THE PSYCHOTHERAPY GROUP --

AN ESSENTIAL INGREDIENT FOR TRUE CHARACTER CHANGE

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Economic necessity and manpower shortages have been important stimulants to the development of psychotherapy in group settings, and many still regard group psychotherapy as an expedient convenience of diluted value. Patients have a chance to interact with others, which is useful to the socially isolated; they can have some therapeutic contact at low cost, which is better than nothing; and since the number of competent psychotherapists is limited, more patients can be reached in groups than in individual psychotherapy and in psychoanalysis. The weaknesses of these arguments as justifications for serious group psychotherapy have been shown elsewhere, (Bar-Levav, 1977a) and it is unnecessary to repeat them once more.

Group psychotherapy is coming of age, and sufficient clinical data now exist to help us define new theoretical formulations about the real value of group psychotherapy that could not have been envisioned by its early pioneers. Rather than being an interesting adjunct to psychoanalysis and individual psychotherapy, intensive group psychotherapy may, in fact, be an essential ingredient for affecting true character change, which may not be possible without it. Some aspects of the group only speed up the process, but others are unique to it and are not found elsewhere, yet they are essential for major shifts within the ego. Freud's genius was in elucidating the dynamics of the psyche, but neither he nor his followers have as yet discovered adequate answers to the difficult problems of psychotherapeutic technique. Thoughtful psychoanalysts have recognized that the clinical results of psychoanalysis fall far short of the brilliant formulations of psychoanalytic theory, although it, too, may need major revisions in light of more recent observations.

Twelve important advantages of the psychotherapy group over the dyadic setting will be discussed briefly in this paper as an introduction to the subject. The model

used in these considerations is that of Crisis Mobilization Therapy, C.M.T., an intensiv form of combined group and individual psychotherapy in which two group sessions of ninety minutes each are held weekly concurrently with regular individual sessions. A few underlying assumptions of C.M.T. must be briefly outlined to facilitate coherent communications.

When lonely, isolated and anxious individuals are driven by despair to seek psychotherapy, and when they join a psychotherapy group, they usually experience at least temporary relief once they overcome their initial fear of meaningful involvement with others. The objectively benign setting, in which their existence is accepted and acknowledged, offers some solace. But psychotherapy, by definition, aims at bringing about changes in the psyche, by far a more complex structure than any of the organs of the human body. So, if patients feel better or if they behave differently, this in itself is no proof that real changes have occurred, and in themselves they are among the least reliable indicators of real change. Changes in feelings or in behavior may reflect no more than temporary adjustments to various expectations and pressures of the group or the therapists, since rejection is, unfortunately, sometimes the result of not adhering to expressed or hidden group norms. Real personality changes, on the other hand, reflect more than modifications in the thinking processes, feeling or behavior. As the perception of reality is slowly altered and the psychological needs of an individual changed, so are the preferred modes of the ego's adaptation to internal and external demands.

Basic to the theory of Crisis Mobilization Therapy is the assumption that physiologic parameters mediated by the autonomic nervous system must be changed as a result of psychotherapy, not only perceptual and cognitives ones, before true personality change occurs. When the therapeutic alliance is both firm and flexible enough, the relationship can tolerate mobilized crises of affect of great intensity without endangering the continuation of therapy. Such confrontations repeatedly stimulate and eventually alter physiologic responses, and together with repeated cognitive integrations make up the process of working-through. This

tedious and difficult process, in which interpretations play only a minute part, continues until new pathways of physiologic response are developed. The cognitive work of understanding genetic connections which involves the power of reason always follows physiologic involvement. It should never preceed it nor should it ever occur without the physiologic component. Failure to adhere to this principle is probably the most common shortcoming in all forms of psychotherapy. Very often, what passes for working-through is essentially a cognitive rehashing of psychologic insights that have little impact on the patient as a physical being.

With the foregoing in mind, let us now outline the specific advantages of the group for bringing about true personality change:

1. Opportunities for Direct Observation of Unconscious Manifestations.

Psychologically sophisticated new patients often readily accept the existence of unconscious motivations, but such verbal "acceptance" commonly veils a persistent form of resistance. Rather than engage in the difficult and often painful task of self scrutiny, such patients mouth what they have read or know from other settings. In individual psychotherapy this resistance is generally dealt with by repeated and persistent clarifications on the part of the therapist, who must similarly "educate" the relatively unsophisticated. It is at best difficult to help patients become aware of the ubiquitous presence of over-determinism, yet it is a prerequisite for meaningful self-reflection.

In the group, on the other hand, new patients repeatedly observe the intricate workings of the unconscious directly, when someone else than themselves is struggling with its manifestations. It is by far easier to recognize in others the hidden forces that powerfully determine action. Such repeated opportunities for a ringside view of the enormous battles that occur within other individuals makes it easier for each group member to eventually recognize such forces also within himself, an essential prelude for the work of psychotherapy.

2. The Group as a Mirror.

Sometimes by design, but often coincidentally, one group member may discover personality traits in another that in a very real sense mirror his own. Such mirror reflections of oneself, especially on a repeated basis, cannot be ignored for long and they often serve as a powerful stimulus for self observation and self reflection. Patients blind to ego-syntonic characteristics in themselves will frequently have strong adverse reactions to similar characteristics in other group members, especially before the obvious similarity is recognized. When such reactions are repeatedly worked with and examined, an individual is eventually "forced" to recognize similar undesirable and rejected traits within himself, in spite of efforts to keep such recognition outside of conscious awareness. Repeated exposures to obnoxious characteristics that are reluctantly recognized as belonging to oneself constitute the first essential step towards making them ego alien, thus enabling the process of discarding them to begin. No analogous process exists in individual psychotherapy.

3. Transference-Split and Multiple Transferences.

The one-to-one situation, by its nature, permits at most only minor provocative testing of the relationship, whose persistence is often dependent on the continued existence of a "positive"* transference. In actual practice, "negative" transferences are interpreted, for they threaten the continuation of the relationship, while the "positive" transference remains basically untouched, with the reasoning that premature interpretations interfere with the formation of real transference neuroses. While such "premature" interpretations are withheld, or worse, the "positive" expressions are not recognized as transference distortions, the patient often ages, long before he matures. In individual psychotherapy and in psychoanalysis quick changes in the real relationship and in the transference do not generally occur.

* Positive and negative as they relate to transferences obviously denote merely changes in direction and do not indicate greater or smaller desirability. Such terms are in quotation marks to avoid misinterpretation of their meaning.

Abrupt, sudden and strong changes in the patient are regarded with suspicion as possible manifestations of a resistance. Not so in a group, especially when it functions with co-therapists. The support for the therapeutic alliance that is available when the transference is split between therapist and group, among group members and between co-therapists, permits challenging of "positive" transference manifestations without threatening the continuation of the relationship itself. Such splitting of the transference between good and bad mother introjects facilitates the development of transference neuroses, much more intense than in any form of individual therapy.

A group psychotherapy setting resembles real-life experiences in the family more closely than the dyadic setting. Rapid shifts in feelings occur in both. The absence of such shifts is easily detectable in a group, but when the constraints of the one-to-one relationship are not present quick shifts in the transference usually occur. What is regarded as "the" transference in individual psychotherapy is recognized as being no more than a basic underlying attitude that predominates at any one stage or phase. Intra-psychic conflicts always reflect the ambivalence prevalent in all relationships, and all aspects of it must be reflected in the therapeutic situation and in the transference to achieve optimal results. The multiple membership of psychotherapy groups provides stimuli for the formation of multiple transferences that are then available for working-through. This somewhat complex point is discussed more fully elsewhere. (Bar-Levav, 1977 b&c)

4. Opportunities for Direct Observation of Reality Distortions.

The very structure of the one-to-one relationship severely limits the choices a therapist has for confronting the patient with minor distortions of reality, which are the most direct means of observing pathological distortions of the personality. In psychoanalysis and in individual psychotherapy, malformations of the ego are usually recognized in the transference and worked with via dreams, slips of the tongue and other clues from the unconscious that are briefly revealed from time to time,

followed by free association, clarifications and interpretations. The one-to-one setting was strictly fixed to maximize the opportunities for recognizing variations in the patient's behavior and productions as reflections of his internal conflicts. But, its clear advantages also minimize the chances for direct observations of reality distortions, for its rigid structure sharply limits the means of the patient's expressions. As long as he comes to his appointments regularly and on time, pays his fees properly and does not engage in gross acting-out, relatively few examples of actual reality distortions can be observed directly. Almost exclusively, reporting by the patient provides the raw material to be worked with.

In the group, on the other hand, a complex network of inter-relationships and interactions provides a treasure of opportunities for direct observations of even minimal compromises with reality. The patient's verbal reporting is but one minor source of information about his way of being-in-the-world, which is repeatedly revealed by his selectively typical modes of behavior and reaction to other group members and the therapists. The different patterns of reaction to different group members provide contrast and perspective not otherwise available in any relationship between two people. Such cross-reference checking makes it possible to tease out reality distortions that the patient is unwilling or unable to look at by any other means. Contradictions are easily recognized and always point to the existence of a resistance which must be worked with and overcome. As avenues for acting-out are repeatedly closed, patients will tend to act in the therapeutic setting to discharge the mobilized anxiety. Such compromises with reality, usually minor, become prevalent and are available for direct observation and working-through.

5. Greater Opportunities for Overcoming Resistances.

Patients in psychotherapy constantly bring up a variety of resistances as they face frightening aspects of themselves, the intensity of which is usually in proportion to the magnitude of the fear. In psychoanalysis and individual psychotherapy, resistances are interpreted when they reach full expression, and the

observing ego is called upon to help in the endeavors to overcome them. Since interpretations always require the presence of cognition and understanding, they always interfere with the physiologic aspects of the working-through process.

In the group, on the other hand, a variety of additional techniques exist for overcoming resistances, especially when more than a single therapist is present. The two therapists can, for instance, assume opposite aspects of the patient's internalized conflict, thus forcing the issue that a patient on his own would have preferred to continue denying and repressing. This provocative and evocative technique which we have named "therapeutic double-binding" and which requires the presence of at least two therapists is obviously both economically and psychologically not feasible when working with an individual patient. The supporting presence of other group members is also helpful to patients in tolerating such pulling and pushing by the co-therapists.

Furthermore, such powerful techniques, like surgery, while of great benefit to the patient when used appropriately, could be harmful in the hands of incompetent or disturbed practitioners, and the group is important as a constant observer. The physical presence of other group members minimizes the chances of abuse whenever provocative techniques are used. Clinical experience repeatedly demonstrates the need for techniques that use pressure with consent since character defenses are not usually changable by interpretive interventions alone. The group, therefore, is an unavoidable instrument in the therapeutic work that aims at basic personality re-organization. At least five different approaches of working with resistance within the therapeutic double-bind have been described elsewhere, (Bar-Levav, et al. 1977d) and they all depend on the presence of the group for their application.

6. Working with Pathological Excesses of the Wish for Exclusivity.

Every patient in properly conducted psychotherapy eventually hopes to become the favorite of his therapist, this being a transferential expression of an earlier wish to secure mother's all-loving, ever-present solace, security, nourishment

and warmth. In the one-to-one relationship patients frequently deny the full intensity of this wish, which is also very frightening, especially in an intimate setting of only two people. When such wishes are intensely felt in the dyadic setting embarrassment about their primitive nature is often avoided by giving them adult sexual meanings, an understandable resistance that aims to avoid the pain of experiencing unsatisfiable wishes with enough intensity. The slow, gradual and painful recognition by the patient in psychoanalysis and in individual psychotherapy that he is not necessarily the favorite and only one reinforces the early lessons of nursery school about having to share without ever giving full expression to the underlying, unfulfillable yearnings, which must be repeatedly experienced with all the accompanying fury before true resolution occurs.

In the group, at least as practiced in Crisis Mobilization Therapy, patients are often treated differently, sometimes by design, this provoking strong jealousy and much hurt and rage. The wish to be given "more" and to be treated preferentially which at first is denied as silly and "childish", is experienced and expressed with intensities that clearly affect physiologic parameters. Repeated frustration of strongly experienced omnipotent wishes provokes preverbal hunger and rage that must be fully resolved for true character reorganization to become possible. Patients eventually begin to yield the pathologic wish for exclusivity with mother, and not in despair. When they begin to provide more competently for themselves mother's supplies are increasingly seen in more realistic and less magical terms.

7. The Group--A Place for the Development of Reality-Based Trust.

The trust that patients feel toward their individual therapist is essentially, like cupid's love, blind. The patient can only see that which the therapist shows him under highly controlled conditions, whether in the traditional model of relative anonymity or when he supposedly is "open" and self-revealing. The trust results from the genetic yearnings of the patient for security and solace which are transfered upon the therapist, and in the absence of counter-transference distortions, such yearnings are eventually analyzed, explained and understood.

This follows the widely held but unproven assumption that when the unconscious is made conscious its power is sapped and its gripping hold on individuals is released. Even superficial clinical scrutiny repeatedly indicates that this is simply not true, and that pre-verbal hunger and rage must be worked-through instead.

The therapist in individual psychotherapy and in psychoanalysis is basically unknown as a real person, and in the absence of a real relationship no reality-based trust can develop. To correct such a situation, latter-day "therapists" often socialize with their patients, sometimes to the point of having sexual encounters with them. Therapy of the psyche obviously does not occur when such "improvements" are introduced and, instead, patients are being used and abused and condemned to continued suffering.

In a group, on the other hand, the therapist is sooner or later revealed as a real person and not only as a transference figure, even if all details of his personal life are kept out of the therapeutic context. Patients may not know statistical or biographical details about him, but his human quality eventually emerges, as does his capacity for empathy, and the extent of his unresolved fears and conflicts. (This increased visibility is often cited as an important reason why many psychoanalysts and psychotherapists reject group psychotherapy as not workable. In the hands of those who experience a great deal of discomfort in open human interaction, group therapy is, indeed, not workable, even if they can successfully conduct individual psychotherapy which is less demanding.)

Reality-based trust that is gradually built up on the basis of careful, prolonged and repeated observations of therapists eventually allows patients to take risks in therapy that under different circumstances would be either unrealistic or too frightening, thus providing them with opportunities to undergo corrective emotional experiences.

8. Overcoming the Fear of Dependency.

Fear of meaningful intimate contact is widespread, and a relatively barren existence is the high price generally paid for it. This fear superficially represents concern over being hurt by another person, but the real roots of its intense anxiety are found in the fear of being swallowed and of existing no more, which many individuals experience when they get closely involved. Such primitive fears of re-engulfment by mother are probably universal and they express themselves, therefore, in psychotherapy whenever patients are not denied the chance to do so. A strong dependent relationship upon the therapist and its successful resolution without harm to the patient are the means to overcome this fear. Although it is safest to experiment with such tremendous risks in a psychotherapeutic setting, which requires no mutuality, it is, nevertheless, a task of heroic proportions, which is not experienced as safe. Patients are always extremely scared by the prospects of dependency, as are many psychotherapists. The latter may additionally feel unequal to the task, which is, therefore, all too often avoided. The successful resolution of such a frightening and risky experiment allows patients to recognize their own true independence and strength, helps them trust themselves and eventually allows them to develop intimate contacts also outside of therapy.

The dependency on the therapist in the one-to-one situation is basically only transferential and derived from the patient's despair and helplessness. As explained earlier, in a properly conducted group the relationship with the therapist contains important elements of reality-based trust that permit the patient to consciously assume dependency risks whose resolution contributes directly to maturational growth. Moreover, the presence of others in the group is frequently experienced by patients as supportive vis-a-vis the therapist, who at times is also transferentially feared as potentially engulfing. Such support diminishes the fear that would otherwise interfere with the development of full dependency. The fact that other group members have been observed to come through such terror-filled experiences without harm makes it easier for all to loosen the protective armor.

9. Working with Anger and Preverbal Rage.

Individuals in and out of therapy are often crippled by bouts of severe anxiety lest the anger, rage and fury, which they sense is within them, suddenly erupt. Since strong feelings are generally believed to inevitably lead to action, the fear of violence is responsible for continued repression of the feelings, which choke the individual.

Working with anger and rage presents unsurmountable problems for psychoanalysis and for individual psychotherapy. Such affects are sometimes described and analyzed, but they are not often experienced directly within the relationship. The nature of the one-to-one setting mitigates against the expression of raw anger at the well-meaning and benign therapist, and destructive fantasies are at best cognitively analyzed. Most psychotherapists did not themselves have a chance to work-through their own preverbal rage, and consequently, many are plainly afraid of such expressions, fearing what they might lead to. Unconscious and sometimes even conscious messages forbidding such expressions, except descriptively and cognitively, are commonly conveyed to patients in the dyadic setting.

The group, on the other hand, is obviously capable of tolerating intense expressions of rage as long as a clearly established non-acting-out contract prevails. Patients are not only angry at each other, but they also have a chance to scrutinize the therapist's ability and willingness to work with such feelings. Rage can be provoked by one therapist until it is fully experienced and expressed, while the other allies himself with the patient's observing ego. The terrible fear that many individuals have of their own destructive impulses cannot be overcome by explanations and interpretations alone, but it gradually loses its powerful grip as it is expressed with the greatest intensity without damage to anything or anybody.

10. Working with Loving Feelings.

Loving is often even more frightening than rage. In love one must lay down one's weapons and forego the customary defensive characteristics that are often present even in trust relationships. Although not necessarily related to sex at all, loving expressions between two people in private are often culturally understood as having such sexual implications, and experimentation with tenderness and with loving in the one-to-one setting is complicated by such assumptions. Patients often use sexual seduction as a resistance, for it requires the taking of smaller chances than the experiencing of real love. Loving expressions between members of the same gender are often misunderstood as possibly having homosexual implications, which also places a hardship on their open expression in the dyadic setting. Many psychotherapists are themselves uncomfortable with the uninhibited expressions of love in the one-to-one psychotherapy setting, perhaps fearing their susceptibility in such situations. All these are factors that contribute to the incomplete working-through of the fears associated with love in psychoanalysis and in individual psychotherapy. Such fears often continue to interfere with the formation and maintenance of meaningful relationships that are based on free choice rather than need even after the completion of therapy.

In the group, on the other hand, the presence of other human beings puts the powerful impact of open loving expressions in proper perspective. Sexual and flirtatious overtones are easily recognized, analyzed and worked with, permitting the continuous working with loving affects till the underlying fears and their infantile origins no longer interfere with the formation of adult relationships.

11. Opportunities for Challenging Imitative Behavior.

Patients learn quickly the hidden goals and wishes of their therapists, and often adopt the therapist's idiom and his means of expression in the hope of minimizing anxiety and pain. While such resistive attempts to "please" can generally be recognized without difficulty, it can be dangerous to challenge imitative behavior in the one-to-one setting for this may interfere with or retard the formation of a transference neurosis. The early manifestations of "positive" identification are usually left alone, but not infrequently such expressions are not challenged even later for fear that the shaky therapeutic alliance might not be strong enough to hold the patient.

The assumption of different, and sometimes opposite, positions by the therapists in a group make it at least difficult for patients to guess their real values and preferences and interferes with resistive efforts to follow the model of either therapist. Such modeling, conscious and unconscious, is not uncommon in psychoanalysis and in individual psychotherapy, in spite of diligent efforts on the therapist's part to remain obscure in terms of values. Imitation is always a powerful resistance to real change. The development of cults of believers who follow the language, dress, habits and values of so-called "therapists" without undergoing intrapsychic changes is a case in point. Individuation and character re-organization do not occur under such circumstances, nor when a patient models himself after the real or imagined characteristics of his analyst. The properly conducted group, on the other hand, minimizes the chances of imitation and forces the definition of one's identity.

The verbal productions and behavior patterns of each patient in the group are routinely subject to careful scrutiny, not only by the therapist but also by other group members, who are often quite perceptive and quick in picking out behavior that means to ingratiate. Imitative expressions are unlikely to go unchallenged in the group for long, and yet, such challenges are tolerated better than they are in the individual setting, since at least one of the therapists or some

group members are generally experienced as supportive and "on-the-side" of the struggling individual. The sense of isolation and rejection is not as total in a group as it often is experienced in the one-to-one setting, in which even gentle confrontations by the therapist may be felt as heavy blows to the patient's self esteem.

12. Greater Equality in Power Relationships.

Patients who successfully complete a course of individual therapy often continue to have difficulties in relating as equals to their former therapists, even after the resolution of the transference. Although the magic with which patients invest their therapist may no longer exist, discomfort that results from the real inequality of their previous roles often persists, even years after termination. The sense of one's relative smallness vis-a-vis the former therapist is analogous to the transference experience, but it is based on the reality of their previous relationship. After all, the patient always went to the therapist and was never visited by him, this continuing several times a week for a number of years. The therapist was paid for his time with the patient, but money was never passed in the other direction. The patient laid bare his innermost feelings and thoughts yet knows relatively little about the therapist. All these facts are indicative of the real inequality of the therapeutic relationship which cannot be avoided.

While also true in the group setting, the inequality is much smaller here since patients frequently participate passively in someone else's struggle, at which times they commonly identify with the therapist and often assist him. As patients temporarily assume the role of therapist, the psychologic distance between the two is diminished. Additionally, the united strength of group members allows patients to challenge the interpretations and personalities of their therapists and their "authority" much more openly than patients in individual therapy usually can, thus establishing a more equal power relationship. Intense and direct challenges of the therapist in the dyadic setting are rare, and when they happen the continuation of the relationship itself is often threatened.

Conclusion:

This list of unique qualities possessed by the group, many of which are completely absent in individual psychotherapy, is by no means exhaustive. Concurrent individual sessions on a regular basis are required to benefit from these qualities, for the more challenging and the more frightening experiences in the group can usually not be tolerated unless the therapeutic alliance is repeatedly shored up in individual sessions.

Much of what passes for group psychotherapy resembles only minimally the model that was used in this discussion. Many "psychotherapy" groups exist without any therapy of the psyche at all. But, the properly conducted psychotherapy group occupies a central and unique place in the work of character reorganization which may not be possible without it.

REFERENCES

Bar-Levav, R. (1977a) TEN BASIC MISCONCEPTIONS ABOUT GROUP PSYCHOTHERAPY, Publication Pending.

Bar-Levav, R. (1977b) THE TREATMENT OF PREVERBAL HUNGER AND RAGE IN A GROUP, International Journal of Grp. Psychotherapy, Vol. 27-4, 1977, pp. 457.

Bar-Levav, R., et al (1977c) Videotape entitled, "THE TRANSFERENCE-SPLIT IN THE TREATMENT OF BORDERLINE PATIENTS", produced by The Bar-Levav Educational Association.

Bar-Levav, R., et al (1977d) Videotape entitled, "THE THERAPEUTIC DOUBLE-BIND", produced by The Bar-Levav Educational Association.