

The Working Group

The term *working group* is used in a special way. In the discussion concerning group composition, it was suggested that groups be ranked in terms of the degree to which interpersonal learning would constitute an important part of the experience. Although interpersonal learning takes place in all groups, it is useful to consider how central it will be for therapist strategy. In the engagement and differentiation stages, most therapist attention is directed toward facilitating the formation of a therapeutic milieu. Individual issues are used to promote group growth but are not the principal focus. Once the tasks of the early group are accomplished, more emphasis can be directed at the learning to be gained from understanding the personal implications of the relationships that are forming between group members. It is from this perspective that the first two stages can be considered *prework* stages, and those following as *working* stages (44).

There is considerable therapeutic potential in the engagement and differentiation stages. These stages may be quite a profound experience for the individual member and may set off a series of changes in attitudes or behavior that begin an ongoing constructive process. In this sense, the individual members are "working" from the very beginning. However, from the standpoint of the group system, a more predictable interactional climate that focuses on psychological change emerges at a later point. The group has learned by this time that there are similarities between the members so they can under-

stand each other and also that they can disagree and confront each other. This gives the group greater ability to focus on, and work through, resistances and differences of opinion. A greater openness for self-revelation, a receptivity to feedback from others, and an introspective attitude that can incorporate such feedback is required for this. By conceptualizing the time-limited group in developmental terms, the therapist can specifically work to accelerate progress through stages 1 and 2 so that more time is available for the working stages.

Advanced Developmental Stages

The process of the group interaction has many common features during the three working stages of individuation, intimacy, and mutuality. Progress is revealed by a series of shifts in content themes and relationship focus. There is greater overlap between these stages than in the more discrete content of the engagement and differentiation stages. Nonetheless, recognition of the underlying central concern of each stage can direct the therapist toward well-targeted interventions. To use a musical analogy, it is as if the key signature changes. The melody line may still be there, but the shift from a major to a minor key lends it a different significance.

Individuation Stage

The individuation stage is characterized by a focus on introspective work. Although this takes place through an interactive process, the content deals with understanding the individual in more depth. The shift into this work from the active interactions of stage 2 results in a decrease in tension in the group. The introspective process not only increases the understanding the members have of each other, but also decreases interpersonal resistance to psychological exploration. The ability to confront in a collaborative fashion is now put to constructive use. This process results in an appreciation of the complexity of the self and the beginning recognition of conflictual issues as they arise in relationships. In this stage, much material relating to the family of origin emerges. These memories may "turn on" old response patterns that influence group relationships. These will form an important focus for group learning.

This idea of "turning on" old patterns is another way of describing regression. The introspective process takes the individual back in

memory to earlier relationship situations. Behavior characteristic of those times is then incorporated into here-and-now group interaction, creating a state of isomorphy between developmental patterns and group events. Thus, by focusing on present group events, the therapist is at the same time addressing early learned patterns regarding relationships and self-concept.

Intimacy Stage

As a result of the introspective focus, the members learn a great deal about each other. This information draws them closer together and leads to the work focus of the intimacy stage. The therapist may want to hold the group in the introspective process until it is clear that all members have participated in such work. Increasing knowledge about each other inevitably leads to greater commitment to therapeutic work between members.

The thematic shift to intimacy stage material may emerge first through detailed exploration of outside intimate relationships. This moves the group from introspective material back to an interpersonal agenda. For many patients, this is both an attraction and a danger. If previous close relationships have ended in experiences of loss or harm, the prospect of new closeness may be very threatening. Some members may experience a fear that the intensity of the group may overwhelm them.

The opportunity to explore the implications of closeness can flourish more actively in groups than in individual therapy where role disparity has a tempering effect. There is a danger that the group will come to replace real-life relationships. This may lead to a withdrawal from outside personal relationships that do not seem to have the intensity and the safety of those found within the group. Questions of romantic feelings between members must be explored openly so that unrealistic expectations or distorted fears can be understood. This possibility is discussed in more detail later in this chapter.

Mutuality Stage

The exploration of intimacy leads to a consideration of the responsibilities of closeness. Members must face not only the pleasures of relationships but also the frustrations and disappointments that may accompany them. This activates issues related to individual autonomy versus interdependence. At one extreme, an excessive

need for autonomy may lead to isolation and avoidance of relationships. At the other, enmeshment in a relationship may preclude individual decisions.

Greater interdependence brings with it the need to resolve a power dimension of control/exploitation versus submission. Members may experience a fear of vulnerability and of becoming trapped in a relationship of unequal status. To address this fear, they must be prepared to place appropriate demands on others and to judiciously limit the commitments they make. The question of personal responsibility brings the group to a mature level of functioning that often involves existential themes of self-identity and meaning.

Movement of Group Work

The movement of the group through the sequence of stage tasks allows each member to work through issues related to the principal dimensions of interpersonal functioning. As in individual growth and development, there is a certain quality of repetition involved as if spiraling to deeper levels of understanding. The engagement stage deals with affiliation themes that emerge again at a more personal level in the intimacy stage. The differentiation stage involves issues of power and control that reappear in the mutuality stage. The individuation stage, serving as a retreat inward, provides greater information and trust that enables the members to begin to address deeper levels of the spiral.

Table 10-1 lists the characteristics of each stage. This table may be used in conjunction with Figure 5-1 as a map for plotting the movement of group work. The process of therapy may be conceptualized as one in which these phenomena are opened more or less sequentially for discussion by the group. By "massaging" the stage-appropriate concepts, the members will be drawn in the direction of productive therapeutic work. This is managed by relatively simple techniques that indicate an interest in, and the need for clarification about, the thematic material in question.

For example, in the intimacy stage, discussion about outside relationships may first be expanded by encouraging a discussion about the meaning the events held for the individual. This often brings out issues of self-esteem, acceptance, support, and perhaps disillusionment. Once this information about the interpersonal meaning of intimate relationships is available, the therapist can wonder what it is like to talk about such personal matters in the group: "Who seems to

Table 10-1. Stage developmental model

Stage	Boundary focus	Group task	Threat to individual	Mechanism to resolve threat	Individual task—attendant danger	Index to task resolution
Engagement	External group	Develop group identity and cohesion	Unacceptability	Universality; preliminary self-revelation	"We're all the same" (untested universality)	Acceptance of membership; commitment to participate Tolerance of difference; conflict resolution
Differentiation	Individual member	Develop mechanism of conflict resolution through cooperative exploration	Conflict	Cooperative exploration; assertion of ideas and beliefs	"I'm somewhat different" (unrealistic polarizations)	Acceptance of self and others; collaborative exploration
Individuation	Intrapsychic	Develop understanding of individual through self-revelation and reflective introspection	Loss of self-esteem	Reflective introspection; deeper self-revelation	"I'm a complex but whole person" (morbid self-preoccupation)	
Intimacy	Intermember	Develop interpersonal involvement and allow reciprocal influence	Rejection	Reciprocal influence; acknowledging importance of relationships	"I can be important to someone else" (irresponsible closeness)	Tolerance of closeness; nondefensive openness
Mutuality	Intermember	Develop understanding of equality in relationships, not dependence/exploitation	Inequality	Quality in relationships; accepting implications of one's actions for others	"What I do has implications for someone else" (unrealistic closeness)	Acceptance of personal responsibility in relationships; management of dominance/control
Termination	External group	Allow individual autonomy and incorporate group experience	Aloneness	Incorporation of group; acknowledging loss	"I can exist even though alone" (nihilism)	Acceptance of responsibility for self; review and acknowledgment of group's importance

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understand you best in here?" "What was your reaction to that pretty intense exchange you two had earlier about your respective spouses?" "Was it frightening as well as satisfying (exciting? comforting?) to go through that?" "Can you tell him what it meant to you to hear that?" This probing of both outside and in-group relationships permits comparisons to be drawn that illuminate the group events, while encouraging application to outside situations.

These stages will appear naturally in groups. In the best of circumstances, the therapist can follow the progressive development of this thematic material, gently reinforcing the process. When resistances appear, a more vigorous approach to clarify the issues is required. The progression through stage tasks may not always be in a forward direction. It is to be expected that any change in group membership, for example, will force the group to rework engagement issues, generally more quickly than the first time around. When the group is dealing with issues that are of particular difficulty for many of the members, then regressive behavior may emerge. Bion's ideas of "basic assumption" states of dependency and fight/flight may be seen as alternative ways of describing regression to stages 1 and 2, respectively. By the nature of their goals, some groups are expected to stay in early engagement work. In these, the therapist may actively resist group efforts to move on into conflictual material.

The developmental stage perspective gives the therapist a vantage point for assessing the general nature of group interaction and thus a base from which to make knowledgeable decisions regarding the need for interventions.

Interpersonal Learning

Interpersonal learning forms the basic rationale for group psychotherapy. Such learning is also implied in the corrective emotional experience of individual psychotherapy (45). In the group context, the nature of the learning process is rather different. The peer interaction of a group does not entail the influence and power of the professional role. Instead, it offers the reality of interacting with people who are experiencing the same sort of problems. This gives the interchanges a quality of genuineness that adds to the therapeutic effect. One of the major strengths of therapy in a group is the manner in which group members can get at important issues or penetrate defensive style because they are peers. Insightful comments from another group member cannot be easily dismissed as coming from someone who

"doesn't understand my situation" or discounted as not applying to the realities of life outside the group.

Problems may arise for therapists who consider the main therapeutic impact to reside primarily in their own efforts. They are liable to interfere with the therapeutic power available from the group system. Frequent use of interpretive statements to individual members will move the group into a leader-oriented style in which each member strives to find "the answer" from the leader. Instead, a major function of the therapist is to constantly promote therapeutic events between the members, a field of action that offers infinitely more variability. The therapist must have faith in the resources of understanding available within the group membership. By fostering member-to-member interaction, the therapist is enhancing the opportunity of members to help each other and to have practice in applying new psychological learning in a real social situation.

Therapist activity is appropriately used to ensure that the group stays focused on its task. This may involve bringing the group back to reconsider a statement just made. It may mean probing for further reactions or eliciting responses from a greater number of group members. The therapist may be able to compare and contrast between some of the responses, thus revealing important differences in how members react to the same events. The overall result is an intensification of the group interactive process. This may be described as promoting the here-and-now process by stimulating action over a diversity of boundaries. A group that has developed therapeutic interactional norms will be able to carry much of the work of interpersonal learning with some assistance from the therapist. It is therapeutic for the members to experience a greater sense of self-responsibility for maintaining the working atmosphere.

In the following material in this section, it may seem that the mechanisms of interpersonal learning are discussed primarily in cognitive terms. It must be kept in mind that for the patient, this is an absorbing and powerful process. The therapist can deepen the experience by exploring the emotional reactions of the participants. Typical questions might be, "What was it like to speak of these matters that you have always kept secret?" "The experience of telling him what you disliked about his answer sounds like you took a risk in the group; how was it?" "What sort of reactions are getting stirred up by their comments to you?"

Intense emotional expression is only a part of the total corrective emotional experience. It is not an end in itself. Indeed, members who

have critical experiences that are solely emotional tend to have less satisfactory outcomes. Integration of the meaning of the experience through cognitive understanding assists the process of internalization and application. It also serves to bind the affective component to specific issues rather than having it spread inappropriately over all situations. For example, it is one thing to be mad at all men, another to be mad at all controlling men, and different still to be mad at a specific controlling man. The exploration of affect is only the starting point. Once the affect is mobilized, an understanding of its meaning provides an opportunity for applied learning (46).

The Johari Window

In Chapter 7 (see Appendix), a diagram was used in the pretherapy preparation material as a way of conceptualizing how learning can occur in a group. This diagram is called the Johari Window (47). In a simple fashion, it encapsulates the idea of psychological processes that may interfere with interpersonal functioning. It recognizes the existence of material hidden either purposefully or because it is not available to the individual through unconscious mechanisms. It acknowledges the importance of learning from things others tell you about yourself, as well as from an introspective process. The format of the Johari Window is easily grasped by patients and can be used as a rationale for the psychotherapeutic learning cycle.

The Johari format can also guide the therapist in tracking group process. The goal of therapy may, in one sense, be to increase the amount of "public knowledge." This may be accomplished through self-disclosures by the patient, through which information is transferred from the "hidden" box to the "public" box. Similarly, feedback to the individual from others transfers information known to others into the public box where it is understood by the patient as well. The process of personal insight is reflected in movement across the "known/unknown to self" boundary. In practice, all of these events may be going on simultaneously. However, by considering them as specific components of the learning situation, the therapist can identify and reinforce them. This provides another boundary-managing technique.

In Chapter 2, a somewhat similar two-by-two matrix (Figure 2-1) was used to consider group norms. In that context also the goal was to increase behaviors under positive normative control by encouraging "risky" behaviors and having them validated. Norms are the social

system equivalent to personal criteria regarding appropriate behavior and they reflect internal values or fears. Such attitudes take their shape from early experiences. As the group strives to clarify the relationships among the members, the members must apply the issues raised to their own situation. These ideas of the Johari Window and of the norm matrix provide parallel information structures.

Self-disclosure

This mechanism moves information from the category of "personal secrets" to that of "public knowledge." In early group sessions, self-disclosure tends to be mainly factual and increases in levels of personal sensitivity with time. At a pragmatic level, it is obvious that people must say something about themselves if they are to address personal problems.

The personal secrets box has some interesting implications. The withholding of information is a component of interpersonal deceit. This is a perfectly normal process. We choose to tell things about ourselves when we judge the situation to be safe. To tell too little is to be interpersonally overly cautious. To tell too much is to be interpersonally naive. Self-disclosure therefore has a direct relationship to levels of trust and, in groups, cohesion. This is one reason so much emphasis has been put on preparing patients for groups. By facilitating a rapid sense of groupness, the therapist is at the same time creating the conditions for increased self-disclosure.

As the group develops, it is to be expected that the nature of self-disclosure will shift into more introspective areas of personal feelings and also into interactional areas of giving feedback to others by revealing reactions to what others say. In addition, if the therapeutic process is advancing satisfactorily, the individual member will begin to have access to some material from the unknown area. An emerging sense of internal conflicts or contradictory and split-off parts within the self may pose critical decisions about self-disclosure. Often this sort of material is accompanied by deep feelings of shame or incompetence. It may involve behaviors that have been kept hidden, or feelings and reactions about significant others that have never been shared. To acknowledge these publicly to the group may have a powerful therapeutic effect. To keep them hidden may lead to disengagement. The therapeutic factor of catharsis lends much of the power to this experience.

The therapist must pay close attention to the interactional pro-

cess at times of significant new self-revelations. In some way, a group response to the material should be engineered. It can be a painful experience to reveal long-hidden experiences or reactions and get no response at all. It is also important to check on how the revealing member has tolerated the group process. Because secrets are often associated with strong affect, the member may misunderstand or misinterpret what others say in response. By debriefing the episode before the session ends, the therapist can be sure that the experience was not a negative one. In addition, a review of the process will begin to desensitize the revealed material and thus facilitate cognitive mastery over it.

Interpersonal Feedback

Interpersonal feedback is a complementary mechanism to self-disclosure. It provides the individual with information about the impact of his or her behavior on others. If received and acknowledged, this may stimulate an introspective process. Feedback may, for example, involve a supportive or understanding reaction to some quality in, or information about, the other. It may identify a discrepancy between nonverbal behavior and verbal content. It often involves alternative viewpoints about perspectives or attitudes. In general, it enhances the ability to understand the real effect one has on others.

The group context offers some advantages over individual therapy in this regard. Interpretive or confrontational messages are frequently more easily accepted from other group members than from the therapist. This may be related to the dimension of control or power, making it easier to accept such statements from one's peers than from the leader. At the same time, the members offering such statements are participating in an altruistic process of helping others. Others members may benefit vicariously by watching and thinking about the exchanges. A well-developed working atmosphere can be a potent vehicle for introspective work.

The process of feedback has a theoretical base in operant conditioning. Positive feedback is that which increases the targeted behavior. Negative feedback is that which decreases it. Most systems operate primarily on the principles of negative feedback. In the group psychotherapy setting, both positive and negative feedback loops may be desirable. For example, for the withdrawn patient who has difficulty in assertion and self-presentation, positive feedback of encouragement and support may be effective in increasing these

behaviors. For a person with impulse control difficulties, negative feedback is appropriate to decrease such episodes.

Now we come to the difficulties. *Positive* and *negative* as used above do not necessarily imply positive and negative emotional tone. For example, a strong reaction of anger or criticism to an impulsive gesture may actually provide positive reinforcement for it. One of the technical challenges of working in groups is how to effectively set limits and provide corrective negative feedback. Simple lack of response or diversion to another topic is a common negative feedback technique. But, in general, learning is augmented when the process is more explicit. Several guidelines are available for maximizing the use of feedback. These are simple mechanisms, at first glance seemingly beneath the dignity of a graduated professional, but they are frequently ignored. By attending to these principles, the infrastructure of the change induction process can be carefully constructed (48).

1. *Begin with the positive.* This establishes a receptive atmosphere that promotes a collaborative response. Search for positive features of the situation that can be reinforced, evidence of some strength or determination. The idea is to support the individual even though dealing with excessive or dysfunctional behavior. This avoids an implied condemnation of the whole person.
2. *Identify the target.* This best follows a positive aligning comment. This sequence can increase motivation for change while providing specific information about what to work on. The focus may be on overt behavior or internal thought processes.
3. *Be rational.* The therapist is in a position to model an approach that emphasizes understanding before judgment. In particular, a strong expression of therapist anger or criticism reflects a loss of the "therapeutic attitude" of aligning with the patient against problematic behaviors. It is also one of the commonly cited reasons for negative effects.
4. *Be consistent.* Once a particular issue has been identified, do not let it disappear. At the same time, reinforce changes in adaptation. Often, therapeutic effect is seen first in subtle shifts in behavior that reflect a reordering of internal priorities or attitudes.
5. *Use the group.* The goal is to train the group members to be of help to each other. The impact of feedback is greater if all members can apply it with skill.

Feedback is a technical term that may be misused in its therapeutic

tic application. In fact, it might be suggested that therapists not even use the word *feedback* in clinical work. Nine times out of ten it invokes an image of "now it's our turn to get him," and feedback time turns into verbal flagellation. It is easy for the therapist who is experienced in the process of therapy to forget just how important comments from the leader or members can be. One major advantage of group therapy is the power of the group to induce change. This same power can be destructive. The therapist must assume responsibility for monitoring the nature of this loop and actively intervene to modulate negative criticism. In particular, any evidence of a malicious intent to harm or reject must be addressed promptly.

Strongly expressed negative criticism is commonly fueled by the personal issues of the person delivering it. Exploration of both sides of the process is therefore warranted. The therapist may need to provide support to the recipient, not necessarily by denying or dismissing the issues being raised, but by assisting in the ability to use such information. Introspective work may carry with it a threat to the individual's sense of self-esteem. The support derived from a cohesive group environment usually addresses this adequately, but the therapist should keep a watchful eye that the individual member can tolerate the process. Feedback, from both the therapist and the members, is most effective if it originates from the therapeutic attitude that is directed at aspects of the person's behavior, not the whole person.

The learning cycle of self-disclosure and interpersonal feedback may move in both directions. Self-disclosure will stimulate responses from others, and feedback may trigger self-disclosure. Both mechanisms result in a clarification of issues about the individual and about the impact that the individual makes on others. These basic processes are at the heart of therapeutic change.

Introspection

It is the nature of introspective work that it deals with material that is hidden to the individual, is highly charged with affect, and may involve significant distortions in how the individual sees the interpersonal world. The therapist can assist the group in introspective work by continually translating material of an intrapsychic nature into its interpersonal application. For example, if a patient is experiencing guilt, it might be useful to find out who in the group the patient feels has the most critical attitude toward his or her story or behavior. By

using such techniques, the therapist can promote the enactment of the interpersonal behavior, which will demonstrate and open up important issues.

Because of the opportunity in groups for many different types of relationships to emerge, a broad panorama is available on which the individual can display the types of relationships that are both adaptive or problematic. To put this in formal language, there is the opportunity for multiple transferences to occur within a group in a manner that is quite different from that in individual therapy. The introspective process can be accelerated by utilizing these various relationships to focus on those that are more functional and contrast these with others that reveal dysfunction.

The therapist can expedite the learning process with the systematic use of clarification—clarification about what the individual knows about self and what can be expressed to others; clarification about what others find in each individual's presentation and can clarify back. Whenever a member makes a personally important statement, the primary task of the therapist is not to offer interpretations but rather to elicit the response of other group members. Usually these produce a rich network of reactions and ideas, often of a quite sophisticated nature.

Another way of describing the process of interpersonal learning is through the language of personal construct theory (49), which focuses on the manner in which individuals construe their interpersonal world. For example, the depressed person systematically picks out the most negative interpretations to apply to current events, the past, and the future. At a more complex level, these "personal construct" ideas may be applied to an understanding of the dimensions used by people to explain their relationships. An idiosyncratic view of the interpersonal world is actively manufactured through the application of unique sets of ideas about people. This has been described as an attempt to provide a sense of regularity to one's experiences. Kelly (1955) defined a psychological disorder as a "personal construction that is used repeatedly in spite of consistent invalidation." For example, a common pattern in neurotic men is a strong link between the constructs of love and weakness. Thus the idea of being in an intimate relationship automatically calls up an association with being weak and passive. This personal construct orientation is relevant to the idea of defining a characteristic theme of interpersonal tension as the focus for therapeutic attention.

Critical Incidents

One way of organizing and conceptualizing group events is to consider a session as a series of critical incidents. This orientation is useful at any point in a group's life. It is described in detail here because the focus on specific learning episodes is particularly important once the group is equipped for more challenging work. Not only can critical incidents be used to track group events as they occur, such episodes are also useful in reporting groups for purposes of supervision (50).

The idea of critical incidents is only one way of considering group interactions, one selection from a continuum of time frames. Sometimes it is useful to think of the entire group experience, from start to finish, as a unit. This might be useful in comparing the features of a group for anorexic patients and a group for schizophrenic patients. Another perspective already used in this book is to consider the group in terms of a series of developmental stages, each lasting a number of sessions. A tighter time frame is to view each full session as a unit. This is reflected in studies using group climate reports in which the members are asked to describe the group as a whole during a single session. Critical incidents, our concern in this section, divide the action up into segments lasting a number of minutes. Many research studies using videotape or transcript analysis focus on even shorter time segments, a single utterance as the unit of attention. Each of these time frames has its own value and focuses on different aspects of groupness.

The idea of a critical incident has some similarity to the use of short interpersonal stories to complete a relationship theme, the Core Conflictual Relationship Theme (CCRT), to use Luborsky's semistructured interview as described in Chapter 6. Within any given group session there might be several such events. If this number grows beyond 10 or 12, the therapist should use less detail and look for larger thematic segments.

A critical incident is defined as having a common theme, a common emotional tone, and often a subset of active group members involved in it. It is sometimes possible to identify the specific action that initiated the critical incident and then to track the swell of attention around that particular focus as it crests and then begins to wind down. Good therapists probably think this way intuitively. They are able to align with the current thematic material at an early point and thus reinforce its presence. They then sense when that theme is

beginning to lose its intensity and the time is ripe for "processing" it. A critical learning event has been described as characterized by elevated affect, an attempt at new and risky behavior, a realization that the feared catastrophic result did not occur, and finally an opportunity to work through the entire situation from a reality orientation (51).

A critical incident is a useful time unit for the therapist to use in applying many of the ideas in this book. Each incident can be viewed from many perspectives.

Group structure. An incident can be scanned in terms of a group structural diagram, focusing in turn on each boundary and considering the three levels of the system hierarchy: the group system, interactions between members, and internal issues. What boundary focus best captures the essence of the process? An involvement boundary can be drawn around the key participants. Would it be useful to compare and contrast opinions and reactions from those inside the critical incident boundary with those functioning as observers? It is helpful to actually plot this out with paper and pencil after the group.

Cohesion. Rate the critical incident on the degree of group cohesion within it. Has the incident increased or decreased the sense of group involvement? The support of the group is an important sustaining factor in dealing with critical incidents.

Therapeutic factors. Apply the therapeutic factor clusters to the event. What factors can be reinforced or invoked to assist the group process?

Precipitating event. Look backward through the incident and try to identify when it began and what was going on at the time. The use of videotapes is helpful in catching such phenomena. The initiating circumstances not only set the tone for the incident, but may also reveal why it is important. Critical incidents often begin with a personal story by one of the members that is thematically echoed by others. Sometimes an incident will begin with an interchange between two members that has a strong, perhaps overdetermined, emotional surge behind it.

Affective tone. Consider the principal emotional quality to the incident. Try applying the major affect states: happiness, anger, sadness, fear, disgust, surprise, and interest (52). Is there a mixture of emotional

dimensions? Do these represent contradictory or incompatible dimensions? Are they expressed openly or inhibited? What is the intensity level? Emotional arousal enhances learning.

Interpersonal focus. Identify the central interpersonal theme underlying the critical incident. Use the emotional tone and the content to place the critical incident in the Structural Analysis of Social Behavior (SASB) interactional space. This may lead to helpful speculations about its relationship to stage or role phenomena.

Developmental stage. Compare the interactional climate and thematic focus with the stage descriptions. Do they match at an appropriate level? Has the group moved into a regressed position? Or is it testing new behavior?

Social role. Fit role ideas onto the behaviors of the major participants in the segment. Are these their customary roles in the group, or are they trying out new ones? Role behavior may be strongly reinforced by the group and can come to shape the individual's inner sense of self. This may bring a sense of order, but can also have a restricting effect.

Interpersonal Dimensions

Once familiar with a system for applying each of these perspectives, the therapist can quickly work through a critical incident as it evolves. As a training experience, going over videotapes is invaluable in learning the process of identifying and understanding critical incidents. By focusing on these brief interpersonal vignettes, the therapist is coming close to the source of the direct impact that group events have on interpersonal learning.

By striving to understand the interpersonal dimension that lies behind or within a particular critical incident, the therapist is forced to examine group events over a brief time frame. It is easy to become fascinated by content and avoid the process. By asking the question, What are these people doing to or with each other? the actual enactment in the group of historically derived interpersonal meanings can be examined. The idea of a "corrective emotional experience" has a long history in the individual therapy literature. Analysis of critical incidents provides a parallel opportunity in the group.

One result of applying this approach to understanding a critical

incident is the necessity of using the language of interactional process. Think of the difference between saying to yourself in a group, "Len is using denial," as compared to, "Len is refusing to acknowledge what Fern just said to him." The first statement would lead one toward an introspective search for the internal processes responsible for the block. The second statement might lead one to say, "Tell him again Fern, it didn't seem to penetrate, try looking him in the eye when you say it." This "massages" the interpersonal boundary between the two members and increases the affective tension that contributes to a corrective emotional experience.

A member will frequently raise an issue of concern using the language of there-and-then outside-group experiences. By translating the external story into interpersonal language, the therapist is in a better position to detect similar qualities in the group interaction. This here-and-now within-group focus intensifies the experience, makes it more real, and facilitates the working-through process of desensitization and understanding. Then the original external context can be reviewed in the light of the group experience. This may result in a "rewriting" of personal history in terms of how early events are understood. It may result in new ways of approaching current situations or the development of a different view of self.

A critical incident can usefully be considered as reflecting a state of tension between two opposing poles. This helps to "stretch out" the issue and identify the source of the creative energy underlying the incident. The idea of a psychotherapeutic dialectical process is quite valuable. Not only does it highlight the theme but it clarifies where each participant lies along the axis of tension. It is a helpful exercise to "line up" the group members between the two poles. Those in the middle of the line have less investment in the theme than those at either end. One useful therapeutic technique is to mildly caricature each pole in order to force a process of resolution to the tension: "From what you say, it sounds as if it would be impossible for you to hear yourself having such a thought." This brings us to a consideration of the idea of conflictual themes.

The Two Triangles

The Triangle of Conflict

There has been an enduring theme in the psychotherapy literature concerning the idea of thematic tension. Most approaches have

incorporated the idea of an underlying wish, a reaction to that wish, and some attempt at a solution. Ezriel (in Scheidlinger 1980) used the terms *required relationship* that prevents the emergence of the unconscious *avoided relationship* because of fear that the latter would lead to a *calamitous relationship*. French (1954) used similar terms, the *disturbing motive* leading to a *reactive motive* that produces tension requiring a *solution*.

Malan (1979) developed the idea of a triangle of insight consisting of a defense required to control the anxiety associated with a hidden feeling or impulse. Luborsky reflects a similar idea in the CCRT model: I wish BUT . . . The *but* describes the fears or blocks to wish fulfillment. Horowitz (1987) expanded this approach to purposefully look for several typical relationship patterns. These may reveal various options, some dysfunctional and some successful, that the patient has available in the interpersonal repertoire. Benjamin's (1974) SASB system can be used to generate a conflict score reflecting incompatible patterns within the individual or in the two-way exchanges of a relationship. SASB is commonly applied to relationships with several significant others, allowing a comparative approach similar to Horowitz's.

All of these descriptions constitute ways of describing a state of tension or conflict regarding personal issues. They all force a translation of intrapsychic phenomena into the language of relationships. This focus can be predicted to form a recurrent theme in the behavior of an individual and should recur in the here-and-now relationships of the group (53).

The triangle of conflict can be reduced to a generic format applicable to a broad set of clinical circumstances. The problematic issue (P; Figure 10-1) may be considered as either hidden or accessible to self or to others, as in the language of the Johari Window. The problematic issue is believed to result in negative or aversive consequences that produce a nonspecific reaction of anxiety (A). These consequences may also be overtly recognized or hidden from the patient's awareness. The attempted solution (S) is the resultant behavior, often the only part of the triangle that is initially visible. This solution may be considered to be adaptive or dysfunctional. The attempted solution may also be called the defense against the underlying problematic issue. The phrase *attempted solution* seems to more accurately portray the situation and encourages the clinician to align with the patient's efforts to resolve a difficult matter (54).

Behavioral and cognitive formulations can easily be placed in the

structure diagrammed in Figure 10-1 as well as the psychodynamic hypotheses for which it was originally designed.

The Triangle of Person

The triangle of conflict is then placed within the *triangle of person*. In its simplest form, the triangle of person refers to relationships in current life (C; Figure 10-2), the therapeutic relationship itself (T), and past relationships, usually referring to family of origin up to adolescent years (P). The right-hand side of the triangle can be used to list important relationships from the patient's adult years.

The therapist must search each corner of the triangle of person for evidence of the impact of issues related to the theme identified in the triangle of conflict (Figure 10-3). A classic interpretation would link the emergence of the theme in current relationships to its initial development within the family of origin and then to the same pattern within the therapeutic relationship.

It is important that these connections be worked out using specific persons and specific incidents. The intent is to re-create in this space relationship memories, not generalized attitudes that may mask the reality of actual people.

Another way of looking at the triangle of person is that in real historical time the progress of events goes from the lower corner within the family of origin through a succession of relationships to the upper-right corner involving current relationships. These events may

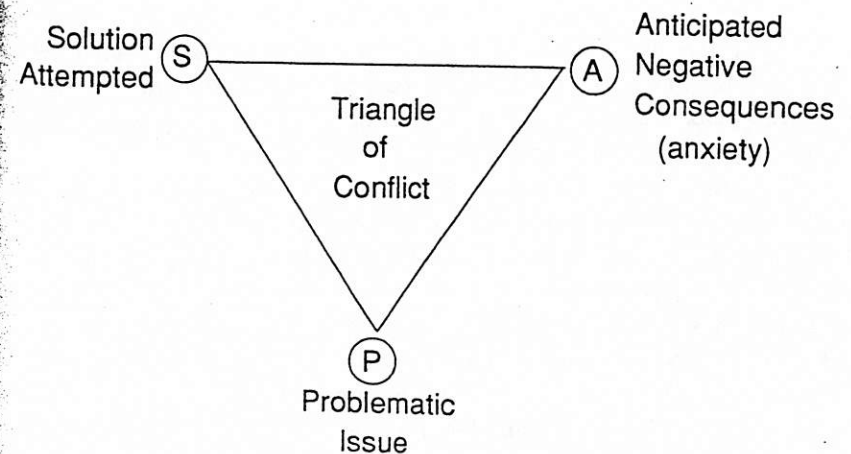


Figure 10-1. Triangle of conflict.

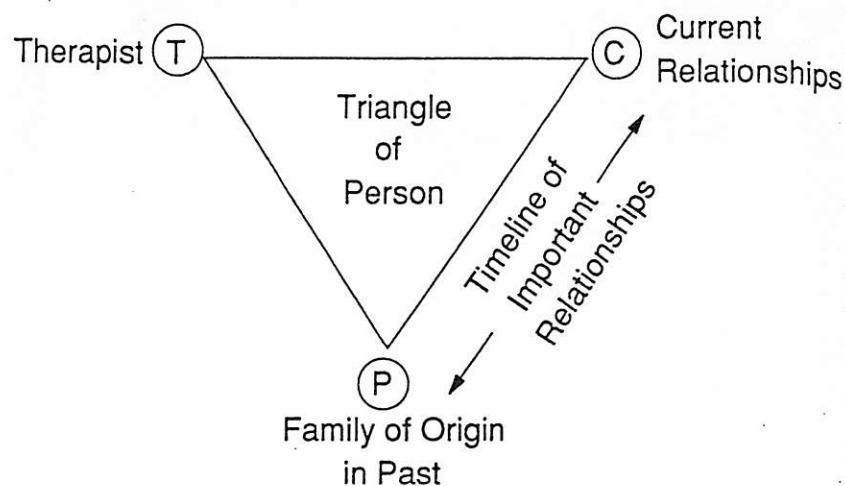


Figure 10-2. Triangle of person.

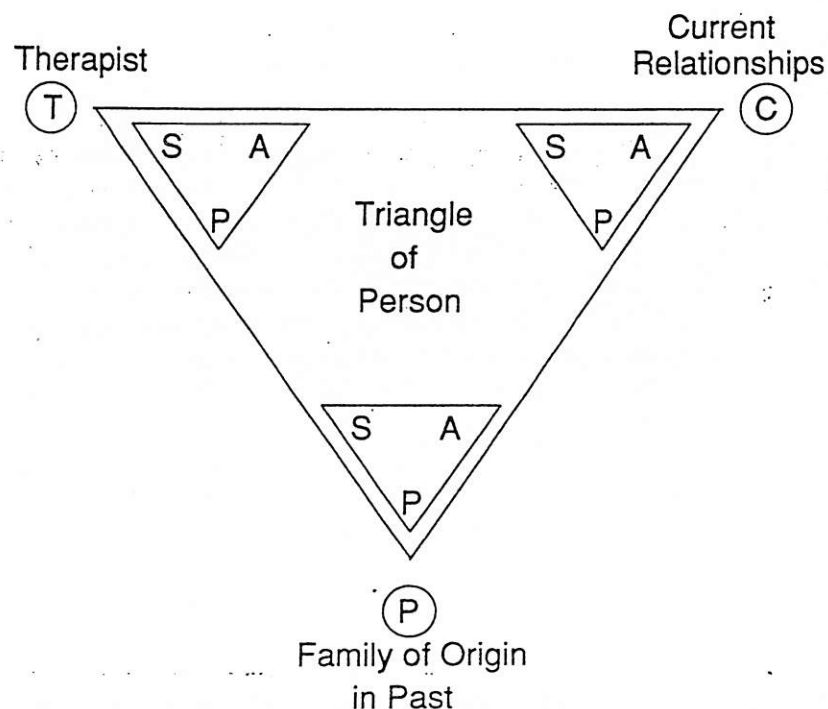


Figure 10-3. Triangle of person with triangle of conflict applied at each corner.

be portrayed as involving a series of significant others ranged along the time line of the right side of the triangle. Any of these intervening relationships may produce ongoing effects, although it is generally assumed that earlier relationships set the basic template for understanding and reacting to interpersonal issues. Historical time then moves from current relationships to experiences within the therapy experience itself.

In therapeutic time, the sequence is often reversed. Identification of issues in current outside relationships leads to an appreciation of similar issues within the therapeutic relationship and then to connections with the past. By anchoring the learning in present relationships, both inside and outside of the therapeutic room, it is given affective power that can be used to understand the past. This makes the process of historical reconstruction a real experience, not simply a cognitive exercise. It is not clear to what extent the application to the past is necessary. People probably differ in this regard. For some, dealing with the past seems a necessary part of coming to terms with the present. For others, changing things now is all they want or need. From a therapeutic viewpoint, the goal is that future relationships are of a functional nature with a tempering of the dysfunctional patterns identified within the triangle of conflict.

In therapy groups, at the upper-left corner of the triangle of person the figure of the therapist is joined by all group members. This provides an opportunity to see any given patient at work in a number of relationships. These relationships with group members may incorporate several different interactional patterns. This recalls the idea of developing role flexibility. Rather than being locked into old fixed patterns that may have been necessary at one time, the patient can examine a series of new relationships. To link this material with stage development and social role ideas, in Figure 10-4 the other group members are figuratively identified by role labels, which have been located in the figure within the group circle in the same spatial arrangement as found in the diagram of the SASB space in Figure 5-2.

It was suggested in Chapter 6 that thought be given to trying to identify more than one interactional style for an individual. This means that the triangle of conflict might contain several relationship patterns based on previous significant others. The triangle of person can be used to try out these historic themes with those actually emerging with group members. A line can be drawn between a particular figure from the patient's history, both current and past, and a group member

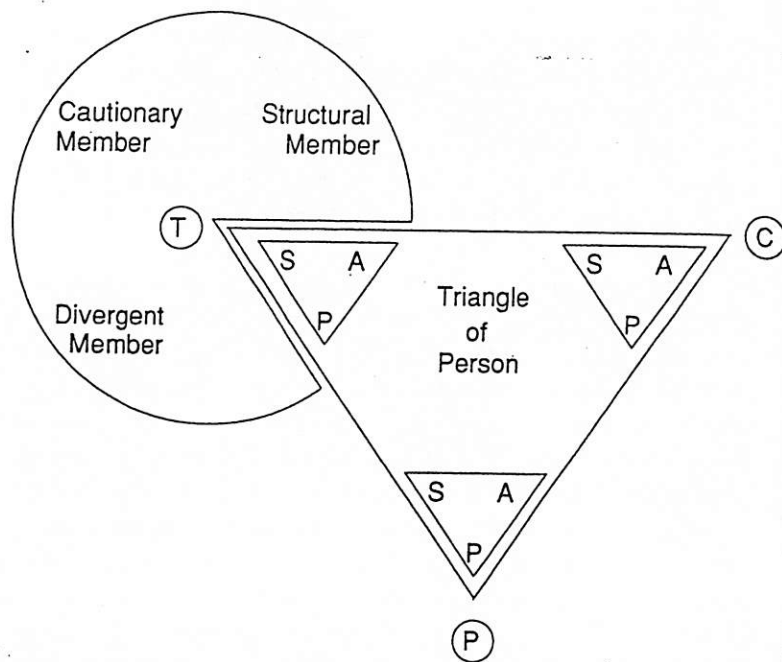


Figure 10-4. Emergence within the group of psychological material arising from triangle of conflict.

of the present. This slightly expanded version of the two triangles is shown in Figure 10-5, using the case history summarized in Table 6-1.

The therapist may use the ideas of interpersonal learning discussed earlier as a general model for inducing change. Such changes should emerge in behaviors reflecting the thematic material defined by the triangle of conflict. Fortunately, the therapist has the help of other group members. They may provide useful ways for looking at the same set of issues in different ways. By encouraging group members to think in these terms, the therapist can expand the sources of therapeutic influence.

Applying the Two Triangles to a Critical Incident

To bring this back to a particular critical incident, one may imagine the two triangles diagram of each member with the T (therapist) corner of the triangle of person applied within the group. A critical incident will produce some degree of activation for each member. The degree will vary depending on how close the critical incident theme

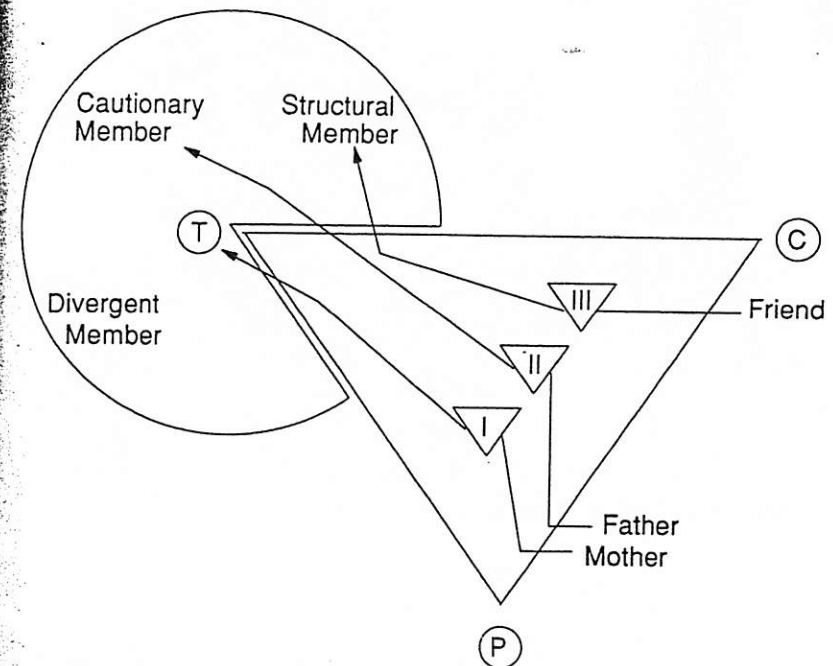


Figure 10-5. Applying the two triangles in a group context.

matches the issues in each member's triangle of conflict. This is akin to the concept of "valency" described by Bion. The idea of ranking the group members along the thematic dimension of the critical incident helps here. Some will be very much involved at the extremes, others in the center might be interested but not highly reactive to the material. In Figure 10-6, our patient is actively demonstrating a desire for support and attention from the therapist, activating template I from Figure 10-5 concerning an image of his childhood relationship with his mother. This matches his CCRT wish "to be helped, protected, and comforted." The cautionary role member protests vigorously about such interpersonal neediness, perhaps in a reactive fashion to his own concerns. Note that this is the same quadrant that the patient used to describe his father's typical reaction. The structural and divergent members are less involved in this critical incident and therefore are able to mediate and expand the discussion.

It is important that the therapist have some appreciation of how group events are impinging on each member. This system of defining a core conflictual issue for each member facilitates a systematic method for making these assessments. The same format can be

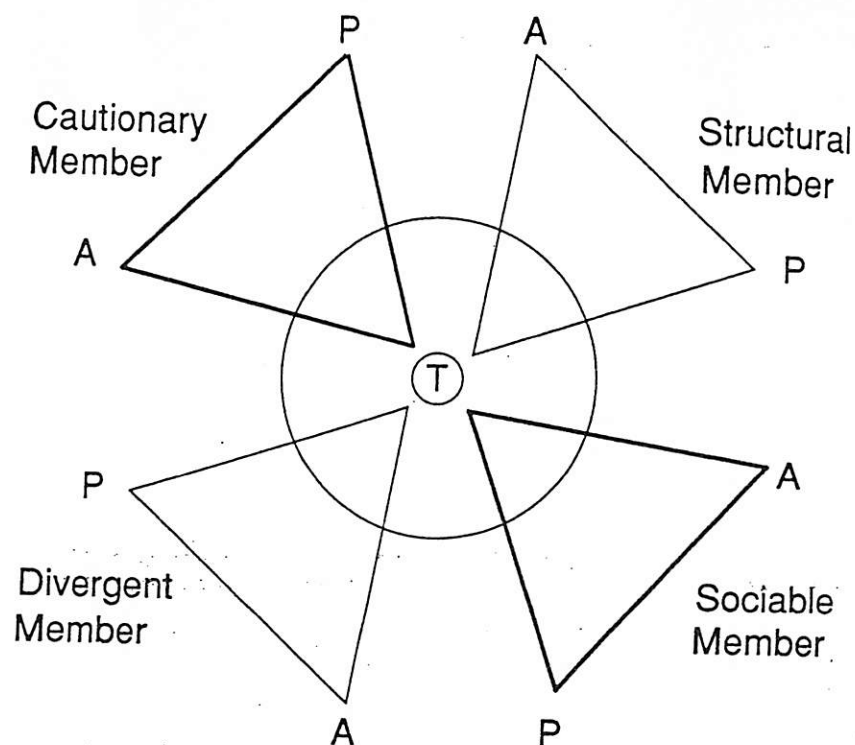


Figure 10-6. Schematic of the group during a critical incident in which the young man described in Table 6-1 activated his personal triangle of conflict issues in the lower-right quadrant. The patient across the group circle reacted strongly to this material while the others were able to function as neutral commentators.

incorporated into group records, which then form a history of the evolution and management of the triangle of conflict issues for each member as they emerge within the group context. This discussion of the theme of a critical incident can be seen as a method for applying the idea of group focal conflict. Rather than assuming that all group members are active on a particular theme at any one point in time, this approach specifically addresses the question of which members are active and which members are not. A theoretical boundary can be drawn between these two subsets of members. A fishbowl effect is created in which some members are in a position to observe and comment on the action of others. In this way, all members can be active participants in a given critical incident even though it may not be directly pertinent to them. This is a useful learning perspective for members because it encourages them to think objectively about be-

havior at times when they are not caught up in the action. They can eventually learn to do the same thing in regard to their own behavior.

If the interpersonal focus has been reasonably accurately defined, it should have immediate relevance to current outside relationships. By applying group learning concerned with the same focus to these real relationships, the individual can begin creating a new interpersonal climate outside the group. This exemplifies the idea of a living system contributing to the creation of its own environment. It also makes the group work directly relevant in the eyes of the members.

This material can also be viewed in terms of group developmental ideas. The work of stage 1 is primarily concerned with the current (C) corner of the triangle of person. Stage 2 tends to involve the therapist (T). Stage 3 deals with introspective issues that draw in material from the past (P). If a standard language of interpersonal dimensions is used, such as that provided by SASB, then the conflict themes within the triangle of person can be directly related to the ideas about stages and roles. This leads to the generation of hypotheses to be tested in the group concerning these underlying dimensions that link the corners of the individual's life with the circle of the group.

Summary

This chapter has moved into a psychodynamic frame of reference to deal with specific issues of interpersonal learning and insight. This process is described in terms of the mechanisms of self-disclosure, feedback, and introspection that characterize the advanced working group. The idea of critical incidents that punctuate a session is used as a focus for looking at the group therapeutic process. The focus for individual work is described in terms of an interpersonal theme organized in terms of the triangle of conflict. The triangle of conflict is applied within the temporal structure of the triangle of person. This schematic approach provides a structure for organizing the conceptualization of psychodynamic work.