# The group process research of Ariadne P. Beck: The phases of group therapy development and the emergent leadership roles – with special focus on the Scapegoat Leader

Bill Roller gaf de keynote-lezing op de zesde National Group Counseling and Group Therapy Conference in China op 21 oktober 2023 in Xiamen. Groepstherapeut Roller runt samen met zijn vrouw en co-therapeut Vivian Nelson het Berkeley Group & Family Therapy Institute in Berkeley, Californië. Hij is Life Fellow van de American Group Psychotherapy Association en was van 2006 tot 2012 voorzitter van de ethische commissie van de International Association for Group Psychotherapy and Group Processes. Wij laten de lezing onvertaald om mogelijke inhoudelijke veranderingen te vermijden.

Door Bill Roller

First, I want to thank all those individuals responsible for organizing this conference in Xiamen and for inviting me to deliver the keynote address. I particularly want to thank Dr. Xu Yong, Chair of the 6th Conference for his kindness and collegial comradery over the past years.

I want to dedicate my keynote address to two of my mentors. First, to Daniel Ellsberg, who revealed the secret Pentagon study of the Vietnam War, known as the Pentagon Papers - and who remained a staunch foe of thermonuclear weapons and their threat of omnicide for the whole world. And second, my professor, Norman Levine, who introduced me to the study of the history of ideas and how they influence human behavior - and who remains an in-depth scholar of Karl Marx, having been invited to teach classes in Marxism at several universities and colleges in the People's Republic of China across a period of ten years. I am grateful to both of them for sharing their keen insights with me and for their lasting friendship.

The subject of my keynote address is the life's work of Ariadne P. Beck, who was a group process researcher and psychotherapy mentor for both my wife, Vivian Nelson, and myself across forty years. The child of Greek immigrants, Ariadne Beck began her career as a seamstress and dress designer in lower

# Leadership in the group does not always, nor should it always, emanate from the designated leader or leaders

Manhattan, New York City. A woman of the working class with a brilliant mind for perceiving patterns in psychological phenomena, upon completion of her graduate studies and licensing as a psychotherapist, she began her practice of group psychotherapy in Chicago, Illinois. It was there that she organized a team of process research psychologists and embarked on her work in the field of group process research. Her qualities of integrity, love of theory, and love of people shown in all she did. Together with her equally brilliant husband, Robert N. Beck - who was a pioneer in the field of nuclear medicine and medical imaging they dedicated their lives to their love of science and their love for each other.

In this presentation, I shall apply the theory developed by Ariadne Beck and the Chicago Group Development Research Team, James Dugo, Albert Eng, and Carol Lewis (Beck et al., 1986). This theory has been derived from

the study of group process over forty years. It presents an analysis of group members' behavior as that behavior contributes to a group's passage through nine distinct phases of development (Beck et al., 1983). The theory describes the emergence of four leadership roles. The theory stems from a systems orientation that stresses the isomorphy of processes characteristic of all living systems.

Isomorphy means that beneath the diverse content of complex systems there exist identical structures and organizing processes. In other words, in a complex system there are similar organizing principles that occur in diverse parts or contexts of the same system. Thus, intrapsychic, interpersonal, and group-as-a-whole phenomena find parallel expression during the life of the group.

Beck also defines the group as an organism (Beck & Peters, 1981): 'As an organism, it evolves in an orderly way over time, unless obstructed; it defines rules and methods for interacting with the world around it and for protecting its boundaries; it regulates its own internal processes and has its own form of organization that gives it coherence, identity, continuity, and a characteristic emotional tone or atmosphere.'

### Distributed leadership

One chief assumption in Beck's theory is the notion of distributed leadership, that is, the idea that leadership in the group does not always, nor should it always, emanate from the designated leader or leaders.

Leadership can and does emerge spontaneously in a group in response to the specific needs of the group – with each leader

expressing these needs either explicitly or implicitly for the group-as-a-whole. These leadership roles are part of the informal structure of the group. Various group members perform these leadership functions in order to accomplish the developmental tasks associated with the group issues characteristic of each phase. A member can be said to assume a leadership role when he or she is perceived to carry out a certain set of leadership functions that define the role. In the context of group therapy, a therapist must become closely attuned to the behavior of these leaders as they emerge. Therapists must observe how these leadership roles

facilitate the group process and keep themselves from getting in the way of the work performed by these leaders.

It is imperative that therapists refrain from competing with these leaders or feel a threat to their own authority when they observe the skillfulness of what the leaders accomplish.

As you read this article, please refer to the tables which describe the nine phases of group therapy development and the four emergent leadership roles (Roller, 1997). At this time I shall point out an example of a leadership role which emerged in the spontaneous, unscripted group that Vivian

- Creating a contract to become a group/making an initial assessment of each other/forming an initial bond.
- 2 . Forming a basic group structure: personal influence and survival in group and the resolution of competitive needs while forging a group identity/ establishing group norms and goals and selecting leaders.
- 3. Disclosure of individual identity/defining individual goals to be pursued in the group/ establishing a group work style/work on early life or authority relationships.
- 4. Exploration of intimacy and closeness in relationships outside of group and in relationships inside the group/challenging the authority of the Task Leader, if necessary.
- 5. Establishment of mutuality/negotiation of the management of dependency, personal limitations, and differences in needs.
- 6. Ownership of the group by the members/sharing power and influence with Task Leader.
- 7. Self-confrontation in the context of interdependence and ownership of one's own problems/resolving core issues.
- 8 . Review of gains made and work still to be done/application of what was learned to other contexts.
- 9. Coping with separation and termination/acknowledging the meaning of the experience and the role that others played in it.

Tabel 1: Major themes in phases of group development. Source Ariadne P. Beck, © 1996.

Leader	Role Function	Conflict Modeled
Task Leader	Convenes the group; guides the task: expert in communication and therapy processes; influences norm and goal development; handles interface of group and its organizational context, group and world outside; is usually the therapist.	Struggles with using or sharing power.
Emotional Leader	Prepared and motivated to participate in group task; monitors emotional processing in group; models the therapeutic change process; best-liked person in the group; most important support person to peers and Task Leader.	Struggles with denying or acknowledging the importance of close bonds with others.
Scapegoat Leader	Crystalizes group-level issues regarding norms; is perceived as 'different' during early group phases; expresses deep commitment to group in the face of being misunderstood; is the object of negative feelings in early phases; monitors the clarity of normative and emotional issues.	Struggles with conformity and autonomy.
Defiant Leader	Expresses considerable vulnerability in group; challenges and questions the trust level in group; expresses ambivalence about participation in group.	Struggles with merging and fleeing.

Tabel 2: Emergent, ongoing leadership roles. Source Ariadne P. Beck, © 1996

Nelson and I conducted and captured on video tape entitled *The promise of group therapy (*Berkeley Group Therapy Education Foundation, 1997).

In this example, the group is in phase 5 of group development, in which group members are struggling to develop mutual relationships based on equality and the acceptance of mutual responsibility for each

other. But the group remained at an impasse: they could not tolerate the direct expression of animosity without feeling rejected. And yet, a good deal of therapeutic change still was possible. Listen to the interaction between Vivian and Bill, Task Leaders, and Judy, Scapegoat Leader, as she resolves an unconscious conflict with her mother and comes to a redecision.

Judy: 'Now at this point I start to feel like I'm taking too much time and space and I'd better shut up. That I shouldn't be doing this.' Vivian: 'Sounds like the message you got from your mother when you did take time and space... I imagine this little preverbal child... how scary it must have been, because you knew what you needed – and you weren't getting it. If you dared to try and get it, you got smashed.'

Judy (speaking softly): 'Yes, yes.'

<u>Bill</u>: 'The little girl decision that you described last session was that you would be a really good little girl... but here it sounds like you're wanting to do something different... and that involves a redecision.'

<u>Vivian</u>: 'And it's not being a bad little girl. It's being a natural child who wants attention and wants time and space for herself.'

<u>Judy</u> (responding emotionally, with her hand covering her mouth): 'When you said the words, 'wants some time and space' I ....(and at this point, a visible shudder passes through her body, showing her emotional release).

<u>Vivian</u>: 'It's okay for you to want that.' <u>Judy</u>: 'I'm just going to say it. *I want time and space*. I'm going to say it again. *I want time and space*' (at this point she is laughing with pleasure).

In this group interaction, we see an example of isomorphy, in which Judy's intrapsychic processes (her past memory of her mother's voice, prohibiting her from taking time and space as a child) is challenged by the Task Leaders whose interpersonal engagement allows her to state her redecision in the here and now. At the same time, there is the group-as-a-whole dimension in which Judy is witnessed by the other group members

whose perception of her has changed. Earlier, in phase 2 of the group, Judy had emerged as the Scapegoat Leader because she was perceived by the group as being different, emotionally erratic, and attention seeking. This is consistent with the role of Scapegoat Leader, whose function is to test what is acceptable behavior in the group and the degree to which group members will tolerate difference.

However, following her redecision, all of the group members accepted her with one exception, Patricia. In this way Patricia became the Defiant Leader, refusing to accept the new norm: that Judy was an acceptable member of the group.

To understand Patricia's unwillingness to accept Judy, listen to the dialogue between Judy and Patricia that occurred the group session before Judy's redecision.

Judy: 'Last week I talked about letting out raw, ugly feelings and (speaking her words directly to Patricia) you really didn't like that... I also had a mother who was the only one allowed to express anger in the family. If I were to express anger...' (and at this point, Judy begins striking her fist against her own hand, physically expressing the wrath of her mother) 'It feels really great to let that out...' Patricia (she's visibly disturbed): 'My heart's beating wildly... my response to you is whoa' (expressing her fear) 'I just want to run away. I had a mother who was just totally out of control with her anger. My response is to stay away.'

<u>Bill</u> (at this point, I spoke up and made an interpretation of what I saw happening): 'I get this powerful image when both of you speak. It's as if there is this witch ghost mother that's hanging over us...'

This was a crisis for Judy, our Defiant Leader. At this point, our entire group entered a period of intense mutual projective identification between Judy and Patricia that approached the level of group illusion and fantasy, as if the past were actually being played out before our eyes. Each woman was frightened of their mothers who they mutually projected onto each other, and at the same time, frightened of becoming their violent mothers. From this point on our group was not able to get beyond this impasse. We remained fixed in phase 5 and not able to advance to phase 6, described as the achievement of autonomy through reorganization of the group structure, or phase 7, described as self-confrontation and interdependence which creates space for deeper relationships to develop among members and Task Leaders.

As the final session of our group approached, Vivian and I had to insist the group began discussing how group members might transfer their learning in our group to the world outside. This is a description of one of the central purposes for phase 8. And we had to emphasize the importance of having a closure and how they must overcome their resistance to termination of our group. The group is tasked with finding meaning in our relationship with each other, even as we say goodbye. This is a central purpose of phase 9.

### The early phases

But let's now circle back to the early phases of our group in order to see some of the steps that preceded our coming to an impasse at phase 5.

Initially, a gathering of people must agree

to become a functional group. This is the beginning of phase 1, called 'Making a contract'. In this phase, they must elucidate both individual and group goals, clarify expectations, and thereby commence the early establishment of norms for the group. The questions 'Can I accept the others?' and

# The Scapegoat Leader tests the degree to which group members will tolerate difference

'Will they accept me?' are prominent in the members' minds. We saw that these questions were still relevant when in phase 5, our Defiant Leader refused to accept Judy as a member of the group. Although the first bond the members feel is usually with the therapist, that alone is not sufficient to sustain membership in the group. The members must discover connections with each other in order to create group cohesion. Thus, a beginning sense of group identity starts to form in the minds of its members. Four of the seven members in our group were mental health professionals and they had cause to wonder about its identity: did Vivian and Bill intend to conduct a therapy group or a training group?

This question was answered in phase 2 called 'Establishing a group identity'. In this phase, the group defines its purpose, chooses a style of communication – whether egalitarian, competitive, or cooperative – and allows leadership to emerge. The group members must identify acceptable norms by facing their differences and learning to

tolerate them. The process of scapegoating is a common feature of this phase and the Scapegoat Leader emerges at this time. This leader becomes either the target of attack or the container for negative projections by other members who perceive that she or he is quite different from the others in the group. The therapist must be active to help the group see whether this difference is real or a projective fantasy. In this way, the Scapegoat Leader tests what is acceptable behavior in the group and the degree to which group members will tolerate difference, helping clarify the norms of inclusion. Therapists must be active in stressing the inclusion of all members. In this process, the members must face their anxiety about differences without resorting to attempts to control others.

It is difficult to determine the exact moments of transition between phases, but I believe Patricia's confrontation of Judy in the second session of our group was a key point in our passage from phase 1 to phase 2. See how Patricia foreshadows her emergence as the Defiant Leader later in phase 5 by questioning Judy's standing as a therapist because she has failed to resolve her issues with anger. Listen to the interaction:

Judy: There's trust of other people and there's trust of myself... and there's distrust of my own level of urrghh (she makes a guttural nonverbal expression of violent anger).

Patricia: You're talking about your anger... yesterday I really went toward you and loved your openness... but I did feel your anger and I'm thinking "She's a therapist, now how much therapy work has she done around this?"

Or do you continue to talk and talk about the same thing and not go anywhere with it?'

<u>Judy</u> (speaks after a few moments): 'You're putting me in touch with this other side... which is passive aggressive... I think your response is an appropriate response to my passive aggression.'

The willingness to confront differences and dislikes, especially to a person who emerges, as Judy does, in the role of Scapegoat Leader, signals the passage into phase 2 behavior, in which judgements are made explicit and the limits of toleration are tested.

The group remained in phase 2 the following session. Patricia was absent, so the further elaboration of the conflict between Patricia and Judy had to be postponed until the following session, session 4. However, before that session, Judy called Vivian and me and expressed her wish to leave the group. We gave our permission for her to take care of herself in any way she needed to – including coming to the next session and letting the group know she would leave and not

# Paradoxically, our permission to leave allowed her to stay

complete the ten session commitment that all members had made. It was important that as Task Leaders, we did not take an authoritarian position with the Scapegoat Leader. Paradoxically, our permission to leave allowed her to stay.

Our group was fortunate enough to have in Judy a Scapegoat Leader strong enough to contain the negative projections of the members – and to resist the temptation to leave the group before the resolution of phase 2. Her decision to stay helped propel the group into phase 3, called 'The exploration of individuals in the group'. This is the level of development reached by most counseling and therapy groups and they can successfully help participants to accomplish behavioral changes. In phase 3, the group's capacity for intrapsychic examination is tested. These processes lead to higher trust among members and greater cohesion, lessening to a degree the group's anxiety about being close with one another. Peer bonds are formed as members share personal histories, helping others understand their particular circumstances and awakening feelings of empathy within the group. Phase 3 is also a time when parent-child issues are explored, opening the possibility of widening the scope of the members' reflection onto authority issues in the larger world.

### Shift

When Judy returned to group, she revealed how 'alienated and regressed' she had been the previous session. But she decided not to leave. She realized she had tried to be intimate too soon with the group. She added that she could shift and participate from a different part of herself.

The shift began when Judy interacted with John, who had implied she was trying to control the group. She said to John, 'I'm not trying to control the group. I'm shifting my perspective.' John, in the role of Emotional Leader, began to adapt to Judy's shift and helped the group adapt also. As the group moved out of phase 2, members had to claim their own projective processes that

contributed so much to the scapegoating phenomenon. Appropriate to his Emotional Leadership, John began the process, evoking a strong emotional response within Judy. The following exchange is a good example of how the Emotional Leader took responsibility for his own behavior and in that process contributed to the acceptance of the Scapegoat Leader and to her own self-acceptance.

John (saying to Judy): 'When I left this group last week, it was with the resolve to do no harm, and I was concerned that I had...'

Joanna: 'John, can I interrupt you a minute?'
(John has missed that Judy is crying)
'I want to give Judy a chance to respond.'
(And then Joanna turns to Judy and says)
'Take your time... the cameras are rolling but we're all here.'

<u>Judy</u> (speaks to John): 'When you said to me "Your face looks controlled" – you handed me the knife and I did like that (she uses a hand gesture to indicate she is stabbing herself).'

'What I heard was I'm looking the way I hate looking... My face does look like a mask sometimes.'

In this scene we see Joanna acting in the role of a Task Leader, appropriately pointing out our Scapegoat Leader's deep emotional response to the words of John, our Emotional Leader. The creative engagement of these two members in powerful leadership roles is very exciting to watch because it portends positive growth in the group as a whole. Joanna's act had great import for healing in the group, because by making space for Judy's emotional response, she was recognizing and accepting the Scapegoat Leader.

Her gesture removed the tone of competition between the Scapegoat and the Emotional Leader and helped resolve that issue for the group as a whole – a fine example of isomorphy, in which the interpersonal sphere and the group as a whole reflect

## If there are co-therapists, they must welcome this shift in power

each other's growth. It is not unusual for a skillful group member to assume the role of Task Leader on certain occasions. Again, it was important that Vivian and I let Joanna have her moment of brilliant intervention without interference from us.

### Phase 4: the establishment of intimacy

Attention to the individuality of members in phase 3 opens the possibility for intimacy during this phase in two important respects: first, the members can express closeness and tenderness, and second, they can discuss sexuality as it affects their lives. New informal norms are established concerning closeness and distance, such that a level of self-revealing behavior is now appropriate that would not have been earlier, which was the case for our Scapegoat Leader, Judy, who revealed too much too soon. Expressions of warmth and attraction let members bond at a deeper level. Group members are more relaxed and able to enjoy each other. The cohesion experienced at the close of this phase creates an openness for a new commitment

by the group members in phase 5. Members become less dependent on their therapists, viewing them less as authorities and more as persons.

If there are co-therapists, they must welcome this shift in power and be comfortable with the expression of positive feelings. Humor and playfulness come to the surface and move the group in a direction of greater creativity.

I want to give you an example of the new expression of warmth that is possible in phase 4. Victoria, a member who up to this point had been quiet and reserved, now initiated an intimate exchange with John, expressing both her own and the group's feeling toward the Emotional Leader. Listen to what she says:

<u>Victoria</u>: 'When I think about you John, I get this image of Friar Tuck in Robin Hood – Somebody who has a lot of humor and a very big heart... the way you protect yourself is intellectually... but you're protecting a very big heart. (There's a 15 second interval of silence in which Victoria and John maintain eye contact; John nods and his eyes swell with tears.)

<u>John</u> (speaking softly): 'I appreciate... it's beyond words for me... (there are 10 more seconds with eye contact) it is intense for me that type of exposure...'

<u>Victoria:</u> 'My heart's beating really fast, too. I just want you to know I see you.'

What I have tried to do in this article is bring you closer into the experience of both the phases of development and the Emergent Leaders of our group who facilitated their passage.

But, for me, the value of Beck's theory lies

not in the precision with which we can make demarcations between phases of group development or even our exactness in naming the leadership roles. What seems of greater significance is how her theory illuminates some of the dynamics of a group amid the rich abundance of data that are present. Also – much like previews of coming attractions at motion picture theatres – the theory helps us predict a few events, so we can adjust our behavior as group therapists to meet the expected challenges.

I hope I have conveyed to you the fun and excitement that lie in the exploration of group process. Of special importance to me has been the on-going relationship between Vivian and myself as co-therapists in group and co-collaborators in sharing the deep discoveries in ourselves as we ask the questions about how a group develops meaningfully across time.

Bill Roller is a psychotherapist, relationship and family therapist and group analyst, working in his own practice in Berkeley, California, where he lives with his wife and co-therapist and co-author Vivian Nelson. He is the author and co-author of more than fifty publications and has been involved as principal investigator in two important studies on group therapy and group processes. In 1997, with Vivian Nelson, he produced The promise of group therapy: A live to tape femonstration of a time-limited group. The video presents a concise and compelling way of conceptualizing small group process. The same year he wrote The promise of group therapy, parts of which are included in the present article. In 2014, he produced Group dynamics and the New Heroism: The ethical alternative to the Stanford Prison Experiment, a six hour spontaneous, unscripted video series, available on Flash Drive that tracks the Berkeley Civic Courage and Heroism Experiment as it investigates the group dynamics which bring out the best in human beings and allow them to act together in alignment with their moral beliefs, even at possible risk to themselves. Instructive commentaries are supplied by Philip Zimbardo and Bill Roller, co-creators of the experiment. In 2017, they published the article The Berkeley Civic Courage and Heroism Experiment: The group dynamics of individuals acting in concert to advance ethical goals in the public interest in the International Journal of Group Psychotherapy. Go to www.berkeleyfamilyandindividualtherapist.BillRoller.com to find the complete text of article under Group Dynamics and the New Heroism.

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### Literatuur

Berkeley Group Therapy Education Foundation (1997). The promise of group therapy: A live to tape demonstration of a time-limited group. Available from us now in an expertly captioned Six Hour Flash Drive format.

Beck, A.P., Dugo, J.M., Eng, A.M. & Lewis, C.M. (1986). The search for phases in group development: Designing process analysis measures of group interaction. In L.S. Greenberg & W. M. Pinsof (Eds.), *The psychotherapeutic process: A research handbook* (p. 615-705). New York: Guilford Press.

Beck, A.P., Dugo, J.M., Eng, A.M., Lewis, C.M. & Peters, L.N. (1983). The participation of leaders in the structural development of therapy groups. In R.Dies & K.R. MacKenzie (Eds.) *Advances in group psychotherapy: Integrating research and practice* (p. 137-158). Madison, CT: International Universities Press.

Beck, A.P. & Peters, L. (1981). The research evidence for distributed leadership in therapy groups. *International Journal of Group Psychotherapy, 31(1),* p. 63.

Roller, B. (1997) The promise of group therapy. San Francisco: Jossey-Bass Publications.