Summary

The engagement task of stage 1 focuses on the whole group. Individual issues are of less importance except as they threaten harm to the person, or obstruction to the group task. A modestly active therapeutic style is appropriate, particularly in reinforcing events falling into the support cluster of therapeutic factors. The mechanisms of stage 1 constitute an ongoing source of group cohesion. Therefore, they will come back into predominance any time that the work of the group is threatened. This regularly occurs at times of membership change or when difficult issues are being addressed.

Just as the positive developments of stage 1 are coming to fruition, the challenging tasks of stage 2 emerge. As a group moves through the engagement stage, the sense of group cohesion and commitment steadily increases. Once the stage tasks are achieved, the intensity may lessen, and a sense of vagueness or lack of direction may develop. The contributions of the divergent role members are often stimulated by this. The leader needs to be sensitive to an emerging sense of disillusionment or irritation. Once convinced that the group is together in mastering engagement tasks, the therapist can begin to promote the expression of more negative themes. Thus, the group can move on to stage 2, and we can move on to Chapter 9.

CHAPTER 9

Differentiation

The second stage of group development is called the differentiation stage. This stage is often referred to in the literature as the stage of conflict because it is characterized by an atmosphere of dissatisfaction and confrontation. The term *differentiation* focuses on the functional task of the stage for group development. The preoccupation with criticism and justification serves the purpose of developing a greater awareness of the individual in the group. This is a counterbalance to the assumptions of universality, uncritical acceptance, and similarities developed in stage 1. Although the work of stage 2 is not as pleasant as that of stage 1, it contributes greatly to the sense of groupness.

Basic Tasks

The central task for the group in stage 2 is to develop a cooperative approach to conflict resolution. This must begin with recognition by the group members that they do not all see the world the same way. The presence of different points of view threatens the sense of universality that initially allowed the members to get closer. Stage 2 focuses on the ability to tolerate differences and use them in a collaborative fashion.

Dealing With Conflict

Hints of the transition from stage 1 to stage 2 often center around minor complaints or dissatisfactions. Sometimes these are initially directed at issues outside of the group and then gradually come closer to issues within the group. Discontent with referral sources such as family doctors or with previous groups are common themes. Usually punctual members may appear late, and there are some unpredicted absences. There may be a mounting sense of frustration or irritation that is not directly addressed. There is an edgy confronting tone to the discussion, first between members and eventually toward the leader. A direct breakthrough of anger or criticism is a good sign that the work of the stage is progressing. In response to criticism, members make self-justifying assertions, often of an exaggerated nature. Several features of this group climate are specifically worth identifying.

Expression of negative affect. Firmly, perhaps loudly stated opinions, challenges, criticisms, and misunderstandings may seem to contribute to an unproductive atmosphere. However, in this way the members become more self-disclosing, often by blurting out ideas or reactions that must then be defended. This process forces an increased appreciation of the uniqueness of each member and breaks down some of the unrealistic sense of commonality of stage 1. There is a great increase in the amount of information available about each individual. For these reasons, the members sense that the work is important, although not as enjoyable as it was in stage 1.

Identification of differences. Opinions tend to be stated in terms of stereotypic descriptions that reflect a global judgment, not an individualized reaction. These should not be seen simply as the ventilation of negative affect but rather as statements of self-definition. It is typical of adolescents to see the world in polarized terms of good versus bad or acceptable versus unacceptable. This process promotes the development of a greater sense of autonomy and a clearer idea of self. The atmosphere during the differentiation stage of a group often has such an adolescent quality. The importance lies not so much in the actual content of the discussion, but in the process of self-assertion. By adopting this perspective, the therapist is able to intervene accurately by promoting and encouraging the exploration of differences among the members. This will defuse the affect constructively and permit the members to understand that they can continue to interact effectively even though they do not always agree.

Conflict resolution. A further major task during this stage is the development of a group approach to conflict resolution. If this cannot be achieved, then the group becomes bottled up in unproductive criticism or self-justifying defensive rhetoric that may lead to a serious drop in group cohesion and member commitment. The approach to be fostered is one of exploring differences so that individual positions can be tolerated as neither right nor wrong, but rather different. Unresolvable competition can be replaced with a sense of cooperation, although not necessarily agreement.

The danger is that if this cognitive exploratory work does not take place, the group will either disintegrate or the tensions will go underground. The latter result may lead to a situation in which the group oscillates between the relatively superficial style of stage 1, punctuated by bursts of negative affect from repressed stage 2 material.

Leadership challenge. Another feature that is central to the differentiation stage relates to the role of the therapist. Just as members identify differences between themselves, so the membership as a whole may identify differences between the group and the therapist. Criticism of the therapist frequently focuses on a perceived failure to care or provide enough: "You just get paid to do this and can't really know what we are experiencing," or "If you gave us more direction the group would be more helpful." This can be seen in one sense as the members needing to differentiate themselves from the "rules" laid down by the authorities. At a deeper level, it reflects disillusionment with the idea that the perfect solution is going to be provided by the therapist. During the engagement stage, the group was able to bask in the untested assumption that if everybody got along a healing process would occur without further work. It now appears that the process will be more challenging.

Reassessment of group norms. The therapist's role in setting original group norms was clearly identified in preceding chapters. Now these ideas about how the group should operate must be critically examined. The importance of this process is that the members achieve a personal stake in how the group should function, resulting in

an increased identification with, and sense of "ownership" of, the group. At the same time, the penetration and influence of the therapist is somewhat tempered. Underlying this process is a strengthening of normative expectations about the group. Usually, the results of this process are not greatly different from those at the beginning, but the process of challenging helps to make them more explicit. Here again there is a parallel to the necessary challenges of parental values and control that are characteristic of early adolescence.

There may be testing of group rules. Some members unconcernedly barge into sessions a few minutes late. There are whispered leaks about how the group assembled for coffee after the preceding session. These should be seen as minor transgressions in the service of a greater goal: the forging of a group consensus. For example, after several late arrivals, the group may have a serious discussion about how difficult it is to begin when members are late. Group pressure will be brought to bear on the tardy ones in a much more effective manner than possible from the therapist: "After all, it's *our* group now, not *yours*."

Dominance hierarchy. Stage 2 phenomena may also be conceptualized as the enactment of the formation of a dominance hierarchy. This ranking process is part of our primate heritage. One of the first things to happen when a new group is formed is judgments about who has more influence. There is usually considerable agreement in the members' conclusions about this. Although these evaluations are initially made early in the group's life, in stage 2 they are tested. Much of the competitive jockeying at this time can be understood in this light (41).

The leadership challenge tests the top rung of the hierarchy—the therapist. One important way to describe a social system is the gradient of the dominance hierarchy. For example, in military groups it is absolutely prescribed. Therapy groups may vary considerably in the degree of therapist control. In general, greater member participation is achieved with a middle level of control. This reassures the members that someone is in a position of responsibility, but still accommodates member initiative. This idea is developed more completely in Chapter 12, where leader styles are described.

Boundary Focus

It will be clear from these descriptions that the boundary that now comes into focus is that of the individual member. In stage 1, it was important to identify information regarding differences between the group and outside experiences. Now it is important to focus on the public expression of internal information in the form of beliefs and reactions. Through this process, the individual begins to emerge as a more rounded and fully developed personality. Boundaries can be viewed as opening and closing. The typical stage 2 process of expression is the statement of a strongly held opinion followed by justification of that opinion. This represents a sequence of openness followed by closedness: an affect-driven self-disclosure followed by cognitive justification.

One particularly important example of the boundary focus is that between the therapist and the group members. On the group schematic presented in Chapter 3, the leadership subsystem boundary was identified. The work of stage 2 inevitably deals with issues across this boundary. Initially this may take the form of questions about leadership between a particular member or members and the leader. However, it commonly develops into a collective group stance about leadership that polarizes most of the group against the leader. This represents an illusion of unanimity in the service of the differentiation task. Given time and patience, the conflict resolution processes will allow the group to work through such issues.

Where Are the Therapeutic Factors?

It is important that the tasks of the differentiation stage be addressed on the foundation of solid group cohesion developed during the engagement stage. Groups that begin with high levels of conflict generally do not fare well because they do not have the positive cohesive "glue" to keep them together during the disintegrating effects of conflict resolution. It is for this reason that the therapist needs to dampen and divert conflictual themes in stage 1.

At first glance, it may appear that all those carefully nurtured supportive factors have disappeared. They are still very much present, but have now gone underground. Their presence is often leaked by the laugh and reconsolidation that occurs after a heated interchange. It is as if the members are saying, "We can get away with this heavy stuff, because we know we won't let each other down." The therapist may usefully remind the members from time to time that they do have a positive past together.

As mentioned above, the confrontational process results in further self-revelation. Indeed, the amount of personalized information

available about each member often rises markedly through the second stage. The interactional process of stage 2 is laying the groundwork for the psychological work factors of insight and interpersonal learning in later stages.

Therapist Style and Technique

The general comments about therapist behavior in the preceding chapter continue to apply. The therapist should remain a predictable and sustaining force in the group. However, the change in group atmosphere does increase the pressure on the therapist. For the beginning therapist, it is useful to understand that stage 2 phenomena are basically constructive in nature. The process of therapist challenge is normal and inevitable. A defensive or apologetic response deprives the group of the opportunity to learn from the experience and may drive it back into an unsatisfying stage 1 condition. The following suggestions are intended to be superimposed on stage 1 techniques, not to replace them.

Keep calm. The most important thing the therapist can do during this stage is to remain calm. This sends a powerful message to the members that nothing catastrophic is going to happen. It acknowledges the legitimacy of the issues, even if they are a bit overstated. The therapist needs to be careful not to intervene too soon in the group process, lest this be interpreted as an indirect message of concern, disapproval, or defensiveness.

There is a danger that the therapist may actively collude in the avoidance of the conflict of the differentiation stage. This may be based on the mistaken belief that the negative features may get out of hand or be destructive. If the therapist can tolerate stage 2 issues with equanimity, then the group has a chance to master them as well.

Explore differences. The main technical task for the therapist in learning to manage this stage is to accurately label the central mechanism. This is not the expression of negative affect. A more powerful underlying mechanism is the exploration of different points of view. It is this dynamic that underlies the conflict and the sense of dissatisfaction characteristic of the stage.

The climate of stage 2 is typically characterized by the expression of polarized points of view. These may be expressed in an exaggerated tone of self-justification or outrage. They often entail a process of stereotyping people into less than desirable pigeonholes. This process is overdone, giving the impression of quite unrealistic assessments and perceptions. In the engagement stage, the uncritical acceptance of self-revelations in the service of universality and engagement occurred. Now, in stage 2, the process involves an unrealistic exaggeration of differences, still with a tendency to distortion. The process of confrontation increases the level of affect. This in turn results in pressure to disclose firmly held opinions or reveal negative and painful experiences. Such information may be blurted out in a burst of self-revelation. Once out, it must then be justified or defended, and this leads to some of the polarized and stereotypic statements. The need to defend one's position requires the revelation of strongly held beliefs or reactions that cut deeper into interpersonal issues. The result of this process is that the amount of personalized information available concerning each member is greatly expanded.

The therapist must develop a sense of timing regarding the point of optimum intervention. The affective climate should be allowed to reach a reasonable degree of intensity. This ensures that real interpersonal process tension is present. This feeling of an encounter makes the work productive. At an appropriate opportunity, the therapist can begin to shift the interchanges to a focus on the fact that members clearly are seeing things differently and encourage them to clarify their perception of the issues under discussion. This helps to validate each member's ideas and defines the process, not in terms of right or wrong, but in terms of varying viewpoints. The group can thus be led toward a mechanism for tension reduction based on cooperation. An optimum result is that the members can agree to disagree but continue working on the issues. This lays the base for greater tolerance in perceptions of others and the possibility of empathizing with people even in the face of disagreements. This will be very important for later group work. For example, as the group progresses, much discussion can be expected to center on misinterpretations concerning aspects of close relationships, including the contributions of various members. It is important that members can challenge such phenomena without their opinions being rejected outright. Stage 2 experiences lay the base for such work.

Manage leader challenge. During the first stage, the group operates under the guidelines laid down by the therapist in pretherapy preparation and the first few sessions. One of these normative expectations is that members should speak up about issues they are concerned about.

This idea of truthful openness about internal thoughts is central to all forms of therapy. It is somewhat of a paradox therefore that to obey this normative expectation means to challenge the very leader who stressed it in the first place.

The process of group challenge to the therapist plays an important part in the work of this stage. It reveals a deeper commitment by the individual to the group process and a higher investment in the resulting normative shift. Not surprisingly, this process often has a somewhat adolescent quality to it. It is as if the members know that some of the issues they are raising are of less than central importance, yet they are bound to vigorously make their points. Just as adolescents establish close peer relationships, so the group during this phase bands together as a group of "co-rebels" determined to alter the system. There is minimal danger that nontherapeutic norms will eventually prevail. What is critical is that a leader has been challenged and everyone has survived.

The response of the leader to the challenging process will help or hinder the mastery of the stage tasks. The therapist must not respond with an intensification of rules or authoritarian or judgmental statements. Nor should the issues be trivialized by ignoring them or shutting down discussions of them. A few deep breaths to recognize the inevitability of the process are useful, and a parental perspective of "this too shall pass" is a great asset. If the group believes that therapist challenge is not permissible or not safe, it may revert back to the safety of stage 1 or may seek an alternative outlet by identifying a group member as a scapegoat to receive the negative attitudes deflected from the leader.

Address the fear of the individual. A common fear of members as they engage in stage 2 work is that the interpersonal challenges will be destructive. This may take the form of concern that other members will not be able to tolerate criticism and may be driven from the group. An associated fear is that oneself will be found unacceptable for uttering critical or angry words. Fears such as these will be universally present. It is useful therefore for the therapist to put them into words and to review with the members how they are reacting to the process. In most cases, members are able to say that they may not be comfortable with the process but can manage. Some groups come to an agreement that members can call for a "time-out" if they find themselves having difficulty mastering the process.

Prevent harmful interactions. The therapist must be alert to overpowering messages of blame or rejection between members that may prove damaging. It is useful to check members' reactions to group events to forestall this. The therapist has a clear responsibility to monitor the confrontational process and to ensure that no one is harmed and must be prepared to intervene if that appears to be a danger. Techniques for this are discussed below in the section on scapegoating (42).

The Individual Member

A challenge for the individual member during the second stage is to tolerate a negative group atmosphere with its dimensions of hostility, conflict, and confrontation. Patients presenting for psychotherapy often have difficulty in either over- or underexpression of anger. Therefore, the work of stage 2 is generally relevant to many members. The therapist needs to monitor carefully that this is proceeding in a constructive fashion and that the affective issues are being mastered through the cognitive mechanisms described above.

The individual must arrive at a comfortable position regarding acceptance of social norms versus continuing in a challenging position during stage 2. Although part of the group task is to throw the question of normative expectations up in the air, the resolution is to come down with a general agreement concerning them. Thus, it is to be expected that members who are strong on the divergent role will come out of this period with their need to challenge authority under somewhat greater cognitive control. They will be able to use this constructive quality in a functional, not a dysfunctional, fashion. This may be a central therapeutic accomplishment for such individuals.

While the group challenging is going on, a parallel process is found within the individual. Just as individual members are challenged within the group, so components of self-image and self-perceptions are also raised for consideration. Material tentatively raised in stage 1 must come under greater scrutiny. During the differentiation stage, the individual is more likely to become aware of parts of self that are in an uneasy alliance or are frankly contradictory. Split-off or isolated interpersonal fragments may come to the fore. These may be the source of intense reactions of guilt and shame. The general sense of anxiety, confrontation, and disgruntlement in the air may be seen in part as a projection from these internal dimensions.

The therapist needs to look for evidence of such introspective work and encourage exploration of these themes. Questions such as, "It seems as if you can behave in two different ways with different people. With your mother you seem to be always obedient and accepting, whereas with your wife you need to find fault with everything she does." The therapist has a powerful tool available in identifying parallel processes going on within the individual and within the group. The group application functions rather like a projection of internal issues onto the persons in the group. What is difficult to discern in the smaller image of the person becomes evident when it is projected onto the larger screen of the group.

The pressure during this stage to justify and defend oneself provides an informal experience in assertiveness training. Indeed, the therapist may want to incorporate some aspects of this modality into the management technique. An important by-product of this process is the opportunity to create a more complex self-definition. This builds on the focus on self as an object of concern that characterized stage 1.

Social Roles

The social role most in focus during the differentiation stage is the divergent role, the scapegoat in the group. It will be clear from the description of the divergent role behaviors that their emergence will be promoted during stage 2. These members eagerly express contrary viewpoints. They are intuitively aware of process events, particularly that aspect of process dealing with evasive or defensive behavior. They are ready to dive in and identify avoidant behaviors and label the issues. This is often done in a blunt and relatively tactless fashion.

With these activities, the divergent role members are contributing a vital ingredient to the task of addressing stage 2 issues. Groups without such members will experience difficulty in coming to terms with conflictual themes. Therapists must learn to value and acknowledge their divergent scapegoats. Without them, the task will be much harder. The therapist must be careful not to align with the other members in attacking the scapegoat. These people often lay themselves open for abuse and seem to relish the process even though they may be hurting inside. Their vigorous and extroverted methods may obscure the pain they experience at perceiving themselves once again on the outside. The therapist may need to offer support to the scapegoat not only in terms of role behavior but also in regard to self-esteem. This can be done through acknowledging the contribution that person is making to the work of the group. It can also be reinforced by acknowledging the validity of the issues being raised.

During stage 2, the functions of the sociable and structural role leaders continue to be important. They are the culture bearers of cohesive engagement. The sociable role members in particular will be appalled to see their "nice group" apparently unraveling around them. They will need some reassurance that group cohesion will be able to survive the confrontational process. Structural role members are more comfortable bridging the changing climate because of the stress they place on task accomplishment. They also represent the autonomy axis and can understand the importance of individual perceptions and opinions. They are helpful in working through differentiation issues.

The cautionary role members, who have come to a grudging acceptance of the group system in stage 1, will find in the tumult of stage 2 the confirmation of their worst fears about group participation. Attention will be required from the therapist to ensure that their motivation continues. They may be able to offer constructive thoughts about the importance of the individual. Such comments may be presented in an angry or critical manner that aligns these members with those in the divergent role position.

Predictable Problems

Projective Mechanisms

During stage 2, projective defense mechanisms are in evidence. *Projection* refers to the unconscious attribution of thoughts or feelings that are one's own to another person. This is understood as a way of managing self-evaluations that are considered unacceptable or dangerous. Such phenomena are a regular feature of psychotherapy groups, more so than in individual therapy, making groups a particularly advantageous place to observe projective mechanisms at work. Generally, the group phenomena of displacement and projection onto a given member can be handled through an exploration of the differences in viewpoint as discussed earlier in this chapter (43).

Projective Identification

The use of projective identification leads to serious distortions in interpersonal perceptions. It is based on a situation in which internal perceptions of the self as both good and bad exist in separate com-

partments. The individual may fluctuate from one state to another, seeing himself or herself as special and entitled at one time and as evil and destructive at others. These internal perspectives are then projected onto separate people. This results in a splitting process so that some group members come to be viewed in unrealistically positive terms, whereas others are viewed in totally negative terms. If stress develops in one of these relationships, there may be a sudden shift from positive to negative.

This more extreme form of the projection mechanism is seen particularly in patients with difficulties in basic object relations as described in borderline personality disorders. Such patients have difficulty in clearly defining themselves, and they tend to fuse their perception of self into that of the other. Therefore, both positive and negative relationships become highly charged. The individual behaves toward the other person as if he or she possesses the projected characteristics. This often elicits from the other the very behaviors they are anticipating, which confirms and consolidates the projective identification process. Patients with this tendency are likely to use any movement toward group scapegoating as a vehicle for an extension of their personal projections. They may lead the group in this direction and carry it beyond levels at which it can be easily addressed. The intensity of psychopathology of such patients makes it difficult for them to utilize cognitive meditating mechanisms. It is for this reason that caution needs to be taken in placing such patients in a group therapy situation in which the social milieu will tend to inflame their distorting propensities. The use of homogeneous groups for patients with borderline personality features may be considered. These groups can move at a slower pace with careful and systematic attention to the distorting mechanisms.

The Scapegoat

The metaphor of the scapegoat originates in the Old Testament, as part of the ritual associated with the annual Day of Atonement:

> And Aaron shall lay both his hands upon the head of the live goat, and confess over him all the inequities of the children of Israel, and all their transgressions in all their sins, putting them upon the head of the goat, and shall send him away by the hand of a fit man into the wilderness: And the goat shall bear upon him all their inequities unto a land not inhabited: and he shall let go the goat in the wilderness. (The Holy Bible [Authorized Version] Leviticus 16:21-22)

The designation of a scapegoat demonstrates the projective mechanism at work in the social system. A group consensus forms that if a particular member were no longer in the group, everyone else could get along satisfactorily. This allows the other group members to become unified and still deal with themes involving negative affect. This displacement process can be seen as a group mechanism for dealing with the conflict inherent in the differentiation work. It represents an unstable compromise because the collaborating members are at the same time denying that other differences exist among them. If the chosen scapegoat leaves the group, then the process must be repeated in order to maintain the defensive position. Groups may go through several members in this fashion.

A variant on this process is for the group to agree on an external source of the problem. This may be a collective agreement that men are the problem in a group of women, or that the school system is the problem in a group of parents. This group-level mechanism is a reflection in the collectivity of the group of the same sort of projective process as may occur in the individual. It is the phenomenon Bion described in basic assumption fight/flight states.

The therapist must be ready to intervene if the scapegoating process becomes overly active. Patients who become group casualties report being the victim of this process and suffering humiliation and severe damage to their self-esteem. The therapist has several possible approaches to consider.

Identify the source of conflict. The presence of a scapegoating pattern reflects some underlying issue with which the group is trying to grapple. If this can be identified and dealt with, then the need for a scapegoat vanishes. Often the real target is the therapist, who may have been giving mixed messages about the acceptability of leader challenges.

Support the scapegoat. Others in the group may share some of the opinions being promoted by the identified scapegoat. If these members can join the scapegoat then there is less danger. The therapist may need to align himself with the scapegoat. This is done most smoothly at an early point in the process: "I hear everybody getting on Jim's back about these things, but it seems to me that he has a valid point." Sometimes simply letting the scapegoat know that his or her role is being appreciated provides enough support.

Halt the process. When all else fails, the therapist may need to specifically call a halt to the process: "I think this has gone on long enough and everybody has things out of perspective. Let's put the subject on hold for tonight and see how it looks next week." This, by the way, is a well-recognized function of a primate alpha male. He functions as a referee to ensure that the process of displaced aggression between high-ranking animals does not go too far.

Completion of Stage 2

The successful outcome of stage 2 entails an undertaking to cooperate, not necessarily to agree, as was the case in stage 1. Failure to master this process has one of two predictable outcomes: 1) The group may grind on in a chronically dissatisfied competitive fashion with ebbing morale and gradual loss of members. 2) The group may bounce back into the less critical atmosphere of stage 1. This will soon become boring or dissatisfying so that the group will likely keep testing conflictual issues only to rebound each time. This may continue for extended periods of time, the therapist recognizing that something is not working but not quite able to identify the problem.

It is common for stage 2 to build in intensity and then rather suddenly settle. The therapist may leave one session wondering where the group is headed, only to begin the next with a group settled into a determined stance of collaborative work. As in all stages, it is important that each member participates in the work of the stage.

Summary

The differentiation stage contributes to the normative development of the group. Through the process of leader challenge, the group gains a more consolidated view of its nature and functions. In this process, individual members become more recognizable in terms of greater information and interactional activity. The therapist carries a responsibility to ensure that no member is hurt by the negative atmosphere.

Stages 1 and 2 are sometimes referred to as *prework* stages. They lay the groundwork for more complex interpersonal functioning and the capacity for more sensitive levels of empathy. Groups that have mastered these tasks are equipped to be engaged and supporting while at the same time able to deal with differences and confrontation.

It is important to bear in mind that useful therapeutic work may

occur during these two early stages. They represent interaction focused on the two major diagonal axes of the Structural Analysis of Social Behavior interpersonal space, anchored in the trust/support quadrant for stage 1, and the blame/protest quadrant for stage 2. In many situations, circumstances preclude groups from moving beyond early-stage phenomena. Therapists in such groups should not despair that they are never really getting to do group therapy. Good work during stages 1 and 2 is often all that many patients require to initiate a personal change process.