

USING CONTROL-MASTERY THEORY  
IN A THERAPY GROUP FOR SINGLE MEN AND WOMEN  
THAT FOCUSES ON RELATIONSHIP ISSUES\*

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In talking about my group today I'm going to focus my comments around a couple of basic ideas:

1) The particular role peers in a therapeutic setting play in disconfirming pathogenic beliefs

2) Whom does the patient test in group therapy? The patient tests *the group*. So that along with transferences to the therapist and reactions of group members to each other there is a transference that arises with members of the group to the group setting, to the therapeutic setting itself which can evoke the feel of the family of origin context in a way that allows greater access to pathogenic beliefs. As the group member develops a recognition, for example, that the group is dependably respectful vs. invasive or harsh, interested and emotionally rich vs. emotionally barren, this association with a healthy milieu becomes the backdrop for disconfirming pathogenic beliefs.

But first let me describe the group:

—It is a group for single men and women who want to improve and get more gratification from their relationships, many of whom want to work toward a successful intimate relationship, get to the bottom of obstacles they have encountered and overcome them. This then is the common conscious goal, from there the unconscious goals take on any number of variations.

—People coming to the group range from those who want to generate more for themselves in the interpersonal realm, to those who have had a recent breakup of an important relationship and are motivated, sometimes

painfully, to understand what happened. Many are looking for specific input from the opposite sex in an atmosphere of safety.

—Most everyone coming into the group is already involved in individual therapy, since my referrals come almost exclusively from therapists, and the group work can be a powerful adjunct to individual therapy where new material gets evoked that can be further analyzed. In a number of cases where the member was not previously involved in individual therapy he or she has later sought it out. The group work is certainly not a substitute for individual work (as some managed care companies would have it). The focus is interactive and the tempo is sometimes such that does not allow the kind of sustained investigation that is readily possible in the individual setting.

—My group is a high functioning one: I screen for character disorders. I look for people who are generally stable in their work lives (most members are professionals or own their own businesses), who have had some experience with long-term relationships, and who have some resources in their friendships. I screen for chemical dependency problems.

—I ask that members of the group not see each other socially to define the group as a therapeutic context vs. a place to find a prospective partner, and to promote engagement *in* the group vs. a siphoning off of affect in outside contacts.

—I select group members on the basis of one to two 50-minute interviews and find very true at that point the research group's finding that "the patient makes his pathogenic beliefs, goals, and plans clear to the therapist at the beginning of therapy, in order to provide the therapist with the knowledge he will need to pass the patient's tests" (Weiss, 1993, p. 181). I like to come out of the interview with some initial formulation because from that point I feel the history gathering in the group setting has to be balanced

with promoting the initiative of group members in their curiosity and engagement with each other. Once there is agreement that the patient and the group are a mutual fit I ask for a six-month commitment to promote an atmosphere of safety both for the incoming patient and the group who will attempt to integrate him or her. I think the commitment period also provides some encouragement to work through initial anxious or irrational reactions and valuable material about commitment to relationships sometimes comes up right from this point.

—The group has been ongoing without interruption for 12 years. In most cases the length of stay in the group ranges from 1 to 2 1/2 years. In some cases group members feel they accomplished what they came for at the end of six months but this is the exception. Most striking of these was Deborah, a 40-year-old graphic artist wanted to:

- Decide about a relationship with a man she had been in and out of for 18 years.
- Move on from a corporate job of 8 years in which she felt stagnant and yet could not mobilize herself out of.
- By the end of her 6 months she had a new and exciting job, and had resolved her reservations about her partner and was planning a wedding.
- By the way someone during the course of the group had recommended Hidden Guilt which had a major impact on her, helping her to recognize her survivor guilt toward her depressed father as a child.

Let me now go right to a case that illustrates my two basic ideas—the role of peers and what I'll call the family setting transference— and

which will give you a poignant example of early testing in a group setting.

Carol K. is a 41-year-old divorced speech pathologist who came to the group quite distressed over a series of relationships she had had with three men in the previous six months. In each relationship she felt she was establishing an emotional bond and ease of interaction but the relationships were ended abruptly in each case by the man. She came out of these experiences feeling quite hurt and demoralized and that her needs for intimacy must have been overwhelming and inappropriate.

Carol had done little dating in high school and college, had met her husband at 22 and been involved in a 10-year marriage she said was "cold, there was nothing." Her attempts to discuss her dissatisfaction with her husband were met with indifference and this led her finally to leave the marriage. Carol had come from a family in which she felt her emotions were not recognized and in which she was told she was inferior to her two brothers who were treated preferentially. She would attempt to address her circumstances by being confrontational about how she was being treated and was most often met with stunned silence on the part of her parents. She eventually came to feel responsible for her parents awkwardness or hostility and continued to raise these issues only with a great deal of internal conflict. Carol readily agreed with my first formulation that her early experience and marriage had left her feeling she was unworthy of making interpersonal requests, that she didn't expect people to be emotionally available for her and that she was carrying these beliefs into current relationships.

She brought these concerns vividly into her first group meeting

announcing she was not sure she really wanted to be a part of the group after the last of her three disappointing relationships which had ended a week prior. I thought this was both a rejection test for the group and a statement about her damaged sense of hope about relationships. I noted with her how her feelings about the group reflected her current feelings about relationships more generally and that this would be something valuable to take up with the group. This gave way to her expressing disappointment that I had had to delay her start date with the group (for reasons unrelated to her) which had evoked a familiar feeling of generating something positive for herself only to have it taken away. After being silent for most of the rest of the group she vocalized near the end of the meeting the conflict she had been feeling all the time that if she came forward with a comment or question she might be ignored and if she kept back she was feeling uninvolved and not sure she was even being acknowledged. It did not take much for Carol to realize that this was precisely her family emotional context which had been reactivated. If the test for the group was one about whether her feelings and direct observations would be tolerated, I believe the group—all the other members having known each other for over a year—passed by being comfortable and reassuring including their own similar reactions in the past, and showing interest in knowing more about her.

In the following group after one of the members had been working with his regrets at having subordinated his needs to an overbearing sister who had been visiting, Carol asked whether he had children and raised her own questions about giving up her own needs in favor of her children's at times. She said she had been stimulated by the other member's discussion to bring this up and yet now felt invasive and selfish in doing so. After the other member commented that he welcomed the opportunity

to engage with her directly a further discussion of the issue ensued. Later Carol again readily recognized her family's influence when I pointed out that it was likely when raising issues and needs that felt important to her that she was led to feel she had a questionable or even malevolent motivation. Also in that group Carol was taken by the way a couple of the men were patient in their interaction with a woman who is an avoidant personality and tends to be slow-paced in her responses. The next week she spoke of being affected by this and a bit envious because of the dramatic contrast with her experience with her own brothers. She also had found during the week that she did feel safe in the group. That meeting she talked more about the nature of her relationship with her husband and his never having accepted the idea she had needs. She worked a bit more with overcoming her recent disappointments and recognized that in choosing men, she sets her sights too low as she doesn't expect much by way of emotional responsiveness and that this was possibly part of her problem. Again in this group Carol voiced that she felt she had gone on too long and that she was bad for doing so (those were her words), and again the group responded that every group member had felt this at some time, that more detail was useful in being helpful to her. One man commented that he was reminded of his issues with a former girlfriend and that it led him to feel more commonality and empathy toward Carol. Carol, now addressing one of her pathogenic beliefs, said that she also felt more emotionally bonded with the group, and that with this came a feeling that something terrible would happen, that this uneasiness is what had prompted her to feel she was talking too much. At the end of this group I commented on how the group was working with actively pursuing needs of each other at the same time that this was being discussed at the content level by several members.

In a subsequent group Carol recognized how moments of silence in the group evoked the very responses she had in her family of origin: a sense that something was wrong, a perception of deadness or tension that led her to feel both a sense of responsibility and a feeling of hostility as a way of guarding herself from feeling responsible. She was struck with comments about the different responses each member had and the different meanings each had attributed to the period of silence in question.

Toward the end of the following meeting Carol raised a reaction she was having on meeting Phil, a longtime member who had been suffering from severe back problems and had just returned from a brief leave from the group to attend a back class at Kaiser. Saying she felt she was risking sounding cruel she confessed she sensed a fragility in him that led her to be concerned she would feel quite responsible for him, counter to what she was looking to gain in the group. Her reaction had been partly based on the fact that her first encounter with Phil had been in the hallway where she had seen him moving very slowly and cautiously. Once said, she thought she had angered Phil. The group ended with Phil letting Carol know he did not feel fragile, that he had been feeling a greater sense of control of his back problem since his class and that he was upset and disappointed that this was not getting across.

Phil began the next group decisively by letting Carol know that during the week he realized he *was* angry at her, not for her expressing her perceptions of him but because she had drawn conclusions about him before even really getting to know him. With some discussion Carol verbalized that Phil's forthright response had actually been reassuring to her 1) because it led her to feel she did not have to hold back her

concerns but that these could be managed in the group, and 2) that angry feelings were of much greater concern to her when not expressed, as had been the case with her ex-husband, and that this led her to expect men would inevitably lash out and want to hurt, even destroy her. Later in the group Carol tearfully voiced she felt her expressing her needs for engagement was threatening to men, that this would lead men to have to introspect and would eventually alienate them. Phil reemphasized this was not the reason for his being angry, that her comments had in fact been helpful as a reality check.

In a recent group Carol talked about how moving into a more upscale neighborhood had led her to think about how ashamed she had always been of her family for their not valuing intellectual discourse (her parents had once told her after moving in with a man they wished she hadn't gone to college) and social status (her father was a tree trimmer and her mother worked in a factory arranging plastic flowers). She marveled at the fact she was able to discuss the topic of her parents occupations, that this was the third time that week she had done so including telling her best friend for the first time. She related her difficulty at times in feeling she fit into the group to being accustomed to dissociating herself from her family and also agreed with my thought that she might feel undeserving of being in the group. Recently Carol stated, albeit gingerly, that she feels integrated into the group.

In his classic text The Theory and Practice of Group Therapy. Irving Yalom describes the following therapeutic factors in group therapy: Instillation of hope... Universality... Imparting of information... Altruism... and...The corrective recapitulation of the primary family

group, all of which can be seen at work in the above account. I believe that the explanatory power behind these factors, that is why or how they work, is to be found in the Control-Mastery concept of the disconfirmation of unconscious pathogenic beliefs.

What is unique to group therapy is that much of this disconfirmation comes through experience with peers who have come to take on a position of importance. As a group therapist I offer formulations in much the same way as I would in individual therapy, but overemphasizing this function can minimize or nullify the above therapeutic factors and the powerful position group members are in to help each other. Group members are sometimes surprised at discovering how much they have to offer and how much impact they see themselves having on their peers. I tend to see group members occupying a position somewhere intermediate between the analytic and the social/personal realms, their comments and behavior at times having more weight than those of the therapist because they approximate spontaneous life experience.

In the chapter on comparison of theories in How Psychotherapy Works, Joe states that "Control-Mastery encompasses the common-sense ways in which one person may help another. It assumes that in certain circumstances...the therapist may help the patient by offering him encouragement or reassurance, or by confronting him with his self-destructive behavior, or by using his authority to protect the patient from danger" (Weiss, 1993, p. 206). I think, generally, the same could be said about peers in a group setting.

Of course patients in a group will not always spontaneously act in healthy ways toward each other and may reenact their own trauma. This leads

to what is perhaps my primary role: that of promoting a healthy and positive group culture. Selection of good candidates and my offering Control-Mastery formulations goes a long way toward setting a good tone. I pay attention to suggestive or affect laden comments that are dropped that may be in accordance with an unconscious plan that needs to be expanded on. Since many members lack experience in a context where conflict can be brought to resolution it is important that the group atmosphere be one that is conducive to raising negative emotions with an assurance that these will be handled constructively. I may work with members involved in such an interaction much as I would in a couple therapy setting and also encourage the utilization of reactions from other members. In fostering an atmosphere of investigation I may ask whether an issue being discussed about relationships has a bearing on what members feel between each other in the group, or whether something that has been learned from an interaction in the group is also true of one's outside relationships. The group comes to be seen as a lab for testing one's beliefs about relationships both on a content and process level. Feedback, either in the form of observations about a members' behavior, or in the telling of what one member has evoked for another in his or her own feelings or life experience, can have a powerful effect on restructuring old inferences about relationships (the second of these being unique to group vs. individual therapy).

As far as my second basic idea of the family of origin transference I think it is important mainly that the member experience the group culture as useful in a way that is superordinate to any particular individual in the group including the therapist. The member recognizes the group as an arena in which previous inferences about relationships are vividly and inevitable juxtaposed with the spirit in which members of the group treat each other.

The predictability that there will be opportunity to examine what goes on between people is something group members come to rely on. Guided by their unconscious plans members develop a freedom to move about and test in this arena where multiple relationships are involved and which is more akin to the whole family rather than any dyadic subset. I think the result is additional or different stimuli to evoke pathogenic beliefs than individual therapy and additional or different pathways to disconfirming them. This then leads to the corrective recapitulation of the primary family group. Patricia lets the group know she recognizes it as a place where she can predictably feel she will be treated respectfully and be free of concerns she experiences with her own family: an invasive and possessive mother, an overly dependent father, overbearing and loud sibs. If she does feel invaded she can work with and regulate that actively. Interestingly with time she begins to feel less frightened of and more positive toward her own family. If the group comes to take on the significance and the function of one's therapeutic family, this atmosphere of safety can provide an invaluable context for repressed or difficult family experiences to emerge. Group members invariably activate each other in working with family of origin material, again, a pathway that is unique to the group setting. Issues of attachment and separation come to the fore. Group members sometimes talk about missing the group when away. Former members sometimes send cards or notes (I recently received a birth announcement). The way a member leaves the group and the timing of this may have implications about how successfully one separated from one's family of origin.

The case of Carol M. is one where separation issues and separation guilt were primary. A 46-year-old assistant dean at a local junior college she came to the group following a 2 year battle recovering from brain surgery

for a benign tumor, later complicated by a staph infection in her spinal fluid. She looked to the group as she shifted her focus from simply surviving her illness to reconsidering social and intimate relationships. Carol's father put women down in general and let Carol know her intellectual capabilities were not valued, while her mother acted submissively. He would also fly into rages and hurt her with criticism. Carol adapted by becoming "invisible" and a "good girl" but in her 20's reacted with (in her words) "self destructive sexual relationships, drug use and doing crazy illegal things", perhaps indicating an autonomy fraught with separation guilt. She had had an 8 year relationship with a man with good qualities who later became very depressed. She left wishing it had been more workable and wondered, looking back, whether that might still have been the best relationship for her.

After setting her starting date Carol called me back saying though she had felt comfortable and enthusiastic during our discussion she had grown very anxious since: what if she later found she couldn't trust me and that the group was not a healthy place for her. This concern reflected 1) her feeling unprotected in her family and early adult life, 2) the fact her first therapist had made sexual advances to her (I knew this from the interview....This was later followed by a positive 4-year therapy) and 3) she now told me about a leaderless group she had been a part of for 2 years which developed into a religious cult, which expected her compliance and made it very difficult for her to leave. She found helpful my saying that any concerns along these lines would be very important to raise with me and the group directly (indicating she had some confidence her views would be valued), that healthy interactions were my primary focus, and that much of the focus was between the group members. I think the latter comment allayed a concern that I might expect her to view me as a charismatic

leader with blind compliance as perhaps her father had done.

Carol would later say the high points in the group for her were these:

- Being able to be vulnerable, sad, tearful, joyful in the group without being devalued, i.e., she was entitled to her feelings which would not be treated with contempt as her father had done.
- As one of the most verbal and outgoing members of the group that she did not have to severely suppress herself and become invisible, and yet that she did not have to feel solely responsible for keeping the group lively and moving i.e., she was entitled not to feel guilty about freely expressing herself or overresponsible for the group as a whole. On expressing anger and dissatisfaction, something she found difficult in intimate relationships, I had intervened that she had an inordinate concern she would have a negative impact on group members, probably due to an unconscious identification with her father's destructiveness.
- When she talked about and demonstrated a strong intuitive capacity to perceive feelings in others she was not considered crazy by the group i.e. she was entitled to verify her own reality.
- Carol eventually spoke of the warm attachments she felt in the group and of two longtime friends and their families with whom she happily blended in with in the absence of a partner and family of her own. This led her to recognize that even with a partner she might very likely want an alternative living arrangement such as a multi-couple or family household. It had a major impact on Carol that the group was intrigued and not alienated i.e. she was entitled to unconventional views.
- After a period of expressing positive feelings about the group Carol

reported a dream of a tropical island populated by people with touching and affectionate relationships. She subsequently dated two men and soon after brought in a dream in which she had been raped and felt very small. Carol told the group that she had a fear the group would find her, in her words, "desperately flawed." The group immediately challenged this and it was on this night she went into detail about that previous negative group experience.

Carol left the group after 10 months feeling what she described as a full and complete feeling about herself. She acknowledged that many of her questions about intimate relationships remained unanswered but also that she no longer felt anxious about this area. When I urged that she could continue to use the group to thoroughly address all her questions she became distressed feeling I was trying to keep her in the group without regard for her wishes. As I looked into this response it became clear the test was whether I and the group could recognize her ability to exercise judgment about her best interests and tolerate separation while retaining positive feelings for Carol. She went through a very positive process of parting not only remembering how to live but also having removed a number of unconscious obstacles and knowing she could return to pick up on other substantive issues.

Matt, who has been with the group a year and a half, is a 36-year-old manager in the environmental protection field. He came to the group having been separated for six months from his wife of three years. He stated a clear goal of wanting to be able to establish and express his needs independently of what others thought. He had complied with his wife's ideas through most his marriage epitomized by the question of whether to have children. He did not know what he felt about this but went along with

attempting to get pregnant, and after long and painful issues around his wife's infertility, with discussing adoption. Matt's general inability to define what he wanted led him eventually to leave the marriage. Matt's parents had not gone to college and he felt they looked to their children's accomplishments for their own rewards. His father was intolerant, critical, directive, and never found what Matt did quite good enough. His mother was submissive and modeled an unspoken family rule that one sacrificed one's own needs in order to be accepted by the group. Matt initially presented himself as being driven not to disappoint others. In his opening groups Matt spoke of being terribly depressed at times but found himself holding back from talking about himself trying to balance his time with giving others an opportunity to speak. I commented that Matt seemed to be compelled to keep a parity between pursuing his needs and being attentive to other group members and drawing them out. He seemed enlivened by this insight and recalled his mother's dictum that she treated all of her children equally and realized the unconscious carryover from his family experience. We discussed the possibility that he might take even the full group time on a given evening if he felt he needed to. Two weeks later Matt revealed his central preoccupation to the group: that he had a secret that was difficult for him to carry and yet which he had spoken to no one about besides his therapist for fear of moral judgments and of being told he was not healthy. He had been involved in an affair with a married woman since before his separation and was now quite distressed as it appeared that too was ending. Along with the decidedly non-judgmental response he received, Matt was particularly taken with another man confessing he was envious of the soap opera quality about Matt's situation which seemed exciting in contrast with the lack of relationship activity in his own life. Matt went on to speak frequently and at length working to resolve his issues in relationships. His confidence grew that he could

expect his feelings to be accepted in the group, unlike any family or group context he had previously experienced, that he could come to the group feeling awful and leave feeling elevated. Matt also made excellent use of another factor in which group work is uniquely valuable as he watched other group members go about their testing with good results, and was emboldened. He began to shift from being agonized about why his lover would return to her husband she did not think much of, to realizing that somewhere along the way she had not only stopped engaging with Matt but had begun to mistreat him. He received some very hard feedback from the group about the abuse he was tolerating and I commented that his lover had stopped giving and yet was quite jealous and possessive, and felt the right to direct his actions (a familiar scenario for him). He began to come to terms with the fact there was no future in the affair. As he began to recognize his needs he came in one evening saying he had had an epiphany (his word), that he must be frank with his wife and angry with his former lover, and a couple of weeks later that he had had a revelation (his word) that it was imperative he talk with friends about his situation. In the process of overcoming his conscious and unconscious guilt he became observably more assertive and challenging within the group and was able to work with a long held belief he was unattractive to women. His frankness with his wife began a dialogue that eventually led to their reconciling and his moving back in. He subsequently has reported that he has felt an unprecedented ability to verbalize and stand up for his own needs in his marriage, for example the need to spend time separately from his wife. He is currently with the group continuing to work with how his pathogenic beliefs and adaptations lead him to backtrack from taking strong, definitive positions.

The case of Virginia is one that involved strong reactions of a member both to the therapist, and to another female member of the group. A 39-year-old CPA, Virginia was referred by a Kaiser therapist she had seen briefly for acute depression following the unexpected collapse of her engagement 10 days before her wedding date. Her partner had informed her of his decision in a note and refused to communicate since for some six months prior to our interview. She had dated her partner eight years, since before the end of her first marriage and in being rejected now felt there was something profoundly wrong with her. This proved to be a pathogenic belief that would not die easily. She wanted to use the group to discover what was wrong with her.

Virginia felt close to her father who died when she was 11. A railroad employee turned minister, she remembered him as kind and empathic toward her and loved by his large congregation. At the time of his death Virginia and her three sisters (she was third in the birth order) were strongly encouraged by many members of their extended family to now put aside their own needs and attend to their bereft mother. She also remembered an absence of attention to her own emotions. Her mother, who had been the oldest of 14 children and been exploited by her own mother, encouraged this adaptation with the mother's needs as central. The children's material needs were attended to but Virginia experienced a gross lack of attunement emotionally. At the same time Virginia suppressed her very positive feelings for her father in compliance with her mother's animosity about how her husband had restricted her. Her sibling relationships were of little comfort: her oldest sister became very compliant to her mother (this sister lives a few miles from her mother to this day), and next oldest became intensely rebellious as an adolescent

often provoking uproar. Neither took her seriously or was emotionally available to her. Her isolation was exemplified by a tearful memory of being frightened at night as a young child, knowing her mother would be angry if Virginia woke her, and therefore staying in the hallway all night afraid to go back to her room.

While ostensibly outgoing and lively in the group Virginia would become quite cautious when I or the group would ask questions about affect laden material. For example with Patricia the sometimes slow-paced avoidant patient I spoke of earlier, Virginia sometimes changed topics as Patricia was in mid-sentence with apparent disregard. When I explored this Virginia was able to admit some impatience with Patricia, but also immediately felt I was conveying that she was doing something wrong. Virginia was unable to tolerate such formulations as her feeling wrong might be related to the central issue she had come to the group with; that her mother may have led her to feel that way when Virginia attempted to call attention to herself. She was also not conscious of any possibility she might find herself initially complying with Patricia's emotional needs and then have a strong opposing reaction in dismissing her, what would have amounted to a replication of her compliance to her mother, quickly followed by a passive-into-active test. Matters were not helped by the fact Patricia was having equally strong reactions to Virginia, telling Virginia her questions seemed random and not very attuned and that she reminded her of her own mother. With regard to me, Virginia would voice over time her feeling that I was involved in behavior modification in the group, that I felt the group should not be spontaneous and have fun, that I did not understand her, that though I was very bright she did not experience me as emotionally connected, and that I was giving her a bad time when I called to check

with her after she had missed two groups leaving only the briefest and most cavalier of messages. She would also occasionally make a comment to me or a group member with a sharp sarcastic edge and apparently be quite unconscious of this when asked, or show a contorted facial expression on my making a comment or asking a question of another group member. Though it was clear to me that Virginia's being able to be critical of me and the group was pro-plan, it also seemed to me I needed to make some adjustments in my approach to make inroads with her pathogenic beliefs. She had been gradually more able to talk about important areas—the events of her breakup, the hopelessness she felt about a partner accepting the fact she liked her independence. And she had been making progress: feeling positive about herself and sure she would not let herself be treated as secondary in a relationship again as she realized her husband and fiancée had had giant egos (her words); uncharacteristically confronting her mother about a claim she had always made about putting Virginia through college when actually Virginia had had a full scholarship. On a visit to her mother she saw the reality of what had been discussed in the group when she had asked her mother six times to recognize an important feeling and her mother ignored and evaded her request. She saw for the first time that her unworthiness was related to her mother's treatment of her. Nevertheless, I concluded that Virginia was convinced I did not like her and was not interested in her—a pathogenic belief related to a mother transference—and that a warmer, more engaging approach might enable her to utilize lost resources related to her father. I also thought that, paradoxical to her extraversion, there was an almost schizoid quality to Virginia, a part of her that stayed removed from the group action that manifested in her becoming very confused at times with formulations and in the aforementioned difficulty responding to questions from the group that involved introspection. I thought the

adjustment in approach might be helpful with the latter as well. This proved to be true. In what Virginia would later describe as a pivotal point for her in the group, I wondered whether an earlier comment she made about my responses always being careful and measured led her to feel I had been more aligned with Patricia's style in the group than her own. I also noted that Patricia had made the statement about Virginia representing her mother, and said she did not want to blur Virginia with her mother, but that Patricia had not, in the months since, done much to actively work this through with Virginia. I believe this intervention countered an unworthiness in Virginia that was based on little or no experience with having an authority figure understand her emotions and take a stand on her behalf. In particular it may also have represented a parent stepping in when feeling powerless with a sibling. Virginia subsequently expressed feeling much more comfortable in the group and received feedback that she appeared more committed. She was able to clarify that the conflicts she was working through should not be mistaken for lack of commitment, that the group meant a lot to her, and the group went on to a period of stability and cohesiveness. On one of her last evenings in the group Virginia came in saying I would be really proud of her for the way she asserted her needs in a recent dating experience and went on to be gratified by telling the group about this.

After one year in the group, Virginia left precipitously following a volatile interaction with a new male member. He had reacted to one of her barbed comments but unfortunately in an inordinate manner he later admitted was related to his pathologically critical mother. Virginia had left before the end of the group in tears, insisting she didn't think she had done anything wrong and saying she thought she had made so much

progress until now. Again I received a fairly cavalier message informing me she was leaving the group. I wrote her a letter making reference, among other things, to the schizoid quality I described earlier. Intrigued by this she set up a consultation in which she let me know she found she did not feel safe with the new member and could not bear a repeat of the complex interaction she had had with Patricia. She was glad I had contacted her and had decided then she would see me in individual treatment, which she has, continuing the work she left off in the group.

I'll end by leaving you with a question for theoretical consideration, and that is whether a group as a unit proceeds with an unconscious goal or plan, whether there is something in a group's process that is analogous to the higher mental functioning of the individual mind. This is a topic that Lowell Cooper explored and made a case for in a pair of articles in 1979 which he concluded with more questions: how would such a plan evolve, how do individual plans integrate with a group plan. The answer I come up with at this point is yes and no. I agree with Lowell that themes can be followed throughout the life of the group and that they unfold progressively. In the above mentioned period of stability and cohesion following Virginia's turnabout the group talked in a variety of ways over many weeks about bringing one's private self more into the group arena and, to make this explicit, I made a whole group comment at that time that the group seemed to be actively working with how to accomplish this. I believe that, given the right conditions, a group is always orienting itself to allow and further a freedom of expressiveness that is adventurous and meaningful. This process looks more tentative or erratic in a new group than in an advanced one. Groups also face immediate challenges as a whole such as incorporating a new member or recovering from the loss

of a valued member who has left.

I also agree with a point Lowell made that the unconscious plans of patients seeking a group setting will, most likely, take into account that they must work collaboratively to maximize individual gains. It is likely that the synthesis of these individual strivings for collaboration becomes the positive group culture. Some group models take whole group unconscious behavior as a given. They interpret *only* the group process and expect this will be the therapeutic agent for individuals. I believe these models can be quite effective and eye opening but I also believe that at times they are actually interpreting one or two or three individual plans that happen to be coinciding at a given time.

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