THE PHENOMENOLOGY OF SEPARATION DIFFICULTIES IN GROUP PSYCHOTHERAPY

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Introduction

Comparatively little is being written about separation problems in group psychotherapy in relation to the importance of the problem and in comparison with the great attention paid to this question in the literature on individual psychotherapy. This difference is partly due to certain stereotypes (Foulkes[1]) which newer research is helping to destroy. According to these stereotypes, regression phenomena are the domain of individual psychotherapy and of dyadic relations, while the group by its very nature offers protection against a high degree of regression. However, it has been found that this is not necessarily the case. It can be said that Slavson[2,3] (1940, 1964), Wolf[4] and Schwarz[5] (1962) were among the first to discuss the problem of a dependent child in group psychotherapy. Slavson described his own technique of play group therapy, which enabled the dependent child to express his need for his mother through the medium of play materials and the group. The problem of dependence was indirectly approached by Wolf[6] (1949) and Wolf and Schwartz (1962) with the technique known as "Going Around". In this technique, each member of a group in turn takes on the chain of free associations started by his predecessor. The "Going Around" technique makes each patient conscious of the fact that what he says has its weight and importance. It is well-known that the feeling "I am important to others", "I mean something to others", bears on all levels of separation - from the early separation of the child, triangular separation, to puberty and adolescence, Bion[6] (1961), who made most of his basic views public in 1961, synthesizes psychoanalysis and group dynamics, building his autochthonous system of understanding of the dynamics of group psychotherapy, and leaves the question of regression in the group open. Rosenbaum[7] is of the

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opinion that Bion's views are partly determined by his understanding of the child development theory formulated by M. Klein, the child's perception of social relations and his later adult perceptions in the "group culture" as Bion[6] calls it (1961), depends, among other things, also on the outcome of the early depressive phase. This phase is connected with the child's feeling of guilt and fear on the account of his destructive impulses directed towards the representation of the object and the representation of the self. Since, according to M. Klein, ego exists from the beginning of life, fear and guilt as emotional states can be followed from the first day of life. Group psychotherapists should not forget that M. Klein, more than anybody before her, stressed the importance of the environment for the child between the first and third year, when the projection turns to introjection. She extended the concept of the environment beyond the child-mother dyad, since the dyad does not exist outside the social environment and the mother enters into this relationship with a history of her individual and social development.

We shall try not to oversimplify Bion's[6] approach to psychodynamics in concentrating on his "dependent group". One should not forget that Bion[6] specially underlined the fact that all three basic assumptions of the group represented a unified whole and not divided segments. The main feature of the "dependent group" is its members' experience of the "group conductor" (Foulkes[1] term) as omnipotent and omniscient, and their experience of themselves as inadequate, immature and incompetent. The idealization of the leader does not succeed and the group becomes disappointed when the conductor fails to satisfy their wishes, phantasies and intellectual demands for omnipotence. Group members then take their revenge on him and look for a new leader. As always, the revenge is accompanied by guilt and fear, which reinforce their dependence on the leader who they wish to dethrone. Wherever there is dependence, there is also its opposite pole, independence, which brings us very close to the process of separation. Bion[6], as we understand him, raises the question of independence because he believes that the group with its basic assumptions a priori activates the object relations of the child's early development. In his book Object Relation Theory and Clinical Psychoanalysis, in the chapter dealing with the possibility of an integrative theory of hopsital treatment, Kernberg[8] also takes the view that a small group creates favourable conditions for the development of such interpersonal relations which reflect primitive object relations. Though we are not prepared to discuss the differences between large and small groups, we would like to recall that M. Pines[2], in the "Overview" in his book The Large Group, notes that group analysts have lately paid an increased attention to the self system and the cognitive self in the group.

The working hypothesis in the present paper is that the patient enters the group with all the elements of his development and the growth of his triangulation, puberty and adolescence, and that these

elements are built into his reactions in the group and in the fundamental matrix of the group.

Our observations in group work

Group I. Closed group with limited duration. The group consisted of eight female patients, aged between 25 and 30. Their educational backgrounds were fairly uniform, and most of them had secondary school qualifications. Diagnostically, none of the patients was psychotic. Three of them displayed symptoms of hysterical character neurosis in their relations with the environment. As for the rest, two patients displayed depressive character neurosis with hypochondriacal disturbances tending towards the borderline case and three displayed symptoms of anxiety neurosis with conversion symptoms. Two patients were married at the time of the therapy, and all of them had children. They all shared one common symptom, namely, sexual disturbances, reflected in either partial or total frigidity. In patients with such different levels of fixation, this symptom had a different significance for each of them. The group was originally formed as a single-sex group with sexual problems not for reasons of group dynamics but primarily for reasons of convenience. At one point we had a surplus of female patients with, among other things, sexual problems. We believe that there are other reasons, apart from the homo- and hetero-sexual, that determine the therapeutic process in the group. The group is conducted by a male psychiatrist, with the possibility of consulting a senior female therapist from time to time. Group analytical psychotherapy is applied.

Group II. Open group with unlimited duration. The group consists of eight patients of mixed sexes - 4 men and 4 women. The age span is between 25 and 40 years. Half of the patients are university graduates, and the other half are highly skilled workers. Diagnostically, none of the patients was psychotic upon admission. Three patients displayed depressive character neurosis with hypochondriacal disturbances tending towards the borderline case; two had phobic disturbances, one anxious neurosis with pronounced conversion symptoms, and two had character neurosis with strong oral fixations. None of the patients had sexual disturbances. Group analytical psychotherapy is applied.

We shall now present our observations relevant for the phenomenology of separation disturbances. In some cases we shall rely on our experience from other groups and at these points we shall give basic data about these groups.

The female patients are in the middle stage of therapy, at the beginning of the second year of treatment. The session begins with one patient, with neurotic depressions and borderline features presenting a series of hypochondriacal disturbances. She feels

pain in the nasal mucosa, has seen some 15 doctors, and fears that she might get cancer in the nose as she has felt the pain for about six years now. The group is frightened by this castration content and defends itself by speaking on the principle that what has been said is less fearful. Other members are aggressive to the patient suffering from pain in the nose. She herself, when the need for punishment gets the better of her, begins to talk about her nose in an obsessive manner, with a great deal of affective control,so that this becomes quite hard on the group. The group tells her that she is boring. Faced with an ambivalent situation, the other patients intensely identify with the first patient and probably use the identification to defend themselves from her aggression and fear of castration. They proceed to speak about their hypochondriacal symptoms and various conversion disturbances. One patient, probably the most frightened one, begins to talk about birth as destruction, using Bergman's language.None of the patients accepts the libidinal side of birth and they all speak about its dangers, particularly the danger of haemorrhage. Some of them speak from objectively difficult experience, but one should remember that the same reality can serve as a basis for both aggressive drives and for love. One patient exclaims: "We're good for nothing!" Another adds: "Correct" From the standpoint of group dynamics, much of what is experienced and said in the group as a whole is an expression of the dissatisfaction of these patients with their sex. It is their womanhood which can cause them to die. And the whole group can die. Of course, messages are also sent to the male conductor, incestuous phantasies and erotic transference are repeated, but attempts are also made to frighten him with all the dangers and blood. We engaged in interpretations which we still regard as appropriate. They are the classical phallic interpretations: the problem of jealousy, envy, guilt, fear of castration, etc. However, the patients did not accept these interpretations as one might expect - the more so as much of what was said acted at the pre-conscious level. Instead, the patients kept returning to the realities of life for overburdened women, which are further aggravated by the rapid shift towards greater occupational and social involvement of women. In this discussion, there was no trace of the collective experience of the value of women or pleasure at being women. Under the influence of newer theoretical findings concerning the development of group dynamics and of a patient's assertion that "men will also bear children one day", we wanted to see how the group experiences the body at different stages of development prior to the phallic stage. The same patient who made the assertion about men having to bear children herself associated that she had long been ignorant as to whether her mother did or did not have a penis; and she did not know for a long time that conception is connected with a coitus - she thought it was just "mother's doing".

The therapist then asks the group: "You give quite a lot of thought to the way you look, don't you?" The patients accept the

therapist's association. Most of them say they would like to be good-looking, adding that they sometimes look well, and at other times not, which points to the possibility of splitting.

Therapist: "And your body is not always the same?"
Group: "The body is one thing, and the face another."
Therapist: "What about the body?"
Three patients: They do not think of their bodies, but they hope that they are not too fat.
Therapist: "When did you become a woman? When did your breasts develop?"
Group: Most patients say that they do not watch their bodies, and that bodies were not watched in their homes, either.
Two patients say that they do not remember their mothers being pregnant, though several children were born in their families after them.

The patient suffering from depression, hypochondriacal ideas and borderline features:

"If I had thought about my body at all, I would certainly have thought that it wasn't very attractive. My mother thinks that I'm not good-looking, and what my mother says is law for me".

Therapist: "You're your mother's daughter and not your own mother. You're you. You're what you are - woman, wife, mother of your son; you're also your mother's daughter, but you're not one and the same with your mother."
Patient: "If only I could detach myself from her. If only what she says were not so important to me. What she says is law for me. I have no mind of my own, no opinions of my own."

The group is ambivalent between symbiosis and separation. At one point they think it is good to have a mother who thinks for them, and at another that it is better to think for oneself. One patient says that she has learned in the group to say "no" to her mother and also to tell her husband what she thinks. Before, says the patient, she used to be frightened to death if she had forgotten the key and had to ring the doorbell. She would sweat for fear of what her mother would say.

The therapist warns that failure to say "no" hides aggression and inability to control aggression. To be aggressive means to be deserted and alone.

Group: "We have told you all sorts of things. How can you stand it all? I'm afraid to ask this, but I ask nevertheless. I don't want to be afraid. I believe you more now that you tell us 'you're you'. It sounds as if you really mean it. Earlier it sounded as if you were making fun of us. As if you agreed with my mother that I'm nobody and nothing. I and my friends here, too."

The group as a whole accepts this dialogue about identity and the identity of sex. Group associations move in that direction. The group hesitates, not knowing how far it can emancipate itself from the therapist. The question is raised whether the therapist actually cares for the group or whether he is guided, as the patients say, merely by his professional interest. The group's associations relate to maternal influences and the patients' readiness to succumb to such influences, even in their opinions of their own husbands. When the mothers praise the husbands, the patients are also satisfied with them. When the mothers denigrate them, the wives are also dissatisfied with them. Most patients do as their mothers do.

It is important to recall that the group which began with the assessment that nothing was good, and that nothing could be good because they were women, has now reached a new experience of the self. The group as a whole and its individual members begin to relate libidinously to the self. This example was intended to show that a group may experience itself as bad and that only an alleviation of separation difficulties may lead to a realistic approach to the self, to a situation in which both the group and the individual begin to appreciate and need themselves. This is not easily achieved in the group. In our case, it was necessary to work continuously for a considerable period of time on the question of separation and individuation before the introjection of a new and better object could be achieved, together with the experience of libidinousness in relation to the self and thus also a greater separation ability.

We pass on to group II now.

Patient 1: "I had to come by the clinic. I simply had to come and see what you're doing. And I wanted to see the doctor. I was afraid I was going mad and I felt like running to the clinic. This is my constant preoccupation - running to the clinic, and it increases my fear."

Patient 2: (with borderline features): "You are a bore with your whining. I don't care. I can come once a month, once a year even. Or I needn't come at all. I don't need anybody."

Comment: The second patient's great excitement may be counterphobic as an insurance against the fear of separation.

Patient 1: "I talk to you as I walk in the street. Not just to the doctor but to all of you, especially to Blaz. He knows what I mean even when I do not say it. Sometimes I feel like running into the clinic just to take a look at our chairs."

Comment: These links within the group as a whole, as well as the group's links with the conductor and individual members' links with the conductor, coupled with separation difficulties from one week's session to the next, can be analysed at several levels: triangular, castration, puberty, adolescence, but also - it seems to us - the early separation level. This is supported by the second patient's associations, when he says "I don't need anybody", and the first patient saying that he is feeling worse now, that his fear is growing, and that he thinks most of Blaz, who knows what he thinks even when he does not say it. The support for this view also comes from the reactions of the group, which perceives these dialogues carefully and with a great deal of sensitivity. Separation problems are not the only ones which determine this kind of group dynamics. We note at once that problems of transference, homosexuality, controlled aggression, etc. are also involved.

Margaret Maler describes that a child left by his mother may stand in the chair in which she usually sits. Thus, the child protects himself from the fear of her absence with a transitional object: he may drink from her glass, sit in her chair, lie in her bed. And remember how our patient said he needed to come to the clinic just to have a look at the chairs in which the group normally sits.

This example is intended to show that a group and its adult members as individuals may display a phenomenology of separation fear similar to that observed in early childhood development. We must note also that the majority of our patients have early development disturbances, but none is psychotic. Following early discoveries, group dynamics has paid considerable attention to the significance of silence in the group. Interpretations have proceeded from father destruction and counterphobic defence (so that control over emotions is not lost) to libidinal feeling with the group, working through in the group, and - more recently - Winnicott's "capacity to be alone" as a phenomenon of early development, if one accepts the view that the group can provoke even the earliest object relations. As far as interpretation and its level is concerned, it is never irrelevant which developmental difficulties are involved. But let us look at the pheomenon of silence in an open group. A new member arrives. Interpretations in the group are possible and necessary at several levels. In some cases, female patients fail to accept the new member, which might be an expression of separation difficulties. This is a regression to the confusion of early development. Who is that new sister, what is my mother

to me now, has the sister got a penis or not? Most important, my mother is only mine. Can it happen that my mother goes to my sister and leaves me alone?

This is the level of interpretation and the strengthening of ego forces in the developmental sense that we must reckon with in immature structures when they react with distinctly heightened emotions to the arrival of a new member.

Of course, group therapy, too, has its difficult moments and pleasures of termination. We observe them in our groups as well. It may be said that they are more pronounced in groups with limited duration than in the unlimited-duration groups. The group repeatedly emits warnings, in a rather stereotyped fashion, about the problems of separation. The group does this with its fears, dreams, the theme of departure and arrival, the split into a good and a bad group, ambivalent oscillations of aggression and love towards the therapist, oscillations between group autonomy and regressive dependence on the conductor, dependence among the individual members, and dependence of the group as a whole, including the conductor. It seems to us that an understanding of separation problems was best expressed by Bion[6] when he noted that the true autonomy of the group is achieved when each member can be the conductor and the conductor can be a mere member of the group. Speaking about the phenomenology of separation problems, we must note that this question,too, is to be related to the level of separation. However, it remains true that early separation problems are among those which may cause a group already close to autonomy to regress to a need for independence. The group may express this libidinaly, that is, with the need for itself as a group, libidinal relations between individual members, or its psychodynamic progress; conversely, it may also express it through aggression against itself, against the conductor, or against individual members. In the final stage of therapy, the group begins to recognise separation problems and is able and willing to interpret them and seek realistic solutions to overcome them. Finally, for each type of therapy, individual or group, it must be said that to be separated is not to be alone; on the contrary, it means to be together with others in one's own emotional autonomy.

Conclusions

1. This paper starts from the hypothesis that patients enter the therapeutic group with all the elements of their development and growth and that these elements are built into their reactions in the group and in the group matrix.

2. Separation happens at different levels, all of which must be analyzed in the process of group therapy. Patients with disturbances in self development and in self vs. object relations display pronounced separation difficulties at several levels.

3. In terms of their phenomenology, early separation fears may manifest themselves in adults as the behaviour of children in early stages of development.

4. A successful development of the body-self alleviates separation difficulties of separateness.

5. Separation does not mean physical parting but a psychological experience of separateness.

6. The individual and group phenomena may be approached through linkages. An individual brings into the group his representation of the self and his object, and as an individual he always carries in himself group "images".

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