

3D Potential Space – The Playground of Group Analysis

“What has always been exciting in psychotherapy has been the electrical sense of immediacy. When it can be generated and maintained in the group setting, the enterprise takes on an awesome dimension. There is nothing quite like watching the crippling problems reported in the initial interview come alive before our eyes. Suddenly, a pulsating reality has entered the room, one which has no equal in any treatment modality. There is no arena in which the immediate so naturally evolves.” (Ormont, 1992, p. 355)

Introduction

Groups can be scary. Groups can be boring. Groups can be overwhelming. Groups can lack intimacy. Groups can feel chaotic. Groups can make us feel lost.

Groups used to be a puzzle for me. Enjoying the intimacy and exploration of individual therapy I looked at groups as some large, slow animal moving randomly, at best according to rules of larger social norms. The experience was far removed from the personal arena of creating change in the individual, empowering the person to be more free to love, to work and live a meaningful life, all of which I had learned to appreciate in individual psychodynamic therapy. As I kept working with groups, looking patiently at the evolving group process, I started seeing the emerging beauty of the here-and-now experiences and the group-as-a-whole process. I started paying attention to the intricacies of the multiple relating styles in the room, the painful withdrawal of vulnerabilities, as others seemed to offend, to touch upon sore spots of individuals. I started realizing the power of transferences and my varied countertransferences in the room. The big, slow moving animal started to evolve into something new. The room filled with therapeutic potential and I felt its palpable presence but could not put my finger on what it

exactly was. This article is some of my musings of my explorations that followed, of group analysis.

Group therapies

Many important psychoanalysts left their mark on the field of group therapy as they developed their own style of working. The main body of this article will focus on some general features of process groups that make it comparable to individual psychoanalytic therapy. Most of these features are used in individual treatment, yet receive a different light in groups. These features establish an argument for considering process groups as essentially psychoanalytically based yet placing them in the transitional location between individual therapy and life in general.

The premise of group therapy is that all salient patterns from the group members' life will be repeated in the group setting, thus providing fertile soil to experience, observe and work through one's inner struggles in the here and now experience. The limelight is turned onto the unconscious processes that find expression in the complex relational field of the group situation.

Modern group analysis

Louis Ormont, the author of the introductory quote was a New York based psychoanalyst who played an essential role in establishing modern group analysis. He defined and refined many of the processes that happen in a well-oiled therapy group. Ormont's mentor, Hyman Spotnitz (1976) said that "*Group treatment is by its very nature an object-oriented experience*" (p. 228) . Many of the essential features of group treatment can be categorized in the object-relational realm.

As group members interact, they live and act out their projections. Their internal objects are projected into people who are sitting there in the room and they converse with these "objects".

As therapy progresses, these objects are identified and the members' subjectivity emerges.

Moreover, different members have various transferences simultaneously with other group members and the therapist. Group therapists need to be aware of these processes and interact with the individual patients with each of whom they have their own transference - countertransference manifestations, all the while attending to the group as a system. Group analysis is based in the here-and-now experience, while the complex system of object relations and transferences provide the backbone of treatment.

Group therapists act as authority figures who lead the group, orchestrating and keeping the safety parameters of the treatment, keeping an eye on the therapeutic task of the group, as well as being present as human beings and group members, staying open to the varied feelings the group process evokes in them, and respond to those in a genuine fashion. Hyman Spotnitz (1976) wrote about this extensively, resembling the intersubjective aspects of relational psychoanalysis. The intersubjective processes in modern individual analysis play a crucial role, yet in the group context, these get magnified and the therapist needs to pay constant attention to these in order to bring about an effective group analytic environment.

Group-as-a-whole

The group-as-a-whole phenomenon has been the focus of many psychoanalysts who developed theories of group treatment. The notion refers to the idea that a group brings about dynamics and create a playing field that is more complex than its parts. Mechanisms of the unconscious group system go into action that are more than seating a few dyads next to each other: group roles emerge that are not merely replays of the group member's own personal past, but the member happens to be suitable to fulfill a role that the group needs to address collectively. These roles or traits are parts of the intrapsychic life of several members and are focal points of the group unconscious as a whole. Yet they get expressed through one person. Set into motion by the group

unconscious, one member picks up a role and plays it for the others as well. In this case it is crucial for the leader to identify these roles and voice the need of other members to express certain traits, characteristics. When one person displays certain traits, the artful group therapist looks for these traits in the other group members and finds ways to help those others identify which need that one member acts out. When setting group processes in motion, the group members come closer to each other, their empathy towards each other and towards themselves shifts and brings about a more authentic and reflective communication. This can be a painful experience. That is why it is essential for group leader to be able to have a concept of the group as a whole unconscious dynamics in order to be able to navigate the group in safety.

Roles

Without going into much detail of the inner dynamics of the roles in groups, two thinkers need to be mentioned here. While their thinking is very different, they both identified unconscious elements to the group as a system. W. R. Bion and more recently, A. P. Beck, have identified roles that groups tend to produce. Bion (1961) in his pioneering work with groups identified three “basic assumptions”, which were predictably recurrent themes that groups produced. These basic assumptions are the unconscious underbelly of group process and deal with the group’s tendency to produce group-as-a-whole dynamics. Bion saw Oedipal and pre-Oedipal themes expressed in these processes he identified as *dependence*, *flight or fight* and *pairing* (1961). Beck classified group “leaders” that express common group emotional needs in their individual behavior, identifying the *scapegoat leader*, *emotional leader*, *task leader* and *defiant leader*. Similarly to Bion’s concept these roles do not further the individual’s treatment needs but rather they bring attention to group-as-a-whole processes and as such further group cohesion and working-through.

These roles provide a layer of group dynamics. The anxieties of various individuals get expressed through these “leaders”, or members who take on the communal, the group’s unexpressed anxieties, fears, unwanted parts of the self. The roles in Beck’s system can be viewed as projective identification, where the projector is the group. The person who plays the leader role indeed feels the impact and feels the pain of that projection. For the group therapist these roles can be guiding stars, providing a frame of reference that are helpful in monitoring and ultimately resolving the unconscious processes that brought these roles to the surface. The members are not aware of these roles. They feel that they are acting according to some exaggerated quality they possess, and can feel like being the recipient of projective identification.

The development of group roles and basic assumptions are essential parts of the theory of group therapy. They touch on the group-as-a-whole dynamics and clarify some aspects of the group phenomena. For the purpose of this article the salient aspect of group roles is that they express projections and introjections among members and the roles’ subsequent resolution throughout the group process can lead individuals towards appreciation of their own and their peers’ powerful interpersonal effects. More importantly, the group therapist, understanding and learning to manage the inevitable formation of these roles, is better equipped to be an effective leader who can provide the profoundly important safety for the group members.

Bridging

Another example of using the similarities between group members for therapeutic purposes, is when they express thoughts and feelings that other members also have but have not verbalized. The effectiveness of group therapy relies on the capacity of the group and its leader to set these similarities in motion. Ormont called the technique of involving members in each other’s stories

and realities, “bridging”. When bridging, the therapist looks for similar patterns in different group members, who can give voice to certain behaviors and motives when another member is acting those repetitive patterns out that they themselves are struggling with. When a person acts in ways that another member can identify with, when prompted, he will be able to see what the other member’s motives are, as the actions are personally familiar from the inside, to this person. Two people will feel heard and connected with each other. A dialogue starts in the group that explores the inner worlds and relating styles of two individuals. When identifying a member who steps in to fulfill a certain general trend in the group, i.e. a role, they will be the spokesperson for that trait (Beck, 2003), but in bridging, the therapist encourages personal expression of a trait that is similar between two or more members. When bridging, one member is acting out his own trait he is struggling with. It would be difficult for that person to see what is happening to him in the moment. It is effective to encourage other members, who share some aspect of that trait, to name the emotions and motives the acting-out person is experiencing (Ormont, 1992).

The technique of bridging also works well when it is not the similarity between the persons characteristics, but rather they have been both hurt by a third group member at various times. This “hurt” is usually an acting-out of that third person based on a resistance or transference, and as such, is very important material for the treatment itself. In this situation the stage is set to involve more people by creating experiential and emotional bridges among them, as well as encouraging reflection on similarities between inner experiences of fellow members and exploring transference reactions and behaviors based on resistances. In this context resistances are defenses utilized unconsciously by individuals.

Group members are encouraged to relate to each other and be attuned to their reactions on the level of resistances. Even when it is a positive response, it can be striking how different it is to

give each other feedback not merely in a sympathetic way but rather as an attempt to express empathy and understanding of underlying motives and our genuine responses to others.

When group members experience negative feelings towards another member, it is especially important to find a way to express and give voice to that. While in a support group members are encouraged to respond to the content of others' stories, in process groups members are tuned in towards their feeling responses. As these reactions are voiced, a communication base forms, naming and discussing the otherwise invisible roots of members' reactions to each other. This can be a jarring experience yet, if maneuvered well, the genuine connection among members has great therapeutic potential and healing of old wounds.

This following example of bridging from Ormont (1992) is extensive yet illustrates well the above mentioned processes in a group situation. (the excerpt is edited for brevity)

“When I asked Philip how he felt about George’s silence concerning his wife’s troubles, it was because I felt convinced that both men imagined themselves frequently humiliated by women. I was going after their shared experience. Outwardly, the two men behaved very differently. Philip was caustic toward women; he had become known in the group for accusing the women there of being flirtatious and of cutting him out. George on the other hand, was typically courteous and never accused women of any misdoing. However, George’s aura was that of a man repeatedly wounded by women. He would wince and withdraw into himself as if to escape their fury.

One day George was bemoaning what he took to be his wife’s avoidance of him. He spoke about her in a way that might easily imply that his wife was having an extramarital affair.

[...] In the past, George had rebutted all attempts by the group to suggest what he might be feeling. He would blast the group, telling them in no uncertain terms that he knew his own mind

and that he didn't need them to tell him. He went so far as to assure them that his wife's behavior didn't bother him in the slightest [...]. More than once, he lambasted a particular member, Philip, for being cynical about women. By then, George's suffering over his wife had become a recurrent group theme. However, rather than confront him directly, asking him to spell out what he felt, I called upon his "feeling-double", Philip: "What do you make of all this stuff that George says about his wife?" Philip surprised everyone by responding coarsely. "The way George kisses her ass just kills me. He is a jerk. Why don't we face it, his wife is mopping up the floor with him." Then, before I could even say anything, Philip switched over to himself.

"When my wife flirts with a guy in a restaurant, I want to kill her." Before we could catch up with him, Philip was talking about himself, full-steam ahead, telling the group how humiliated he felt by the way his own wife treated him.

Then, as Philip went on about himself and his marriage, George broke down and wept.

For five full minutes, Philip kept going. He was speaking, in effect, for the two of them, bemoaning his isolation and George's, his helplessness and George's, his sense of being betrayed by the woman he loved – and George's.

[...] Then, as quickly as Philip's outpouring had begun, it stopped. The group was silent, except for George's continuous sobbing, as he sat, his hands over his face, in abject shame. [...]

I had begun by identifying a member in the group who felt like another, though the two behaved differently. Then I had asked the more expressive member what he made of the other's experience, and my doing that opened up the truth for both." (p. 90-92)

In this example we can see a successful application of bridging. The therapist observed the unconscious undercurrents in both group members and that the group dynamic was stifled as George kept complaining about his wife yet refusing any insights or support from the group. As this pattern had become fixed for over a period of time in the group, the therapist realized that George was playing out an unconscious pattern, a resistance to resolving the underlying issue. The group was stifled, as George was a master of his resistance – by default we are all masters of our own resistances, otherwise it would not be an unconscious repetitive obstacle to our development – and all group members were drawn into the reenactment of this repetitive scenario of George's life. This is an example of repetitive patterns inevitably entering the consultation room. In the group setting, George had the opportunity to respond to the many voices of group members, who tried in their own way, to respond to George in his plea to overcome the suffering in his relationship with his wife. The group therapist had a window into the interpersonal aspects of George's resistance and knew that it would be more effective to get another group member verbalize what George could not. In individual therapy, the therapist's tools would have been different. In the group setting the therapist encouraged Philip to voice George's conundrum while also voicing an aspect of himself. This aspect of Philip might not have come to the surface if not for George's participation in this group. This example illustrates the technique used to find the bridge between two people's unconscious processes and use the interpersonal arena to simultaneously shed light on both of their patterns.

Transferences

In a group therapy setting members have varied transferences not only towards the therapist but each individual member as well as the group-as-a-whole. People have certain expectations of the therapy group even before seeing the members. Once engaged in the therapeutic process,

members respond to each other in ways their transferences dictate. Not only are there many transferences across the room in a group setting, but a member can perceive the group as threatening, comforting, or other ways they saw early caregivers. Expectations based on early relating patterns can express themselves in the intimate setting of groups in a regressed way, when the person cannot differentiate between individuals in the room and when they perceive the whole group in a certain way.

In groups there is a dynamic transference formation. Not only the therapist can respond to one's skewed transferential relating pattern, but the whole group is also there to contribute to the web of transferences. The group members will notice that there is an out of place response in one of the members. These transferential patterns are usually recurrent and can be targeted towards several members. Group dynamics rest upon this web of transferences. Their resolution makes group work complex and dynamic.

When a group of people are providing intimate relationships for each other, and responses are encouraged to express how one feels towards other group members, the stage is set for an accelerated laboratory to both verbalize and act out one's inner patterns of relating. Unconscious patterns come to the surface as members allow their genuine responses to other group members form. In an everyday situation people either avoid communication with those who trigger reactions that they do not want to own, or they act those reactions out, often ending in arguments and hurt feelings. In the safety of individual therapy the patient has the opportunity to identify and experience his or her own inner life in relation to the therapist. In group therapy, patients' experiences are triggered by other group members and each person's relationship with the therapist is different.

In a group setting, the therapist is not the only path to health and freedom, the group has its own therapeutic potential. This sets the stage for a less idealizing transference towards the therapist. However, the therapist is still an important authority figure with a distinguished role in the group, yet there is space for more experimentation. Similarly to family systems, the group “siblings” and other subgroups can challenge the leader’s omnipotence. Alliances can be formed and the power dynamics get more intricate. The mother-infant dyad has broadened to a parent-children system. If the group has co-leaders, the system is more likely to have broadened to father-mother-siblings system. Even if there is only one leader, the group can provide its members with various roles of leaders and parent figures, as members can have parent transferences towards each other. When a split is observable it can be addressed very effectively in the group setting. Both the good and the bad objects are participants in the room and the patient can work through the feelings that resulted in the split.

The transitional space between intrapsychic and interpersonal

Healing from the transference view of others frees up the individual from the gripping hold of mistunement. When we are in the hold of our transferences we cannot experience life for what it truly is. We see it in the patterns that have been created by mistunement to significant others, often early caregivers. These patterns follow us and we unconsciously see the world through this distorted lens.

While in individual therapy the patient goes through a progression of transferences and focuses on various themes and aspects of his life, in group treatment there are several other members who evoke one’s transference reactions. For example, there might be several people in the room who evoke transference of one’s father. Transference is not gender specific, nor is it tied to

similarities between the figures in the patient's life. It is the similarity between the relationships the individual had with previous important figures in his life and the current relationships with certain group members. Thus different members can stand in for different aspects of the same person. The group provides the opportunity for the patient to work through different aspects of the particular relationship through the transferences towards different members.

At the same time this member will be the target of the other members' transference responses or projections. As the group continues working on their responses to each other and the feelings they induce in each other, each person will ultimately feel that these reactions and feelings towards others are not as constant and unchanging as they seem in real life.

Potential space

"The potential space between baby and mother, between child and family, between individual and society or the world, depends on experience which leads to trust. It can be looked upon as sacred to the individual in that it is here that the individual experiences creative living."

(Winnicott, 1992, p. 139)

Winnicott looked at the psychic development of humans through the pediatrician's eyes. He emphasized the importance of the infant's symbiotic experience of himself in the mother's embrace, in contrast with his experience of the mother and himself as separate selves. When the differentiation occurs, the space that is created between the two individuals is that space that he called the potential space. The transitional objects and the transitional space are attributes of the process of differentiation, as the child learns to survive on his own, creating his own identity.

The play area for the infant is the potential space where he can experiment with his own creations, learning to master his agency and build up his self-understanding by the process of

creation and control over this space. When the child is deprived of dependable, “good enough” mothering, his ability to explore the area between the self and the other, between the subject and the object, suffers. When the infant cannot depend on his environment, he loses the opportunity to create meaningful symbols, to engage in the creative process of play. Winnicott coined the term “false self” to express the self that develops under these circumstances. He contends that “the defense of the compliant false self appears, with the hiding of the true self that has the potential for creative use of objects” (Winnicott, 1992, p. 137).

I believe this is the connection between the charged sense that group members feel when engaging in interactions in a well-run group. The flood gates are open to a level of communication that is reminiscent of the creative and trustworthy play area that Winnicott talks about. The group environment becomes the space where the true self can experiment with living. The communication style that most group members are accustomed to in their everyday life is more akin to the false self. The false self developed through a process of introjection of others, to be accepted. As a defense against living and playing out one’s true self, people take on restrictive roles in their everyday living. Once settled in the group process, members access their true self and learn ways to communicate and play within the framework that encourages the expression and exploration of the true self. It is a recreation of the potential space where unconscious psychic processes can be played out, recreating one’s own true self.

Ormont (1992) gives the following example:

“In group Frances talks about her sexual feelings for the first time in her life. She has lived in fear that any mention of sexual desire would incite men to make sexual approaches to her. That seemed humiliating beyond imagination. In actuality, her venturing to disclose her sexual

feelings brings another kind of response altogether. Timo responds to Frances, not by propositioning her as she had feared he would, but with very genuine warmth. He thanks her for confiding in him. After that, Timo talks more respectfully to Frances – not less respectfully. Frances in turn feels genuinely accepted and discloses still other sexual longings, which she had hidden. She comes across as a much more sympathetic person. Before long, she has won over the group, she is one of them. She has, by trusting the group, allowed them to accept her and nurture her and they have played their supporting role. This would have been much harder for her to accomplish in the world at large”. (p. 45).

Frances used the group setting to access and explore a part of her true self that she had not expressed before.

Ogden (1985) took the idea of the potential space further and stated:

“I have proposed that Winnicott's concept of potential space might be understood as a state of mind based upon a series of dialectical relationships between fantasy and reality, me and not-me, symbol and symbolized, etc., each pole of the dialectic creating, informing, and negating the other. The achievement of such a dialectical process occurs by means of a developmental advance from the 'invisible oneness' of the mother-infant unit to the subjective 'three-ness' of the mother-and-infant (as symbolic objects) and the infant (as interpreting subject).” (p.129)

Using the group environment for a dialectical process described by Ogden is a viable option for group treatment. The process moves out from the intrapsychic realm to the interpersonal, where individuals can test and try their felt experiences of the subjective experiences of self and other as well as their ability to become an interpreting object.

The playground of group therapy

“I want to draw attention away from the sequence psychoanalysis, psychotherapy, play material, playing, and to set it up again the other way around. In other words, it is play that is the universal, and that belongs to health: playing facilitates growth and therefore health; playing leads into group relationships; playing can be a form of communication in psychotherapy; and, lastly, psychoanalysis has been developed as a highly specialized form of playing in the service of communication with oneself and others.” (Winnicott, 2005, p. 56)

A group analytic situation creates the frame for the potential space and for opening up one's creativity and development of new relational connections and to explore and shift one's self-object relations. It is of utmost importance that the therapist works diligently on creating a safe space for all involved. Once safety is established and the ground rules are accepted by all, members will ease into creating their own version of the potential space. Winnicott's original idea takes on a new dimension. Winnicott (2005) stated: *“This third area has been contrasted with inner or personal psychic reality and with the actual world in which the individual lives, which can be objectively perceived. I have located this important area of experience in the potential space between the individual and the environment, that which initially both joins and separates the baby and the mother when the mother's love, displayed or made manifest as human reliability, does in fact give the baby a sense of trust or of confidence in the environmental factor”.* (p 138)

This space will become what I call the three-dimensional potential space, a co-creation of the group-as-a-whole. It will be the merging of fantasies of all involved. Some of these fantasies will clash and some will merge. In ongoing group treatment, members learn to move freely in each other's created space and use these as guide posts for their own shifting world of objects.

The creation of this new space can be exciting and frightening. In individual analysis the space is intimate and the dyad can pay attention to minute details. In group analysis the space is broader, more open, and more populated with the participants' objects, projections, and transferences. The space that is the playing arena in group analysis resembles a social circle, where all members participate. The potential space has taken on a new three dimensional form. This playground in the group analytic situation provides a safe space where one has the opportunity to study up-close their inner realities, inner object world, their transferences and projections, and can afford listening to the other group members' responses.

Potential space and trust

In analytic therapy the potential space is conceptualized as the space between one's psychic, inner reality and that of the real world. In both individual and group therapeutic encounter, this space is getting pried open. Creativity enters the room and concreteness loosens up into a more fluid and spacious arena of potentials, possibilities, and options. Concrete, stubborn, fixed ideas start melting into a new version of reality.

According to Winnicott, the inner reality and outside reality are both relatively constant, as the inner life is a biological given while the outside reality is "common property". Nevertheless the potential space is highly variable, changeable and unpredictable. It needs to be approached individual by individual as it has more potential for variation than the inner and outer realities. Winnicott bases the existence and development of the potential space on trust. An infant's trust in the mother - a group member's trust in the therapist and in the group itself. If they are able to achieve that trust and alliance, they can start playing in the potential space of the room, created by this certain set of people. This is one of the reasons for the group's development starting anew when a new member enters an ongoing group. There is a new constellation and what was known

in the common potential space, is shifting. The dynamics can rearrange and put all members in new positions.

Holding environment

In Winnicottian terms, the holding environment of the group is created through the alliance between the therapist and the members, formulated in the group guidelines and is continuously reconfirmed by the group members.

When participating in process groups with artful leaders, one can often palpably feel the holding gaze of the leaders. When meeting the gaze of a leader, as they scan the room while other members are sharing, the patient feels, as a sibling in a large family, that the parent sees everything, and they can rely on the safety net invisibly stretched out through the space. They can trust it will catch them if they fall.

In group treatment the holding environment becomes more complex, just like mothering becomes more complex once siblings are born. It is not only the alliance between therapist and patient, but the safety and trust also needs to be established among group members. It is a trust that the therapist needs to earn not only personally but also for the group itself. I believe that members need to trust the process, which comes from the therapist's capacity to trust the process. This is a humbling aspect of group therapy. The therapist needs the capacity to rely on something non-tangible, which is the trust that the process *will* ensue. The therapist steps into the potential space with the trust in the meaningful objects and symbols. Winnicott talked about the infant's ability to trust the mother enough to step into the potential space. If the therapist is deprived of good enough mothering of the art and science of group analysis, he cannot do his work. He cannot step into the creative space where he can safeguard the group. In turn members can step into the potential space if they can trust the therapist and the process.

In a group, there are many siblings dependent on each other and in turn all dependent on the safety the therapist holds. The mother of many siblings creates a home environment that is safe and stimulating, where all can feel cared for, encouraged and not left behind.

Once the therapist succeeds in creating that space, the group naturally masters the transitional tasks of the “playground” and moves on to love and work with more ease, in their individual lives.

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