Ironically, we who chose to become group analysts would find “the perfect group” boring, unchallenging. Having dismissed the members with high praise, we would search for another group whose difficulties required our talents.

With this picture of the ideal group in mind, we may fairly ask, “How may we assist a group in moving toward this ideal state?” And next, more boldly, “What can group therapy accomplish even beyond what individual therapy can?”

**THE SPECIAL BENEFITS OF GROUP TREATMENT**

Ideally, all therapy imparts knowledge—it helps people see how they have been, unknowingly, thwarting their own best efforts to achieve what they say they want, and in many cases really do want. Doubtless, most patients start out with some confusion over whether they are repeatedly unlucky, cursed by certain hazards over which they have no control, or whether they themselves are engaging in behavior that thwarts them. Good therapy of any kind helps people appreciate the role that they themselves are playing in shaping their destiny.

Therapy, one on one, is geared to helping people explore in depth their personal histories, which, obviously, they would not have time enough to do in group. But though group analysis cannot give itself over to the same minute investigation of the past, it does see the past through a very special lens.

To appreciate this, consider that our every recollection of the past has an overlay: it is in part a screen memory. No patient ever tells the same incident exactly the same way twice, but adds colors that reflect his own development, his mood of the moment, and whom he is talking to. And those very colors, those additions, are themselves valuable sources of information.

For instance, one patient is not only telling a story but asking for sympathy. He is pleading, “Wasn’t I terribly misunderstood?” A second, when talking about her past, is seeking acceptance; a third wants advice; a fourth exonerates for what he or she regards as a misdeed.

As pioneering psychiatrist Harry Stack Sullivan taught us, even repression is not a fixed phenomenon, but occurs in accordance with how the speaker feels about the listener. In an important respect, the past is always seen through the present. Even memories differ according to the listener and the atmosphere in which one reports them.

In group treatment, memories are used largely to elucidate why people act, how they feel, and how they react to one another, consciously and unconsciously. Interactions are primary. Even when a patient is talking about his or her own personality history, he is interacting. The memories one has in group are part of the chain of action, discovery, and interaction.

In this chapter, I want to be specific about five general classes of benefit group therapy has—five ways in which group treatment can benefit people even more effectively than individual treatment can.

1. **Groups elicit self-destructive behavior.** The group context elicits forms of behavior that the patient may well not engage in with his or her individual therapist. It is especially likely to elicit the very kinds of self-destructive patterns that the person engages in outside.

2. **Groups enable the members to see how others respond to them.** In group treatment, the patient has the advantage of having people respond to him freely, and without reservation, often in ways that his private therapist cannot—at least not until treatment has progressed very far.

3. **Groups afford patients diverse views of their behavior.** Group affords the patient the benefit of not one but a variety of reactions—including spontaneous reactions in the moment from people who do not always see him with the clarity and forgiveness that a loving parent or his therapist might extend toward him. Even the irrational responses to him, including overreactions if they are typical of those the person often evokes in key figures outside the group, prove beneficial to see and understand.

4. **Group treatment affords the opportunity for on-the-spot self-definition.** The patient gets a chance to find out how he looks, how he comes across, and to discover what he actually feels when he deals with people. Call this, if you will, the benefit of in vivo versus in vitro learning.

5. **Groups afford the chance to practice new behavior.** Finally, group treatment affords “life situations” in which the patient can try out new aspects of behavior; it offers a gradient along which he can work his way back to an identity that is truthful and that serves him. The patient can use the group to rehearse dealing with the outside world, whereas often such rehearsal is difficult or impossible with an indi-
individual therapist. Traversing from the group-room to the world is a much shorter step than going from the individual therapist’s office to the world.

Let’s look more closely at the preferability of group treatment to individual treatment in each of these five respects.

Eliciting of Self-Destructive Behavior

For his long-term purposes, the private therapist sets out, from the very first session, to create an atmosphere of trust. Unless the patient feels comfortable enough in the sessions, he or she is very unlikely to reveal what is most essential. Trust is the stuff of which private therapy is made. Without supreme belief in his therapist, a patient could hardly be expected to report sexual failures, blunders on the job, mortifying disloyalties, both his and other people’s, to him.

To achieve such trust, the individual therapist must proceed slowly, making few or no interpretations for a long time, so as not to inhibit the flow of what the patient is presenting. Certainly at the start, if not throughout treatment, the private therapist is mannerly, scientific, warm. But none of this elicits the patient’s worst side.

True, good therapists are able to infer from small responses to them how the patient defeats himself. Subtle hints of negativism, egocentrism, or even a trace on the therapist’s words may suggest how the patient does this. The sensitive therapist imagines small traits magnified.

The therapist also draws conclusions from what a patient reports having done—from his description of his part in a relationship, for example. However, this may prove difficult, as when the patient remembers events in a biased way, or has been unobservant. Nearly always, the private practitioner draws his conclusions slowly; he must wait for the patient to defeat himself over and over again before being sure how it happened.

Paradoxically, the therapist’s very reasonableness, the acceptance he or she must extend in the service of his inquiry, reduces the evidence that becomes available. A patient given to murderous sarcasm may restrain it in the presence of an expert, someone he needs and respects. Or if the therapist is a woman and the male patient is irra-

The difficulty of seeing the problem is compounded by the fact that many patients tend to seek for their therapist someone they feel comfortable with. This means they seek the kind of person least likely to elicit their pathology, the self-destructive behavior they show with others.

Group treatment affords no such haven.

Every group is almost sure to have in it members who invite the self-destructive behavior of a patient. Once a person enters a group, he or she is likely to encounter his nemeses, to have his irrational reactions evoked, and quickly. One is reminded of a comment that heavyweight champion Joe Louis made in his heyday when he was asked about the speedy Billy Conn, whom he was to fight. Louis replied simply, “He can run, but he can’t hide.” In group, people with facades that protect them much of the time outside can similarly run, but they can’t hide. Group sessions are circumscribed and repeated exposures, and the patient, whose concealed irrationality has repeatedly undone him in the outside world, finds that in group his worst is evoked, and soon.

In short, the group experience invites each member to engage in his characteristic self-destructive behavior. It affords stimuli that may not be present in his private hour. Sometimes these stimuli are not aversive but are loving. People who push away what they want most on Earth will show this tendency in group. We study how our members respond to warmth.

For instance, our patient is a man who automatically rebuffs a woman as soon as he finds himself attracted to her. He has sabotaged his love relationships so consistently that by now he feels almost convinced that he can never have one, that the women he wants will always let him down. Unless his private analyst is a woman whom he finds attractive, he may stay rational in private treatment, showing none of this, not engaging in his self-defeating patterns. He is in for a long haul, while both he and his therapist wait for him to meet new women, to report his experiences, to fail, to discover why he failed, and to resolve the problem.

However, in his group, almost surely there will be at least one woman who appeals to him, someone like the women he has had his trouble with. Predictably, before long he will go into his usual routine, but this time in plain view of all. He will treat this woman
disdainfully; she will recoil from him; a vicious cycle will ensue, and his behavior will be there to be observed and analyzed.

This is the simplest kind of scenario. More often, the group members whose presence triggers a patient's self-defeating behavior bear only a partial resemblance to those in the past who have evoked that behavior. A trait or even the appearance of someone there will remind him of his mother or of his boss or of a person who mistreated him long ago. The stimulus might be a piece of behavior only coincidentally like that of the antecedent person—a smile, a hair color, a name, a job status. No matter. Whatever the stimulus, it invites our patient to do, on the spot, the very things he has done unwittingly that have defeated him. We welcome these repetitions. They afford a firsthand version of what the private therapist may have to wait a long time to see.

Sometimes it is not an individual but the group as a whole that induces feelings and impulses absent in private treatment. For instance, a fearful person cannot hide so readily in a group. He cannot seek shelter with a single supportive friend. He is almost surely, at times, forced to suffer interruptions, rebuttals, misunderstandings, indifference, callousness—the whole array of reactions from others that life itself subjects him to. Sooner or later, events that have exaggerated historical meaning to him touch his irrational zone, as if someone had put salt in wounds that have never truly healed.

For instance, a young man can easily cope with most forms of treatment but becomes wildly humiliated whenever an older man talks down to him. Or a usually self-possessed woman loses her perspective when a man she likes compliments her and is attentive. As if on command, she turns herself over to him, losing critical faculty, expecting him to take care of her.

These people, too, find their nemesis among the group members. They succumb to showing their least-evolved traits in response, and thus find group treatment ideal for uncovering their problems—and subsequently for helping them solve these problems.

Paradoxically, the very complaints that many patients make about group therapy, the reasons they give for preferring to remain with their private therapist, are often exactly the reasons why they should be in group. One woman says that her private therapist is the first man she has ever known who listens to her, who understands her. She has accomplished much with him—this is true and unarguable. But after two years of private treatment, she is unprepared when one evening her fiancé is grossly inattentive and unfair to her. As she had years ago with her husband, she overreacts, shouting her complaints before offering them more equably. Caught in his own anxiety, the man refuses to bend. Whereupon she goes berserk and walks out, only to feel terrible remorse later on. She once again has fantasies of marrying her analyst, who is truly sensitive and who understands her.

Two years of therapy have accorded her the invaluable experience of being understood. But they have not prepared her for being misunderstood. Such a woman needs not just a man who understands her but a man who doesn’t! She needs the experience of being misunderstood, not once but over and over—misunderstood as her father misunderstood her. Nearly any group would have been likely to provide such a man, and the opportunity for her to put the experience in perspective.

It seems ironic that people’s emotional deficiencies are useful in helping others learn to cope, but it is so. The very interruptiveness of the group experience often has value. As one psychotherapist pointed out, this interruptiveness, owing to the limitations of time that members have to talk, induces in all patients feelings of helplessness akin to those they must have experienced in childhood. To those who object to the harshness of group experiences, we answer, in Nietzsche’s words, “What doesn’t kill me makes me strong.”

It need hardly be added that group therapy, which can evoke disquietude, has also as a prime value that it can be remarkably nutrient and supportive to individuals. To have a roomful of allies, even a roomful of listeners, is for the participants a dream come true. The seasoned therapist never lets a group become wanton or destructive but titrates its power. A group that cannot relent when it becomes too critical is not yet ready to be critical at all.

Enabling the Patients to See How Others Spontaneously Respond to Them

Patients in group treatment share the advantage of having people respond to them freely, and without reservation. True, they often speak for their own purposes and not just for their listeners, but even so they deliver spontaneous and often keen observations. One reaps the benefit of having people say things to him or her without hesitancy,
saying what others who know the person may feel, one after the other, but do not wish to say for fear of jeopardizing the relationship.

Interestingly, because of the private therapist’s objective, to create an atmosphere of full acceptance, he must take pause before telling the patient what he sees and considers important for the patient to know. In this respect, the private therapist weighs his words—especially if the patient is self-attacking or fragile. There are patients so sensitive to having even the slightest fault brought to light that they suffer what to them feels like a near-death blow. "These people are, as Viola said of herself in Shakespeare’s Twelfth Night, “sensitive to the least sinister usage.”"

Some such people will object strenuously and fight back. "How dare you say that I dismissed you when you were trying to say something? You’re no better than my husband." At least these expressions of open indignation have the virtue of being visible. They provide grist for the therapy process. The ensuing dialogue between therapist and patient may uncover the patient’s excessive sensitivity to having any imperfection noted.

It may turn out that indignation is at the very heart of the patient’s problem—perhaps a parent punished him for his every mistake. Whatever the outcome, investigating the patient’s reaction to “being crossed” may prove invaluable and be worth the days or months spent in the study of this reaction. At best, the patient comes to see the need for psychic robustness, resolves his fear of disapproval, and develops that robustness.

Harder to deal with are those patients who, hearing any hint of dissatisfaction from their therapist, feel instantly hopeless and retreat inside their shell. The therapist may never know how his well-intended but poorly aimed intervention has misfired. Or he may have to endure a protracted, sterile period of treatment before he finds out.

Accordingly, the seasoned private practitioner, when he or she suspects such “sensitivity,” determines to go very slowly. He collects for himself a ledger of ways in which his patient may be offending others, or offending him in the hour, but largely keeps that ledger to himself.

The therapist’s need to establish the relationship, to secure it, holds her back from saying what she would like to say, from citing ways in which the patient is alienating others and isolating himself. She will, of course, get to this material some day. Eventually she will let the patient know how callous certain of his comments are, how critical, how narcissistic, how petty or vengeful or indifferent. But not now. She must wait until she feels she can confront the patient without risking her own status and value to him.

Now let’s switch venue to the group arena. There the other members in responding to a person’s criticality or pettiness have no such need to be discreet, to wait for a relationship to strengthen so that it can accommodate their complaints. “So what if this irritating woman, who cuts me off constantly, flares up, or even hates me. She is selfish and I’m going to tell her.”

Maybe the critic’s reaction to this purportedly selfish soul is excessive. In that case, the critic has a lot to learn, about himself and about women. Or, conceivably, he’s right about her. In any event, he is right about her reaction to his comment. She does flare up, and in subsequent sessions she appears to nurse a rancor toward him that shows no sign of ending.

Had her individual therapist made such a comment, right or wrong, the woman might have gone into a shell—or quit. However, here all is not lost, and in fact much may be gained. Our woman, though she disqualifies this particular man as a critic, and maybe even as existent, still has reason to go on. She has friends in court. She has the analyst, who may not have defended her but at least did not join the enemy. Moreover, she has the rudiments of an idea, she has that part of what the man said to her that has penetrated her adamancy. She has witnessed herself reacting wildly, and has time to reconsider both the criticism and her own behavior.

The next time someone in group or in her outside life implies that she has dismissed him, she is closer to considering that the comment may not be a rampant assault but a genuine attempt to reach her.

What she hears in different settings and repeatedly, will get through, sooner or later. And as for her critic, he can live a little longer in the shadow of her scorn. Perhaps being in such a shadow is a familiar experience for him, one he is just beginning to see that he brings on himself. Or possibly, he has long feared to say his mind, dreading a woman’s scorn. If so, he too has friends in court. The reality will likely be far more endurable for him than his apprehensions.

Whatever the outcome, someone in the group has had the freedom to confront this woman. Whether he has been paranoid or keenly observant and courageous, his doing so has inaugurated an adventure that hurts both individuals and the group itself forward.
Providing Patients with Diverse Views of Their Behavior and Diverse Responses to It

The most apparent benefit of group treatment is that the patient, having engaged in his or her characteristic pattern, has not one person but many observing him. He has not one person reasoning about him but many reacting to him and evaluating what he does. There was a saying in the early 1960s that “forty million Frenchmen can’t be wrong.” Perhaps they can. But if they are wrong and of a mind about us, such a collective error is very important to know about.

Even the group’s irrational responses to a person’s behavior are highly significant and useful.

Arthur has the unconscious habit of dismissing certain women when he disapproves of anything they say to him. Especially when he feels touched by a criticism or a demand, he obliterates the female speaker by twisting away from her physically, as if to say, “I can’t be bothered with you. You don’t exist.”

Arthur has been going to a top-notch individual therapist, a man whom Arthur idealizes. But when this therapist even suggests that Arthur may be harsh with a woman in his life, Arthur considers it his bias. Arthur likes the therapist, appreciates what he has gained in therapy, but has concluded simply that the therapist favors women, and hasn’t met the kind of women that Arthur himself has met all throughout his own life.

Arthur goes on moaning to the therapist that his wife, his secretary, and the other women in his life are oversensitive and difficult. And the therapist remains unable even to get Arthur to consider that he treats women with sovereign finality, and that he is the architect of his own defeats and of women’s perennial anger toward him.

In my group, Arthur is quite adept at dealing with women so long as they remain urbane and pleasant. However, when a woman says nearly anything to him that he finds painful, he simply cuts her off, acting as if she isn’t there.

He does this so surreptitiously that for a time no one notices—that is, no one except one particular woman, Dianne, who feels mortified when he does this to her.

After a few weeks, Dianne shouts at him, “You bastard! You’re doing it again. I talk to you and you turn away as if you’re shutting a door on me, as if I don’t exist. You think I’m dirt. You don’t even listen to me. How dare you!”

She addresses Arthur with such vehemence, with such a seemingly exaggerated sense of insult, that the whole group is startled.

Further discussion over a series of sessions reveals that Dianne, though supersensitive to Arthur’s kind of rebuff, is on to something real and important. Other women in the group soon recognize that Arthur’s respect for them is brittle; it rests entirely on their agreeing with him—and more than that, on their respecting him at every moment. They too have felt uncomfortable with him, a fact that they are only beginning to identify. Arthur, they all concur after a while, will accept nothing less than piety toward him as the price for his treating them decently.

What began as an acrimonious criticism of Arthur by a single woman, a diatribe that Arthur could dismiss because it contained irrational elements, has in the group been converted into a considered judgment by not one, but many people. And not just women describe Arthur as sexist and unfair to women—most of the men in the group, including some who are a little like Arthur, see Arthur that way, and tell him repeatedly that he is very callous toward women.

Arthur, who was forever able to discount what any individual said to him, finds it impossible to discount the collective judgment of the group.

At first, he tries to tell himself that the whole group is irrational, that they have misperceived him, they don’t really understand him. But even this falls short as a rationalization. Even if he evokes the same irrational response in all women, he had better take stock of how he does this. How does he manage to be repeatedly misunderstood by women?

In the end, Arthur cannot escape the consensual opinion of the group; he cannot evade it. Whereas a highly trained analyst could not convince Arthur to reconsider a longstanding trait of his, the group has prevailed.

In this case, the group’s subsequent investigation of Arthur and Dianne’s interaction over many sessions was invaluable to Arthur. Doubtless, there was a component of excessive and irrational response to Arthur in at least some of the women whom he neglected. But as often occurs, the irrationality was only the beginning. The real components of Arthur’s behavior and of people’s reactions to it surfaced before long, and were clearly delineated for all to see.

Thus group has not only the virtue of many observers, each with his or her own vantage point. In group therapy, the patient has the cu-
The Group Therapy Experience

ric benefit of having the other members see him or her from their special biases. When the other members concur in some opinion, despite those biases, the person they concur about is very likely to take stock.

In polite society, those who react adversely to us typically walk away, seldom telling us how we alienated them. When this happens, we go without the benefit of what they responded to. In group treatment, those very people whose responses are most acute, and who could inform us best about ourselves, whose very exaggerations are necessary to help us see our flaws, will bestow on us this gift of response so that we can profit.

And I say “us” because this honing instrument of irrational perception, as well as rational, benefits therapists too. Thanks to our patients’ irrationalities and rationalities, our biases and excesses become trimmed over time, along with our other bad habits. As the multitudinous perceptions of the group are brought to bear on us, session after session, we too profit.

Yielding On-the-Spot Experience

Group treatment offers the member an opportunity for on-the-spot emotional awareness of himself. The involved member doesn’t just store away the observations that other people make of him. Rather, the member is often led to ask, “What am I feeling right now, even as I act this way?” The result is that he can often make remarkable discoveries about himself. He is seeing himself in motion and can trap the feelings that actuate him in the instant.

This is a subtle value of group treatment—and certainly one that I did not myself see or appreciate for years. It is that people can make instantaneous readings of themselves, catching and labeling momentary feelings that are important in their psyches, but that in daily existence are typically gone before they can be captured.

The power of group to do this kind of in vivo work is sweeping.

There are people, perhaps the majority, who go through life with only subsensible, unconscious intimations of what they are really feeling; they sense the existence of crucial, activating emotions. If only they were to stop themselves at pivotal instants, to “freeze-frame” their emotional life, so to speak, at the proper moment, then they could pinpoint these dynamic activating forces within them—these feelings that motivate them and color their whole existence.

However, this is ordinarily very difficult. The moments when these lurking feelings are at maximum strength and most susceptible to being caught and labeled, come when the person is busily engaged in interchanges—and are gone by the time these interchanges are being recalled in solitude.

Because group treatment both provides the arena and offers the members an opportunity for spontaneous introspection, it enables people to label and capture their truly actuating feelings and motives. Time and time again, group members are stunned to realize that they have all their lives been doing things for reasons utterly different from those they conjectured were their motives.

For example, Dick has long complained to his private analyst that women all want something from him, that they lean on him, borrow money, exploit his generosity—that they take but they don’t give. For a long time in group, Dick does come across as extraordinarily generous. He offers supportive statements to the women; he tutors them as best he can. The members are awed by his liberality, his freedom to give of himself.

Then, in one session, a violent interchange occurs between two people in Dick’s group. After observing it awhile, Dick enters, displaying his usual magnanimity. The dispute is between Elaine, a tough but earthy and honest woman, and Hal. Elaine has been accusing Hal of not appreciating her. She charges Hal with pouring his heart out to Magda, a narcissist who gives him nothing, while she, Elaine, with the best of intentions, has been unable to reach him.

Enter Dick, with one of his generous, avuncular gifts. Elaine and Hal both seem distraught, and Dick will now ameliorate the situation.

In as soft a tone as he can summon, Dick assures Elaine that she is every bit as attractive as narcissistic Magda.

“You’re difficulty is that you’re giving something to Hal while he’s trying to reach for somebody else,” says Dick. “You can’t expect him to stop what he’s doing and turn to you. If you picked your own time, a time that’s only yours, instead of competing with Magda, I guarantee that you would get as much as Magda does and more.”

No one ever spoke more sweetly, and the group marvels at Dick’s dulcet accuracy.

That is, everyone except Elaine herself. Far from being appreciative, she vents her anger on Dick, who is the nearest to her. “Listen, Dick, I don’t really need your pity. What I’d like to know is where are you in all this? What the hell are you getting out of helping me?”
Dick is speechless. No one has ever caught him in the midst of one of these gestures of largesse, or demanded to know what he was up to. "Where am I in all this?" he asks himself before he can put Elaine's question out of his mind.

And a feeling surges up in him—of envy. He realizes what he really wants from Elaine, and it is painfully simple—he has been craving affection from her, nothing less than appreciative, loving affection. Hal was his competition. For the first time, Dick sees unavoidably that he has been trying to top Hal and win Elaine by showing himself as the nearest thing to a saint on Earth, as a creature halfway to heaven.

Two things had to happen for Dick to appreciate this. One was for Elaine herself not to respond as he wanted her to. The second was for Elaine—or at least for someone—to question Dick about his motive on the spot. Someone had to challenge Dick's action with enough feeling and genuine involvement to help Dick see that his generosity in this case was really a ruse to purchase another person's love.

True, Dick might have rationalized even this. One can rationalize anything, theoretically. But the very fact that he genuinely cared for Elaine, that he wanted her, and that she questioned his motive at the very instant of his using his generosity—shocked him into seeing it, into realizing what he was really doing.

All his life, Dick had used this device of helping people as a way of stifling any incipient dissatisfaction with him that they might have. He had, indeed, accomplished something; people, especially women, felt indebted to him. There were even some women who slept with him because they felt that he was a good person. To those women, he was the model of the good man, the one they had always dreamed of, the kind of man they wished their lover was.

Dick's insight into this aspect of his behavior, and into several other of his actions, opened the doors to a spate of memories. He realized that in the past he had sought to purchase women's affections through pseudo-generosity, one after the other. And that this mode of his had proved his downfall with one woman after another.

Twice, women Dick was married to had built up enormous anger toward him—an anger at first incomprehensible to them, he seemed so kind—but an anger that stopped natural communication. His first wife went out and had affairs with more feeling and less noble men, and his second, afraid to express herself freely to such a paragon, had simply succumbed to deep depression and embraced it until Dick left.

It had been crucial for Dick to get to the heart of his beneficence, for Dick himself to realize that his largesse was a device to secure love, which in the end obviated the chance for a truly loving relationship.

Dick's private analyst had seen the same pattern of pseudo-generosity and had asked Dick about certain of his acts of largesse. However, these were actions toward people that Dick had only reported, past actions, such as lending money to a woman who had already rejected him. Because they were over and done with, and Dick had obscured his motive for them at the time, it was very hard for Dick to appreciate what truly underlay the acts. Moreover, his private analyst had been impeded by his need not to press Dick too hard for fear of disturbing Dick's growing transference to him.

Group treatment not only evoked Dick's false generosity: certain members seemed desperately in need of what he could give them. It freeze-framed his unconscious motive, and held it up to the light. It both evoked the motive and made demands on Dick to stop and examine it, in those very instants when he could examine it. Indeed, having to muzzle his usual impulses once he had started to express them gave Dick his best chance of seeing what they were.

Often, as with Dick, people find immediate rewards in everyday life for behavior that is truly self-defeating. Because they seem to fare so well with others, this behavior goes unexamined. However, the group experience, in depriving those people of their accustomed rewards, and in questioning that very behavior, holds up their behavior and its motive to the light.

Our ability to pinpoint people's behavior and track it while they are engaging in it often leads us to truths that patients find unacceptable at first. Such in vivo scrutiny is especially useful in penetrating reaction-formation.

For example, Arthur, a man somewhat like Dick, would constantly worry aloud in group about his wife's health; he would tell us at length that it pained him to stand by helplessly while she took chances. Arthur worried about her dieting, her jogging in the early morning, her not getting enough sleep, all of which, she maintained, were in an effort to cure her depressions.

One day Arthur went on about the folly of his wife's flying to California to see a guru. He had wanted her, if she insisted on going, to take the Red-Eye, which was cheaper than the morning flight. A
lip of the tongue led him to say, "I sure wish she would die at night."

Of course, he remonstrated, when this was pointed out. What he really meant was that he had wanted her to "fly" at night. However, certain of the members would not accept things so simply—among them were a few highly independent women whom Arthur had repeatedly disrespected. In fact, these were the very women whom Arthur had said he liked most.

Suddenly they were on to his real motive, which was anger at any woman who made her own decisions. The group kept after him until Arthur recognized this attitude himself. Doubtless, it had contributed to his wife's depression.

There are endless forms of behavior that people engage in but do not ordinarily stop to examine, which group can halt and investigate. If not a slip of the tongue, it might be a facial expression such as a tic, a hand gesture, or a body posture that prompts discovery. Even when a private therapist notes these same things, as mentioned, he or she has many restrictions on delving into such a pattern, especially if there is resistance. On the other hand, one's group members have no such restrictions.

Sometimes a whole subgroup and not just an individual is engaging in a pattern driven by an unidentified motive.

For instance, three people in a group take it upon themselves to police the rest, using the group rules to bully miscreants. When someone comes late, the triumvirate demands that he justify his or her behavior. They loudly disbelieve his explanations, cut him off, cite previous crimes of his, and make him feel utterly unwanted—all in the ostensible service of group cohesion. Individually, these people are dictatorial in their private lives, all sanctimonious, passing themselves off as the last law-abiding citizens in a decaying world.

Finally, a woman, one of the victims of their inquisition, rebels and lets them have it. She asserts that far from sympathizing with her or trying to understand her, the triumvirate is using her "deviancy" as an excuse to browbeat her. She holds to her position.

Others join her, and the cabal is caught in the act. Their true motives come to the fore; once again, having been exposed, the members of the triumvirate profit by deepening their own self-understanding and by becoming more lenient.

What I call "the immediacy principle" also operates to keep the therapists themselves conscious of what they are doing. In the group, we are led repeatedly to identify and study our own behavior. This may or may not lead us to change an approach. However, our deepened recognition of our own motives gives us the fullest options.

Consider an example in which the group therapist, in this case I myself, was able to profit by the very immediacy that group provides.

One day, a group member accused me of favoring Andre, a young pianist. Several other members said my critic was right, that I bypassed people when Andre spoke and ignored them entirely if Andre seemed upset. I heard them out, but nothing registered. It seemed to me that I was treating Andre no differently from the way I treated others.

Nor did I discover anything later when I tried to do some soul searching. Two of my critics had read hostile motives into my behavior, which seemed false; a third was constantly given to complaining; and the last, I concluded, had merely jumped on the bandwagon. Three of the four had problems with sibling rivalry. No, I concluded, there was no validity in what they had said.

Back in the group, I began looking for signs of that sibling rivalry in those three members. I could see that certain of the things they said and did were "rivalrous," but could not go beyond that. By this time, the group was feeling quite stymied. Besides feeling misunderstood by me, they felt helpless to get me to see my preference for Andre.

Then one man observed shrewdly, "Joan was quiet for an hour and you didn't talk to her. Andre's been quiet for five minutes and you ask him if anything's wrong." They dogged me until I could not help but see that I was, indeed, favoring him.

When I finally saw what I was doing, I asked myself why. Andre had reminded me of myself, or at least my ideal-self, and I was treating him the way I had wanted my father to treat me—to give me the close and intimate attention I had always yearned for.

By cueing me in to the truth, they had helped themselves. The group, by catching me in vivo, had freed me to treat Andre and the rest of them more even-handedly.

The values of this on-the-spot emotional awareness that group affords accrue to the leader himself no less than to the individual members. Indeed, many of the techniques to be discussed in this book derive their power from the immediacy of the group experience.
Giving the Patient a Chance to Practice New Behavior

Invariably, the group affords "life situations" in which the patient can try out new aspects of behavior, rehearse and revamp new approaches to people. The step from group to the world is a much shorter one than the step from the private therapist's office to the world.

There are various reasons, some of them obvious, why patients typically find it easier to make personality changes in a group than in the outside world. For one thing, the well-run group tolerates changes and actually encourages them. The members feel free to experiment with new behavior, realizing that ultimately they have nothing to lose. Early efforts to change are apt to be awkward, and the group reactions are critical. For instance, a timid patient may be clumsy in his incipient assertiveness.

Inevitably, some members will encourage changes, while others will oppose these same revisions of behavior. Still others go along as utterly oblivious that someone has made a major leap—for example, one from silent to talkative, from violating people to being respectful of them, from expressing contempt to expressing concern.

The member who does break a personal barrier is very likely to get instant appreciation, or at least recognition, of his achievement in group. He will also meet with opposition in some quarters from those who preferred him as his old self-defeating self. And he will have to face the fact that certain people care so little about him that they don't even notice what for him is an earth-shattering change of behavior. Once again, this variety of on-the-spot responses to the patient, this time to his new behavior instead of his old style, proves invaluable.

And there are members who see involuntary changes in a person, even though she herself has not noticed them, and call them to the person's attention.

"Susan, what's different today about you is that you started speaking at the beginning of the session, instead of waiting till the last two minutes and then acting desperate, as if you didn't have enough time. That's the first time I've ever seen you do that."

Or "Rachel, this is the second time you didn't just complain about the way people are treating you. You told them what you wanted. That's great!"

In still other cases, no one comments explicitly. However, what is new even then is that the group reacts in a novel way to the person who has begun behaving differently.

For instance, in group Frances talks about her sexual feelings for the first time in her life. She has lived in fear that any mention of a sexual desire would incite men to make sexual approaches to her. That seemed humiliating beyond imagination. In actuality, her venturing to disclose sexual feelings brings another kind of response altogether. Timo responds to Frances, not by proposing her as she had feared he would, but with very genuine warmth. He thanks her for confiding in him.

After that, Timo talks more respectfully to Frances—not less respectfully. Frances in turn feels genuinely accepted and discloses still other sexual longings, which she had hidden. She comes across as a much more sympathetic person.

Before long, she has won over the group, she is one of them. They no longer regard her as haughty or distant. She has, by trusting the group, allowed them to accept her and nurture her, and they have played their supporting role. This would have been much harder for her to accomplish in the world at large.

Because the group members are so various, they afford a whole range of responses to a person trying out new behavior. No private therapist, or any single person for that matter, can possibly do this.

Such variety and not simply encouragement is essential. One person needs the opportunity to confront people who infantilize him as his parents did. Another must confront people who want her to be submissive. Another has as his bugaboo those who manipulate him using compliments. Whatever the form of one's "personal monster," the patient must practice jousting with that monster, and must practice over and over again until his or her new behavior becomes effortless and feels thoroughly natural.

And, of course, in any diverse group the patient is very likely to find people who, perhaps because they have made similar changes to his, will cheer him on, more than anyone in his outside life will.

In fact, there are likely to be some who, having identified with the patient in his difficulty—shyness, for example, or the inability to control his temper—and who, having his problem themselves, will
especialy appreciate his achievement and underscore it. These partisan onlookers will be inspired as they see him take chances.

As a result, the person who has taken these chances is succeeding not just for himself but for a community. Realizing that his journey is path-breaking for them may spur him on.

The degree to which group treatment affords these five main benefits to patients depends on the special needs of our patients, on the problems they present, and on their readiness to profit by group therapy. And, it need hardly be said that it depends on the proficiency of the therapist in utilizing the power of the group process. Much more will be said about these functions of group treatment as we go along.

Therapists differ in how they stress these various functions of group, and in the degree to which they exploit its various possibilities.

For instance, some lay special stress on the value of the group arena as a place for patients to practice new techniques. They encourage practice. These specialists at rehearsal see the group as essentially a center for trying out new behavior in every session—as if the group were a simulated diminutive world and the patients were there almost exclusively to rehearse their new identities.

Other therapists simply allow practice and say nothing about it. Relying on the technique as heavily as they do, they are sometimes oblivious to certain hazards of this technique.

Of all the special uses of group, one—namely that of the group as a place to do role-playing—most often becomes the dominant theme of group treatment by those who believe in it.

ROLE-PLAYING IN GROUP—PROS AND CONS

Role-playing is in essence a game played by the patient and someone else, the analyst or another group member. By the usual set of rules, the patient plays himself while the other person plays the role of someone in his life giving him trouble—say a husband or wife or boss or friend.

The particular form of role-playing used is designed to simulate difficult challenges and give the patient repeated chances to practice coping with them, to develop and refine a new and successful style.

At first, when confronted by some basic life challenge, the patient nearly always acts in his characteristic ways, which do not acquit him well—he brags when it isn’t necessary or loses his temper or becomes tongue-tied or gets flirtatious, instead of confronting someone.

Not only can the group members point out to him the “right” and “wrong” of his behavior; he has ample opportunity to practice his new and more effective mode. Some therapists who emphasize this method of practicing use role-playing extensively. So far, so good.

However, while such role-playing can have real value, it runs the risk of superficiality and insufficiency. In itself, role-playing does not give the patient insight into why he or she has gone astray in the first place—or awareness of the underlying feeling that he has been trying to avoid by his self-defeating style. When people repeat harmful patterns, it is always because they harbor apprehensions or have unconscious fantasies; these do not come to the surface when their only method of remedy is learning new behavior. As a result, patients treated solely by this technique remain as they were characterologically; they have succeeded merely in developing a few serviceable coping devices.

For instance, Kurt was applying for a job as an editor with a big publishing house. He was poor at interviews, and clumsy in many of his personal relationships. In recent months, Kurt’s group had made him painfully aware that he said yes to people when he had no idea what to say. He would accept other people’s given too readily, in effect promising too much and then finding himself unable to deliver.

The interview that now loomed before him was especially frightening to Kurt. One of the three interviewers, the president of the publishing house, was known to be tough. The president would think up job crises that no one could handle. For instance, he would tell an interviewee that irreparable damage had already been done and then demand to know what the interviewee would do to repair it. He would fire questions at job applicants, more than once leaving a sensitive applicant in tears.

In terror, Kurt told his group therapist that he had no idea what to do. That therapist, a student of mine, decided to use the technique of role-playing, choosing three members from Kurt’s group to serve as interviewers while Kurt played himself.

The interviewers did their job—they shot questions at Kurt, including many unanswerable ones, and when Kurt faltered or promised too much, they told him to be honest.

Kurt practiced saying such things as, “I don’t know the answer to that, sir, I’d need more information.”
How Group Helps

“I think we’d have to take the loss on that one, sir.”
And even, “Sir, you’re asking me to close the barn door after the cow has gotten out.”

Kurt felt better about himself. He went off, knowing that he would be unable to answer at least some questions and feeling free to admit it. He would imply, in one form or another, “I can do a lot, I’m top-notch, but I have no instantaneous answer to that one.”

On the actual interview, Kurt conducted himself well enough to get the job, though at a slightly reduced salary. Before long, he mastered the art of admitting his imperfections.

However, the real problem remained that Kurt harbored unconscious fantasies of being annihilated for revealing that he didn’t know things. Both of his parents, high achievers themselves, had brought Kurt up expecting him to have answers without being told. His sense of his own worthlessness was not abated by his mastering a few devices for particular situations. That feeling continued to gnaw at him, and blocked him.

Though Kurt had mastered a technique, he went on feeling fraudulent, and as a result continued to need detailed rehearsal before any new confrontation. His therapist concluded that though role-playing had helped him perform better, it had not done the real job. Eventually Kurt had to confront his underlying fear, and to resolve it, so as to produce the inner change that made his new behavior truly natural for him. His therapist continued to use role-playing, but only to provide the finishing touches, and never without real analysis of his patients’ underlying personality structure.

Other therapists use role-playing by getting the patient to act the part of the person giving them trouble, while someone else in the group plays the patient himself. The troubled patient sees his substitute deal with the problem that has baffled him, and can learn by example.

A further value is that by playing the role of his own father or son or neighbor, the patient can gain new insight into how those people feel and why they act as they do. Used this way too, role-playing has indisputable benefits.

But though the technique has these values, because role-playing stays on the surface, addressing people’s coping devices only, it runs the risk of leaving the personality core unchanged.

A major argument against too-ready reliance on role-playing is that it tends to stop the flow of a group. Ordinarily, relationships between members are in constant flux. Every minute holds prospects that it is up to the members to fulfill. With role-playing, the majority in the room are blocked from playing any part whatsoever.

The following situation would not be unusual. Theodore, a group member, feels hurt. He has held back his feelings for a week, waiting for the days to pass while anticipating himself rebuking another man in the group for insulting him.

Theodore’s actually speaking up will be a major breakthrough for him. As a child, he had needed to stay silent in his home, and only recently realized how necessary it is for him to confront people, especially those he likes. His moment has come.

During this same week, someone else in the group is on the brink of saying something warm to the therapist, whom he has never granted an inch to. And so on. In any group that has healthy pace, most if not all of the members are on the verge of some form of communication; they are in motion.

Now imagine the impact on these people if the therapist were to announce, “Okay, Charlotte, why don’t you play the part of that mother of yours, who’s so difficult to talk to. And you, Theodore, you be Charlotte, and show her what you would do.”

Theodore, who has all week anticipated telling someone off in group, but was in conflict, now has a good reason not to. Indeed, with the role-playing in progress, it would be breaking the rules for him to say anything. He may smoulder, or welcome the excuse not to talk. “Maybe next week,” Theodore consoles himself.

The same holds for Charlotte and for others. With role-playing going on, confrontations must be delayed, breakthroughs postponed: momentum is lost. The role-playing itself dominates, it gobbles up the time, it provides good excuses not to act for those who need them, and it heightens the frustration of those who are genuinely ready to work.

What role-playing yields is more extrinsic than what would come out of spontaneous flow. And since the primary aims of a group are flow and communication, role-playing techniques have much to be said against them. There are even times when the participants in role-playing, though they got something, would have gotten more if they had interacted freely and learned from their experiences.

Even granting that the participants might get something out of the
experience, they are thrown off course. For the others, it is as if a visiting theater company arrived, and they were asked to quit what they were doing and join the audience.

The benefits of group treatment are best imparted in the least conspicuous, the least visible ways. The analyst achieves his effect—elicits a range of behavior from his members.

And he does this as much by what he doesn’t say as by what he says.

For instance, he refrains from overprotecting people who need to take care of themselves. He frees people to respond without reservation and is glad when they do, setting limits only when behavior seems injurious, or potentially so. He encourages on-the-spot self-definition and the discovery of feelings and motives. He recognizes that people are constantly rehearsing the new and discarding the old, often even when they are silent in the group, and the ideal therapist is satisfied with that.

CHAPTER FIVE

WHAT THE THERAPIST FEELS

Can a robot ever do group therapy? Why not? We’ve seen inanimate creatures do all kinds of things. In the medical field, computers are already being used not just to test and evaluate our blood and bones and sinews, but to put all the information together and arrive at diagnoses. Between the nurse who admits us and the doctor at the end of the line, we may go through untouched by human hands.

Obviously, this analogy is to focus on what the group therapist has that can never be replaced—that is, our feelings. It need hardly be said that our feelings are the essential part of what we bring to every group: they are our humanity, our instruments of diagnosis and cure. Not just our feelings, of course, but the feelings of the group members, individually and collectively, are the stuff of which all interactions are made.

For a robot to successfully work with a group (or with an individual for that matter), the robot would need a capacity for despair at being misunderstood, for joy at seeing people flourish, for rage at being interrupted, for guilt over having neglected someone in the group. It would need to make mistakes at times and not notice them; it would need on occasion to fall into other people’s manipulative traps. It would need the capacity for misplaced loyalty stemming from false identification with someone; it would need occasional vulnerability to flattery; it would need excessive and self-destructive remorse over mistakes made, and so on. What’s best in us and what’s worst in