

Vol. CVIII

Fasc. IV

1984

---

RIVISTA SPERIMENTALE  
DI  
**FRENIATRIA**

E  
**MEDICINA LEGALE DELLE ALIENAZIONI MENTALI**

Direttore: Prof. P. Benassi

---

USO C.A.T.G.

JAIME ONDARZA-LINARES

NON PORTARE VIA

**INDIVIDUAL OR GROUP?**

**Some Clinical and Technical Configurations  
of the Dilemma for the Group psychotherapist  
in the Group-Psychotherapeutic Process**

---

UNITA SANITARIA LOCALE N. 9 - REGGIO EMILIA  
Servizio Igiene Mentale e Assistenza Psichiatrica

---

AGE Grafica Editoriale - Reggio Emilia

VOL. CVIII

FASC. IV

1984

---

RIVISTA SPERIMENTALE  
DI  
**FRENIATRIA**  
E  
MEDICINA LEGALE DELLE ALIENAZIONI MENTALI

Direttore: Prof. P. Benassi

---

---

JAIME ONDARZA-LINARES

**INDIVIDUAL OR GROUP?**  
**Some Clinical and Technical Configurations**  
**of the Dilemma for the Group psychotherapist**  
**in the Group-Psychotherapeutic Process**

---

UNITA SANITARIA LOCALE N. 9 - REGGIO EMILIA  
Servizio Igiene Mentale e Assistenza Psichiatrica

---

AGE Grafica Editoriale - Reggio Emilia

JAIIME ONDARZA-LINARES

## INDIVIDUAL OR GROUP?

### Some Clinical and Technical Configurations of the Dilemma for the Group psychotherapist in the Group-Psychotherapeutic Process (\*\*)

It is obvious for any group-psychotherapist (whatever his theoretical, methodological or Technical background) that the psychotherapeutic group process consists basically in working through the interactive forces between individual and group in a group psychotherapeutic setting.

However sooner or later in some moments of his clinical practice, the therapist could observe, that the above mentioned conflictual interaction arises configurating a sort of therapeutic dilemma: Individual or Group ...? That dilemma sometimes seems to challenge the group psychotherapist but always requires a more or less adequate and prompt reply.

We know more or less clearly that the individual relationship with the group is a dialectic conflict at the basis of existence and co-existence of the one and the many.

---

(\*) M.D., M.P.H., Psychiatrist. - Psychotherapy Service 1<sup>a</sup> Clinica delle Malattie Nervose e Mentali - University of Rome (Until 1980).  
President of the « Centro di Analisi Terapeutica di Gruppo » di Roma - Rome (Italy).

(\*\*) Paper presented at the VII International Congress of Group Psychotherapy. Copenhagen, August 1980.

From the clinical point of view it is a fact of basic importance that the interpersonal relationship influences strongly both the psychopathology and the so called normal life of the individual. Psychopathological problems reveal themselves in the basic disability to establish good personal relationships, and this contributes to a vicious circle.

In brief, the patient feels more sensitive than the normal person to the conflict between « individual » and « group », and this, as we know, is of crucial importance for the therapeutic intervention that we call group psychotherapy.

Group psychotherapy, is, essentially, the therapeutic harnessing of the powerful dynamics which are involved in the conflict between individual and group.

Consequently, « individual — or — group » conflict is part of the very nature and essence of group psychotherapy and its practice.

What could be useful to point out is, the configuration of the above mentioned conflict as a dilemma which must be technically, resolved by the therapist. This dilemma could insorge in relation to:

- 1) the structure of a psychotherapeutic group;
- 2) the psychotherapeutic group process.

#### 1) *Concerning the group structure*

The first dilemma arises from the choice of individual or group psychotherapy?

It is not the moment to review the indications or counter-indications of one or the other type of therapy.

The basic problem is: the individual seeks group psychotherapy because he is unable to live well within his group. The roots of his conflict emerge mostly from the relationship with his primary group: his nuclear family for which he has no choice, but to which he feels ambivalently and immaturely tied. On the other hand, he feels incapable of choosing a group in the community in which he lives and which, in turn, rejects him as a sick person or a non conformer certain group norms.

The therapist is responsible for structuring the group. Can the therapist select an appropriate therapeutic group for the patient, and with which criteria?

The crucial point is that the therapeutic group must not consolidate the patients compulsion to repeat old patterns or unchanged rigid relationship models. On the other hand, if within the group, the patient

doesn't have the possibility of confronting his own problems, how will he be able to see himself in order to learn to change his self-image?

Within the group, he will be able to find the acceptance which, real or illusory, he doesn't find in the society with whose rules he doesn't conform, but at the same time he must find a norm within which he can express his own individual diversity.

By definition, we know that the therapeutic group promotes and facilitates change. However, the problem consists in structuring a situation which permits a fluid process of change between the real and the illusory, the « here and now » confronted with the « there and then ».

— What type of group is the most suitable to one individual?

It is clear that not all groups are the best for a given patient.

Nor does a patient always arrive at a time when it is possible to offer him the best group.

— Even though the « slow open » type of group represents better the natural life groups, these can sometimes be poorly adapted to a patient entering the group. During overdetermined phases of the group there occurs a tendency to reject the « new born ». It also may happen in the evolution of a group that a new patient needing maintain his initial idealization of the therapist, may find this prematurely demolished by the group.

— Some groups have a marked conservative tendency. They tend to perpetuate themselves as an incapsulated society and to make therapy almost a « modus vivendi ». They show ambivalence towards new members: they want to absorb them in the group culture, or expel them as eventual intruders in the group pseudo-homeostasis.

Group resistances acts through a structure of bonds that exist more or less unconsciously in the single components of the group. If such a situation doesn't change might be necessary or evaluate carefully the possibility of introducing structural changes in the group before admitting new members.

2) *The dilemma - individual or group, during the psychotherapeutic group process*

I will mention separately:

1. considering the different phases of the process.
2. in reference to certain cardinal moments of the therapeutic process itself.

Schematically, let us consider that the phases of the psychotherapeutic process are three:

- a) the initial phase
- b) the intermediate phase
- c) the final phase.

— *During the initial phase* the « dropouts » take place; it is always useful for the therapist to search for the apparent or latent reasons of this phenomena. Many of the drop-outs are caused by an « idiosyncratic reaction » between the individual and the group. Some of these seem to be related more to the individual, some more to the existing structure. From certain aspects disclosed later, I thought that despite the selection procedures, many of these patients would probably have functioned better in another group.

— It is during the initial phase, when feelings of dependency and expectations are centered particularly on the therapist: the therapist must carefully balance between satisfying the patient's needs for protection and his ambivalent needs for integration in the group.

*During the intermediate phase*, as is well known, the interaction within the group circle is very intense. The conflictual confrontation between individual and group is the motor and, at the same time delimitates the action field in which the conflict itself is configured (in the Gestalt sense) the conflict is showed through different manifestations which occurs in the foreground, but firmly linked to the background of the group as a whole.

Group-process takes place between the constant interaction of the opposite group tendencies. At one extremity, we can say, there is a group tendency to reconfirm the group itself establishing a sort of rigid and impersonal structure (self-molding or « conform-ist » tendencies lying mostly in internalized and stereotyped rules.) - at the opposite extreme is possible to recognize the efforts of the individuals searing for discovering, identifying, assimilating, new relationship models: the creative « matrix » of the group.

When internalized relationship patterns and models of individuals (« internal groupality ») tend to impose as a common group pattern as a sort of unconcious and rigid consensus, the individual doesn't find the space to put into effect his real potential relationship and communication possibilities.

Only the gradual break through of archaic needs and rigid relationship patterns, contributes slowly to the formation of a common communication matrix in which there is place both for the individual characteristics of each one and the common characteristics of the whole group. In this context comes communication (the action to put things in common).

— From the point of view of the therapist's expectations, we find ourselves for some periods of the group process with an « excellent group » or « on the contrary » with a « less good » group.

The problem arises when a group member that seems particularly sensitive and therapeutically open, at a given moment appears obstructed by a refractory group. Briefly, a « good » patient and a « bad » group. Before accepting the problem as a realistic one, it is necessary to search for the possible causes within the group process itself.

We can ask for example: will it not be an overall reaction of the whole group to countertransference feelings of the therapist who « feels the group as « bad » in comparison to another « good » group?

If it were this way, the dilemma of good patients versus bad group is only an apparent « location » of another projected conflict which can easily be imagined. If the conflict is not disclosed and worked out, it can show a natural tendency to become exasperated and fixed.

— In the opposite configuration:

« Good group versus bad patient ». Sometimes a patient that shows repeated and obstinately aggressive and destructive behavior against the group, pushes the therapist to evaluate the necessity or convenience of separating him temporarily or definitely from the group.

It is necessary to try to understand through the group context, what constitutes the real configuration of the conflict. What is happening that compels the patient to be « bad » in this or other particular group situations.

Could the « bad » patient not be one the group is using as a scapegoat? Scape-goating isn't always apparent in a clear and evident fashion. Some internalized negative fantasies, before being clearly verbalized and openly acted out, tend to be acted in other ways into the group. This leads to practically isolating the group member who thus feels rejected and lets himself be rejected assuming the role of the « bad » patient.

— Sometimes the bad patient represents the « deviant » one that the group feels difficult or impossible to integrate. (The rejection of deviance, when it emerges through the group as threatening or dangerous, provokes a reaction in the patient, who rejects as he feels more rejected).

— It is very important in this situations, working through the conflict itself, with the designated patient and the group, confronting or recognizing the reaction of the « bad » patient as containing the projections of the other group members, the projections of the group as a whole or even the projections or the therapist. This will allows to know more about the configuration and location of the problem, which could be positive for the group in any case, even if a drastic decision becomes clearer and necessary (I mean eventually, changing the patient in a more appropriate group).

— *In the final phase.* The « termination process » appears. It is important to remember that, in such a process, feelings of ambivalence are not lacking within the group or towards the members that are terminating therapy. Sometimes it becomes necessary to pave the way for the termination process, both, within the group, and through individual complementary sessions.

#### *Key moments in the group therapeutic process*

As it is well know, there are moments of paramount importance for therapy in the group process: structuring the therapeutic process, working out specific factors through the group, managing resistances and defenses, interpreting, and so on.

It is exactly in this moment, that the full skill and methodological or theoretical convictions of the group therapist are at times challenged by the « individual » or « group » dilemma. I will mention briefly only a few of these moments because of time limitations.

— The difference between the therapeutic level reached by one member compared with the level of other individuals of the whole group, the different degrees of their personal needs (for example, dependency or autonomy); moments of individual or group crises, emergence situations, the divergence and gaps between the transference vicissitudes of each member ... ecc.

— The impossibility to treat « deeply » a given specific individual problem in the group situation.

— Some resistances linked almost structurally to the group formation process. Some group reactive formations, and the group behaviour (acting out - acting in).

— Once again, in brief, the antagonism between the formation of « antitherapeutic » patterns within the group and the ongoing therapeutic matrix.



— For the therapist: must he choose between the individual or group material or let the group choose spontaneously? Should he select this or another interpretative material, in consideration of the individual or group? Should the quality of interpretation be directed mostly to the individual or to the group? Should timing of interpretation be in accordance with an individual « acute proclivity » or should the group time process of « translation » be respected?

What should be done about a very important dream that the group doesn't seem to consider at all?

All these situations (mentioned too briefly) seems challenge the responsibility or skillfull of the therapist. He is, of course, always responsible for the group structure, and involved as an expert in the ongoing therapeutic process ... but must he decide upon the dilemma: individual or group?

I should like to emphasize that it's not necessarily a problem that the therapist must resolve by himself, (as though it were his own, or he were forced to a « aut-aut » that tends to exclude the one or the other). On the contrary, by so doing, the therapist himself may fall into the trap that the dilemma hides, not resolving at all the special situation created in the group process.

Sometimes an individual problem that seems unresolvable in the group it's a resistance that involves the whole group. The situation appears to be configurated as the problem of an individual, while the rest of the group assists powerless or passively motionless.

To leave the group by itself to work out its resistances can be sterile and an uneconomic waste of time. The group resistances tend to maintain the situation unchanged by virtue of their conservative, repressive and aggregating tendencies (self - molding function of resistances in the group). It is the therapist's job to try to understand, to identify the conflict configuration within the here and now of the group context, to activate it, insisting one or more times in order to allow the conflict to be located in the group itself, so that the group itself, through itself, becomes aware of it.

Paraphrasing Anthony (1979), « groupifing » is the first step to take. That is, put the individual problem « inside the group », by saying many times, and in many ways: « But couldn't this be your stuff too? ». Only in so far as the therapist unables the possibility that a problem will be *resonate* on the different levels at which it can be received by the group members, when the problem is consciously or unconsciously

« *groupified* », can be done the « *translation process* » (Foulkes) which is essentially the therapeutic working through of the group analysis. That is to say: it is enacted a process of research, of mediation, partly real and partly symbolic, that makes intelligible, closely, communicable that which was isolated, detached, incomprehensible. As the conflict shifts about in group interaction, promoted freely and spontaneously, it will be almost always configured and located in the group so that it becomes a communication that has common sense for the whole group.

Grouping the most crucial events within and through the group process, is a « condition sine qua non » of communication.

Within the group, as a network of all interpersonal interactions, flow both the structurally repressive, archaic, undifferentiated tendencies and the slowly and gradually creative, renewing impulses of the « matrix » of communication. The whole configuring two opposing systems or forces.

The dilemma « individual - or group » is basically connected to this system of forces because every individual, as a part of a group, tend quite ineluctably to be integrated in the dilemma itself.

To stating in *summary*:

1) Individual or group conflict, that appears sometimes as a dilemma to be resolved by the therapist in the group therapeutic process, is essential for the working through of group psychotherapy, insofar this conflict evolves into a matrix of communication within the group itself.

2) Group-analysis (the approach of S. H. Foulkes and followers) considering the group itself as frame or reference (from theoretical, methodological and technical point of view) appears very important to increase our knowledge of group-individual interaction and functioning. Furthermore this approach is not only useful to our clinical practice but to become more openly, (and therapeutically), involved in the conflict « itself » through the group-psychotherapeutic setting.

#### RIASSUNTO

È ovvio per un psicoterapeuta di gruppo (qualsiasi sia il suo approccio teorico, metodologico e tecnico) che il processo gruppo-psicoterapeutico consiste essenzialmente nel « working trough » l'interazione dialettica tra individuo e gruppo in un setting psicoterapeutico.

Tuttavia le vicissitudini del conflitto « individuo-gruppo » possono talvolta configurarsi come dilemma che il terapeuta deve affrontare nella situazione grupppale: o l'individuo o il gruppo?...

Si discutono, soprattutto da un punto di vista clinico, alcune configurazioni di questo dilemma, in diversi momenti della situazione terapeutica: dal momento della strutturazione del gruppo, alle diverse fasi, e momenti particolarmente significativi (per l'individuo e/o il gruppo) del processo terapeutico stesso.

L'approccio gruppo analitico, di Foulkes e continuatori, che considera il gruppo stesso come punto di riferimento (teoretico, metodologico e tecnico) appare essenziale per incrementare le nostre conoscenze sull'interazione dialettica « gruppo-individuo ». Tale approccio gruppo-analitico (psicoanalisi « attraverso » il gruppo) si rivela utile non soltanto per risolvere i problemi clinici che insorgono nel campo terapeutico come risultato del dialettico conflitto « individuo gruppo », ma soprattutto per essere più consapevoli e terapeuticamente coinvolti nel conflitto stesso.

#### REFERENCES

- 1) FOULKES S. H. — Group analytic psychotherapy. — Gordon and Breach, London, 1975. — Trad. ital. Astrolabio, Roma, 1976.
- 2) DE MARÉ P. S. — Perspectives in group Psychotherapy. — G. Allen and Unwin, London, 1972. — Trad. ital. Astrolabio, Roma, 1973.
- 3) ANTHONY J. — The group-analytic circle and its ambient network. — *G.A.I.P.A.*, 2/XI, Aug. 1978.