict typically occurs only after repetition of this process at both the individual and group level.

Projective Identification

In my own work I make frequent use of object relations group psychotherapy theory, especially the concept of projective identification. Projective identification is a three-step process wherein: 1) one person projects some mental contents into another, 2) the other feels coerced to behave in accord with the projection, integrating those contents with the recipient's own intrapsychic world and 3) the projector identifies with the recipient and takes the altered contents back in. It occurs only within intimate relationships and is simultaneously a defense, a way of communicating, and a type of interpersonal relationship. Use of it at the group level occurs in scapegoating, the behavior of spokespersons, and role selection (Horwitz, 1983). I find that this way of viewing interactions works well for me in integrating the unconscious and conscious aspects of change involved in interpersonal interactions. It has also been my experience that projective identification is especially useful in helping group psychotherapists identify and work with their own countertransference constructively.
COMPARISON OF ANALYTIC AND NON-ANALYTIC GROUP PSYCHOTHERAPY TRAINING

A basic difference between psychoanalytically trained and non-analytical therapists is that the former believe that change occurs, at least in part, because the unconscious components of behavior are identified cognitively and affectively, and subsequently subjected to scrutiny. From a psychoanalytic perspective, conscious will is only able to provide a partial inducement for change. For non-analytic therapists, conscious will is the single biggest change agent and usually unconscious determinants are considered much less important or irrelevant.

The analytic therapist is very interested in defenses. Defenses, which are necessary and adaptive unconscious protections against psychic pain, are to be made conscious so they can be explored and understood. Then, the individual has choices in how he or she wishes to behave and live. In nonanalytic groups, defenses are often seen as barriers to relationships, and as such are to be eliminated as quickly as possible.

The nonanalytic therapist focuses on group process. The group is seen as a microcosm of the world. Here-and-now interaction is the most important aspect of the group attributes because problematic behaviors are clearly displayed. In addition, the individual can use the group to practice new, more successful, interpersonal behavior. The analytic group therapist is also interested in the here-and-now interaction of the group but, in addition to the reasons listed above, the analytic group clinician is trying to discern the various transferences. Group members can then learn how interactions from the past are influencing present relationships. Usually nonanalytic group therapists do not actively identify or work with the transference.

Analytic group therapists monitor their own countertransference for diagnostic purposes and to most effectively utilize themselves as therapeutic instruments. Nonanalytic therapists focus less on their own functioning, at least the unconscious portion, and offer themselves as role models and sources of information.

It would seem to me that psychoanalytic training would take longer than other kinds of group training. Learning to identify and work with unconscious determinants takes time, and therefore lengthens the total time required to complete training.

PERSONAL GROUP PSYCHOTHERAPY TRAINING

Let me describe my training to provide one example of how the essential elements I enumerated can be coordinated and learned. I began
my exposure to group phenomena as a music therapist, where I worked actively in group situations. During this period, as part of my work at Menninger, I also attended some A.K. Rice conferences and my curiosity was aroused when I personally experienced basic assumption life and other unconscious group phenomena (Menninger, 1985). Following this training, while still at The Menninger Clinic, I underwent my own psychoanalysis at the same time I was receiving training in psychoanalytically oriented individual psychotherapy and beginning to see individual psychotherapy patients. I attended graduate school, acquiring my Ph.D., where I was exposed to other orientations, although group psychotherapy training was underemphasized in my psychology program at the University of Kansas. Because groups fascinated me, especially dating from the time of my music therapy experience, I enrolled in a two-year group psychotherapy training seminar under the leadership of Ramon Ganzarain, M.D., an object relations group psychotherapy theorist. Subsequent to the first year of this training, I began conducting two to three groups per week and continued with that schedule for approximately twelve years. In addition to these long-term groups, I conducted time-limited psychotherapy groups two to three times per year during that same time period. I received supervision in group psychotherapy for four years, often from Leonard Horwitz, Ph.D. After several years of practice I began teaching and doing supervision myself, a process which continues to facilitate my learning as I am repeatedly exposed to new and exciting phenomena with each student I meet.

I have been fortunate in that I have been exposed to a wide array of group psychotherapy theories taught by masterful teachers. My supervisors differed from each other, but were central in fostering my growth as I acquired significant clinical experience. Finally, it was extremely helpful to have been able to do my own personal work in psychoanalysis where I could get to know myself better and integrate my style with my theoretical and clinical knowledge base. My analytic perspective, as is the case with most analytic group therapists, is an amalgamation and integration of various analytic theories, identifications with the persons who taught and supervised me, the experience of applying psychoanalytic principles in many groups, and my own psychoanalysis. And it never stops—one’s analytic perspective is constantly changing and developing.

REFERENCES


Developing an Analytic Perspective


