



# Die gesellige groep

Op het NVGP-congres in maart gaf Schlapobersky een lezing. De Zuid-Afrikaanse titel vertaalt hij zelf in het Engels als *The convivial group*. Voor meer informatie over Schlapobersky verwijzen wij naar het interview in dit tijdschrift.

We plaatsen de tekst van de lezing onvertaald, zodat er niets van de betekenis verloren kan gaan. De auteur heeft de tekst voor ons blad aangepast en uitgebreid.

Door John Schlapobersky

Ik wil mijn oprechte waardering uitspreken voor de congrescommissie van de Nederlandse vereniging voor groepsdynamica en groepspsychotherapie en voor de uitnodiging om als hoofdspreker naar uw jaarlijkse congres te komen. Dank aan Charles Huffstadt, Ingrid Krijnen, Gonnie Kugel en Pepijn Steures. Ik doe een beroep op mijn tweede taal uit mijn jeugd, de taal van mijn kindertijd, mijn opvoeding in Zuid-Afrika, om u tegemoet te komen. Het is een eer om voor u te mogen spreken. Ik wil uw hulp vragen als nieuwkomer in uw gezelschap om samen met u een voor u bekend begrip te introduceren en te onderzoeken, de titel van mijn lezing *Die gesellige groep*. Mijn verontschuldigungen dat ik na deze inleiding in het Engels zal verdergaan.

In order to make a beginning as a newcomer to your society and as a stranger amongst you, I want to enlist your help, so we can consider the title together – *Die gesellige groep*. The title opens many questions. Its meaning can be explained to only some extent by the sub-title – *A study of longing and belonging in groups and cultural life*. What is a gesellige groep? We meet and live in many groups. Can a group meet and not be gesellig? Are all therapeutic groups gesellig? What is the difference between a group that is gesellig and one that is not? Can I suggest

you choose someone sitting near you and in pairs would you please spend a few minutes talking to one another about these questions? I will interrupt you to take things forward but before doing so will remind you of the questions: what is a gesellige groep? Can a group meet and not be gesellig? What is the difference between a group that is gesellig and one that is not?

Please hold on to your own conversational exchanges – and to any thoughts you may have as to whether your exchanges themselves were gesellig – and later during this presentation, we will hear from you directly.

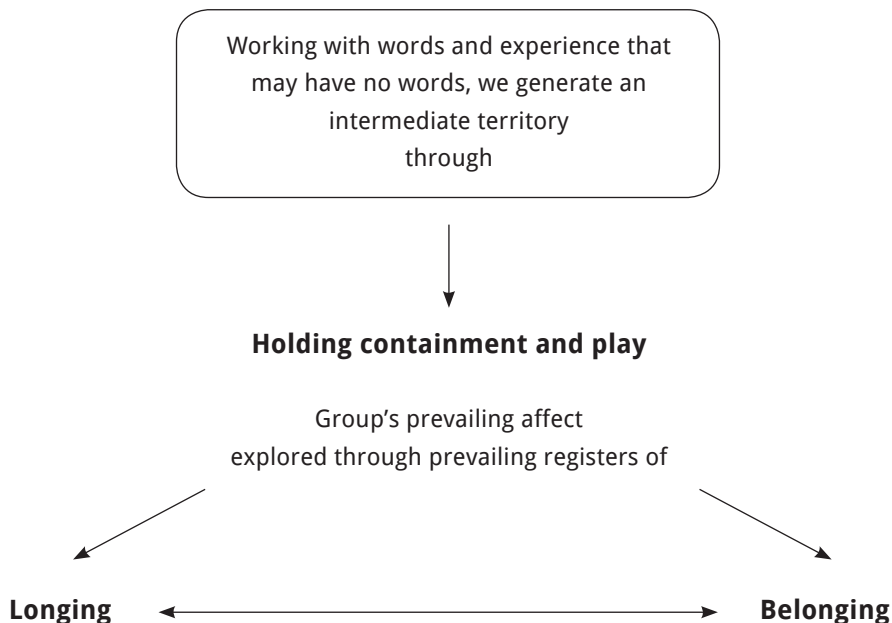
Now that we have had a chance to ‘warm up’, I will offer some of the working definitions on which this presentation is based. A **necessary condition** for a group to be gesellig is that it will be conversational. **Sufficient conditions** are that our groups will have intimacy, atmosphere, trust and engagement. Some groups have one of these sufficient conditions, some another, and some groups have all four, but all of them will be conversational. Let us take up contrasting examples. First, here is a group of surveyors that meets with tools and instruments to plan the layout of a road; next, a group of policemen and women who meet to conduct an investigation; third, a group of teachers who meet to plan a curriculum; and fourth, a group of clinicians who meet to conduct a surgical operation. They may all become gesellig, but they meet as workgroups with tasks in hand in which being gesellig is a bonus, it is not a condition of the meeting. On the other hand, a therapy group meeting according to group-analytic principles will not be therapeutic unless it is gesellig. The

special qualities that make it gesellig – qualities we find in its conversational nature – are the very point and purpose of the group’s meeting.

### **Holding containment and play**

I will look at the terms and constructs by which holding, containment and play are worked with in therapy groups. In the group-analytic model play is a key to the work which is done through free-floating discussion. Through its play with words and the play of experience that may have no words, a group can provide both an arena for containment and a platform for exploration. Longing and belonging are used as registers to explore the prevailing emotions of a group or organization. The interplay between them creates intermediate territory in the circle of a group – what Winnicott called transitional space. Intermediate territory or transitional space belongs to no-one because it belongs to all. It is mine only because it is ours and it can only be ours when everyone is included. How do we make these ideas work in a therapy group? In chapter 15 of my book *From the couch to the circle: Group-analytic psychotherapy in practice* (Routledge 2016), I consider both Winnicott’s picture of mother as an infant’s first object (source of longing) and original environment (source of belonging); and the ideas of S. H. Foulkes, founder of group analysis, who described a group’s shared space as a ‘common zone’. A group can represent either or both of these figures – object or environment – at any point in its progress. It can provide a containing environment for its members (James 1994), and it can also become or provide the object(s) of their desire or animosity (Nitsun 2006).

Figuur 1. Free-floating discussion in group therapy



In Figure 1 you will see a sketch that conveys how the conversational process of a gesellige group works with words – and with experience that may have no words – to generate intermediate territory through holding, containment and play. The terms or constructs, **longing** and **belonging**, are in the repertoire of the therapist or conductor. They are designed to help clinicians recognise a group's prevailing affect or emotional state found in the texture of its discourse or in the harmony or dissonance of its process. Whilst conducting a group and attuning themselves to these states of emotions, the conductor can equip a group to deepen its work by strengthening its containing process or by widening and extending the range of its exploration.

Here is the first illustration of a gesellige group at work. All the illustrative material in this presentation is drawn from my book where clinical content is presented in numbered vignettes. This is vignette no. 1.3 which you will find on page 36. Vignettes and figures drawn from the book have their source given in brackets. Like all the others, this vignette is drawn from a real group at work. Where individuals in the vignettes bear recognisable correspondence to real people, the stories are re-arranged to anonymise them, and where necessary the individuals have been consulted to secure their consent to publication or presentation. This is in line with the Code of Practice of both my own Training Institute, the Institute of Group Analysis in London, and the Interna-

tional Psychoanalytic Association. This vignette is called 'Why are we talking about sausages?'

**Vignette 1** *Why are we talking about sausages?*  
(Vignette 1.3, p. 36)

***In a therapy group for couples in trouble:***

*a woman's anxieties about her overweight husband consuming yet another round of sausages, are expressed in a lengthy monologue. She describes his recent assault on the refrigerator and the fry-up he made for himself in the middle of the night. She cuts a diminutive figure in the group and – by comparison – he is enormous. However, by the time her monologue is concluded she has grown to outsize him and become a large figure of reproach whilst he shrinks beside her in embarrassment. Without much need for intervention from the two therapists this leads to an exchange involving all ten members – four couples and the therapist couple – about just how dangerous sausages can be. After all, his wife continues to insist, his blood pressure is already much too high. To begin with the discussion is polarized between the men and the women – it takes the form of a hostile and blaming dialogue of mutual recrimination. Some of the men blame their female partners, either for their weight problems or for their 'dangerous' shopping and the purchase of cholesterol-rich sausages. This leads to indignant protest from the women, some of whom say that what men put in their mouths is their own responsibility. My co-therapist and I have been silent for much of the group but, at a point judged finely for its timing, she turns towards me across the group and asks with a smile, 'John, why do you think we're talking about sausages?' Through the ensuing laughter the group's 'humourist', a man who is often*

*entertaining, says 'Why not sausages? And why not bananas too?' There is more laughter, and the group moves on to a different form of exchange that is no longer polarized as people play with sexual symbols and the discourse is punctuated with suggestive humour and excitement as people compare sausages with bananas, but we never get closer than this to any phallic reference.*

*In a gesellige group people will return to converse after even conflictual, disturbed and challenging exchanges, because the conversation counts for more than its content*

*The question is not answered directly, and we laugh and play together. In the emerging cohesion this engenders, members' discourse focuses on what underlies it in the shared unconscious of the invisible group. People come to agree, when asked at several points, that what we are really talking about is cholesterol. One man says it's an identified poison. Some of the men complain that it is their partners they are being poisoned by – every time they're fed sausages – which leads back to vigorous opposition from the women. With further therapeutic intervention we conclude with a tentative new understanding of the poisonous projections by which people confound each other. We return to this new quality of understanding in the sessions that follow.*

*During the next few weeks anxious **monologue** about weight and health, oppositional **dialogue** between men and women and then free-floating **discourse**, take us to the heart of self-harm and the collusions around it. With this new-found understanding, the group progresses from **cohesion** to **coherence** (Pines 1998:211–223) in which the **mirror** is the group itself as it reflects back to each, painful truths about the damage that people do to themselves and the way their partners are either enlisted to collude or forced to protest. My co-therapist and I – the conductors – are in the group and outside it at the same time.*

This group is not typical of those you would come across in the working practice of group analysts in the UK, first because it is for couples rather than individuals, and second because it has two therapists rather than one. The majority of group-analytic groups in the UK are set up for individuals and have just one therapist. You will hear about these groups in the vignettes that follow. I have chosen it to open the presentation because it allows us to review many of the model's key concepts in just one illustration.

### **Conceptual review**

The concepts reviewed are: the conversational basis of the group's process; free-floating discussion; differentiated language forms taken by free-floating discussion in non-directed groups (what we call monologue, dialogue and discourse); the leadership role including the definition and role functions of the conductor; and the group's different domains – the current, transference, projective and primordial. When the conceptual review is concluded, I will turn to the sub-title of our heading – to longing and belonging – and see

how these concepts can help us focus and organise our working practice through three further vignettes.

#### *1: Conversation*

First, you can see the conversational basis of group member's interaction. The fact that this group is gesellig runs through all the other considerations.

#### *2: Free-floating discussion*

Second, the conversational process is not directed by the therapists who conduct the group by following rather than leading it. We call this **free-floating discussion**, the group-analytic equivalent of what Freud called free association. The term 'free floating discussion' was introduced to our field by the founding father of group analysis, S.H. Foulkes. I shall have more to say about him and his contribution later in the presentation (Foulkes and Anthony, 1984).

*Generosity emerged as  
a quality they had not lost,  
and from this discovery  
each of them would  
rebuild their world*

#### *3: The language of the group*

Third, you can see progress through the characteristic language forms taken by free-floating discussion that evolve in the life of most conversational groups. We begin with one person's protests delivered to the group about her overweight husband. From this

monologue we do not get dialogue between the two members of this couple because their exchange is not opened out in this session. It turns instead into oppositional dialogue between all the men and all the women. This in turn progresses to the more complex, open and diffuse language-form that we call discourse or polylogue in which there is no exclusive narrative line – there are no single or targeted contributors and no restrictions on the enquiry – it just flows. We are talking about sausages. Or are we? What are we really talking about? We will come to that question in just a moment. For now, let us stay with the conversation which – though it may get heated and conflictual – remains more important to the participants than its content or conclusions. That is why it is a *gesellige* group.

To understand a group working in this way we need to address the texture of its discourse rather than the text of its narrative line. People come to find that being in conversation counts for more than anything else. In a *gesellige* group people will return to converse after even conflictual, disturbed and challenging exchanges, because the conversation counts for more than its content. In the conversation we create a group climate – on the day – and a group culture that evolves, persists and develops over time. In the group described above, you can see a conversation at work that has intimacy, atmosphere, trust and engagement. The group climate is what happens on one day. The culture is what evolves over time. We use the term **matrix** to describe these attributes taken together, another of the concepts that Foulkes introduced. You will have also seen that I noted a progression from cohesion to coherence, a

conceptual distinction introduced to the field by Malcolm Pines (Schlapobersky 2016, p. 36-7). The first has to do with affect or emotion by which people are bonded and the second has to do with insight and oversight, by which people understand one another and are understood (Schlapobersky 2016, p. 52-53).

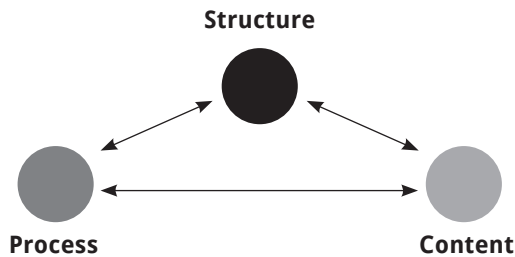
*Intermediate territory  
or transitional space  
belongs to no-one  
because it belongs to all*

We work with the ordinary language of shared conversational experience that moves between monologue, dialogue and discourse. The conductor faces a primary challenge – in which group members are recruited to help turn monologue into dialogue and dialogue into discourse. Then, when discourse is free-floating, we can step back to take up a more reflexive position and help to monitor and explore thematic lines as we get in touch with the content of the group's exchange (Schlapobersky 2016, p. 112-134). We join the conversation to underline key points of enquiry through which – working now with the group as a whole – we translate the unconscious language of symptoms, symbols, conflicts and tensions, into new and different forms of understanding. The next of the presentation's slides gives a picture of the group-analytic model at work. The figure and page numbers in brackets give these illustrations' location *From the couch to the circle* from which they are drawn.

Figuur 2. Defining the group-analytic model (Figure 8.1, p. 225)

### Group-Analytic Psychotherapy

- 1: Group Activity 'Psychotherapy in the group, by the group, including the conductor'
- 2: Group Conductor As 1) Convenor  
2) Therapist  
3) Group member
- 3: Group Matrix The ordinary language of shared conversational experience in which people struggle with meaning
- 4: The Three Dimensions of a Group: Structure, Process and Content



#### 4: Leadership and the conductor

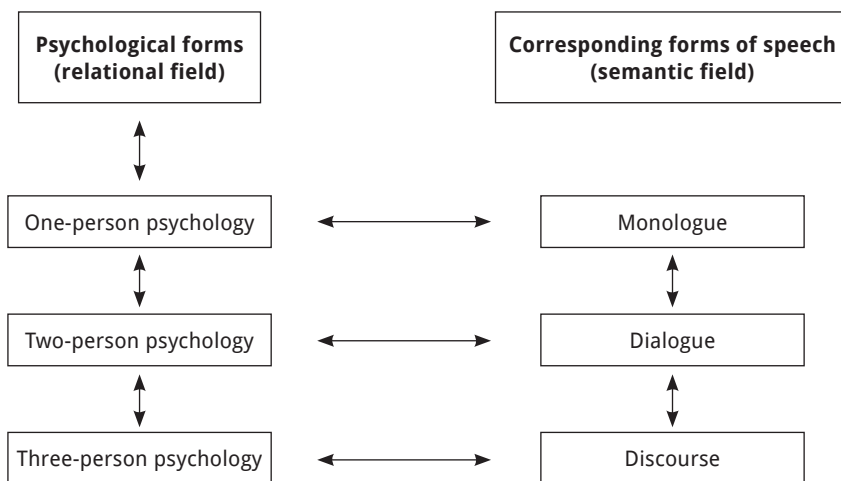
The definition of group-analytic psychotherapy as 'psychotherapy in the group, of the group, including the conductor' is a direct quote from S.H. Foulkes (Foulkes 1984, p. 3; Schlapobersky 2016, p. 34). The leadership function is held by the 'conductor'. The conductor's role and function are major considerations in any presentation about this model. We consider the conductor's role under three inter-related headings – convenor, therapist and group member (Schlapobersky 2016, 301-324). The conductors here have convened the group, which means they are responsible for its membership, venue, timetable, setting and structure. As therapists they do what we all do in therapeutic settings – make ourselves available, responsive and reflexive. Our attunement is qualified by the challenge of being open and

available without being transparent. This finally brings us to the conductor as a member of any group they are responsible for – a member whose own humanity and human responses are vital resources for the group itself. Some of these reactions may be disclosed and others will be reviewed in the counter-transference without disclosure. My co-therapist poses a question for me across the process of the group – 'Why are we talking about sausages?' – I don't answer but we smile at one another and some of the answers are given by the members. As we take the enquiry forwards into increasingly deep and searching areas of enquiry, the question posed becomes a platform for a humorous, gesellige exchange that leads on to further exploration. You will also see the three primary dimensions of any group in the coloured circles describing a group's

structure, process and content – more foundation concepts introduced to the field by Foulkes and Anthony in their original text,

*Group psychotherapy: The psychoanalytic approach*, published in 1957 and never out of print since (Schlapobersky 2016, p. 223-234).

Figuur 3. Forms of speech in the group and corresponding psychologies (Figure 4.1, p. 114)



Free-floating discussion is the group-analytic equivalent of free association. The term originates in Foulkes's own writing and describes a set of key clinical concepts in therapeutic practice that distinguish the group-analytic approach. The use of association in this approach differs from its use in individual analytic practice (Kris 1990) and from the techniques used by practitioners of other group methods (Yalom and Leszcz 2005). Three primary forms of speech arise in the matrix of any group. At the most basic level *monologue* – speaking alone (with or without an audience) – is a form of individual self-expression. At the next level *dialogue* – a conversation between two people or two groups of people – is the form of communication that distinguishes a polarized exchange that may take place between two

people or two groups. And at the third level *discourse* – the speech pattern of three or more people – allows the free interaction of all its participants in a flexible and complex exchange that distinguishes the communication of a group (Moffet 1968; Schlapobersky 2016, p. 112-134).

##### 5: Domains or levels of the group

The fifth basic consideration introduces how a group's dynamics can be understood in different domains. The original understanding of these domains, which we owe to Foulkes, described them as levels illustrated by Figure 3 (Foulkes and Anthony 1984, p. 260; Schlapobersky 2016, p. 328-358). In Figure 4 you will see them set out as domains. Let us first apply these differentials and then consider how to describe them. The first speak-



er introduces anxiety and concern for her husband's health. These are reality-based issues working at the current domain or level. All therapy groups begin with such concerns. In the background are unspoken issues between the partners in each of these couples, the un-articulated issues making up the ground that becomes figural in therapy – as when the women protest against the men's blame and when the men protest against the women's shopping patterns. We call this the transference domain and, following Foulkes, we take horizontal transference amongst group members just

as seriously as the vertical forms of transference that can develop between members and conductors. The transference here is gender-based and horizontal. In this presentation's concluding vignette, you will see vertical transference at work in the relationship between one of the group's members and the conductor. We call it transference because historical resentments belonging to peoples' past are being imposed upon (or transferred to) one another in the present. Transference in groups is the subject of Chapter 14 in my recent book (Schlapobersky 2016, p. 359-392).

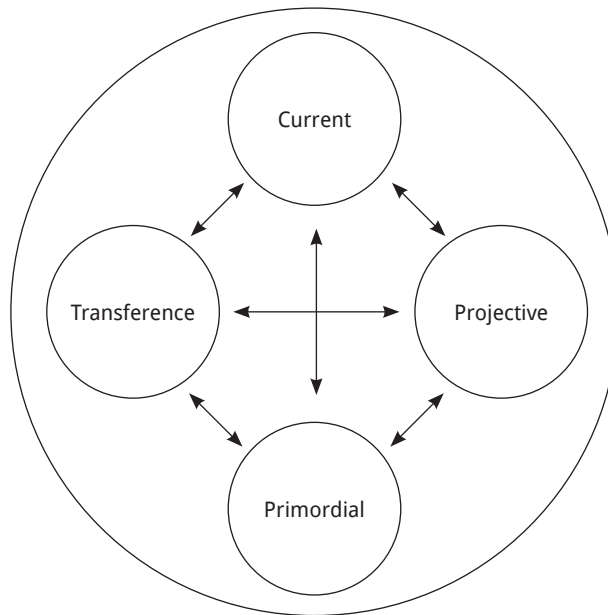
*Figuur 4.* Four levels of the group described as domains with conductor's role responsibilities (Table 13.2 p. 341)

<b>Domain</b>	<b>Domain name</b>	<b>Conductor's functional roles</b>	<b>Role-responsibilities of conductor</b>
1	Current	Convenor	Dynamic administration holding, containment, location
2	Transference	Therapist	Reflection, location, translation, interpretation
3	Projective	Convenor, therapist, group member	Spontaneous & direct speech; location, translation, interpretation
4	Primordial/ archaic	Therapist, group member	Promote group construction of metaphor & allegory; location, translation, interpretation

Then we come to the issue of cholesterol which the men raise as an 'identified poison'. You can see that their gender-based transference is full of projection. All fruitful therapy groups gain their therapeutic 'potency' when, through projections like these, people put pressure on one another leading to different reactions from the recipients who either comply with or oppose these projections. This is the projective domain

or level. And then, running through the exchange as a whole is the symbolic meaning of the sausage or banana – sausages are phallic objects at one moment and, at another, they come to represent poison. The communication that we owe to this kind of symbolic language in groups is summarised as belonging to the primordial or archaic domain or level.

Figuur 5. Four levels of a group's communication described as domains (Figure 13.1, p. 343)



The term that Foulkes introduced to the field to describe a key responsibility of the conductor is **location**. The conductor is responsible for the identification of focal conflicts which are the key constellations of affect in the life of the group that underlie its other dynamics. In this vignette we locate these key areas of disturbance through the drama about sausages. Then, working with the group we **translate** the 'sausage-based' drama from the current domain to the transference and projective domains and discover that what this preoccupation really stands for or represents – cholesterol, 'an identified poison'. We come to the fourth domain in which we discover how deeply held but unconscious anxieties between these partners arise through the fear of committing injury against, or suffering injury from, their partner. Behind these fears is a yet deeper one that has to do with self-harm

in which partners are enlisted to collude or forced to protest (Schlapobersky 2016, p. 440-458).

### Longing and belonging

Two vignettes illustrating new, emergent states of belonging in therapy groups

**Vignette 2.1** *My brother, what have they done to you? Some relational moments (p. 68)*

*A group of eight men sit in a circle with two therapists for the first meeting of what will be a 2-year group programme of some 70 sessions. They come from countries in which torture is endemic and have all been profoundly injured. None of them know each other or have any prior association, but they all know one or other of the two therapists. Some are from the*

*Horn of Africa and include a Christian Ethiopian and Muslim Somali. From Black Africa there is a Congolese and a man named Jonas who is a Rwandan Tutsi who survived the genocide. Both of them were raised as Christians. The other four include two Iraqis who are Sunni Muslims and two Iranians who are Shi'ite, one of whom is Mustafa. Their religion, nationality and the ethnicity of their origins are given to stress their differences. What they have in common is prior experience of traumatic loss and violence in their countries of origin. They are all refugees. We are meeting in a clinic established to provide such services for this population. All the group's members have already had extended periods of rehabilitative care followed by preparatory psychotherapy with either one of the two co-therapists.*

*To begin with we struggle through introductions that falter and halt. People refer all their questions to one or other of the therapists, from whom they expect answers. The two therapists are occasional and cordial participants, but we consistently refer back to the group. Then there is silence, followed by limited narrative sequences in people's fragmented stories of origin and arrival as refugees. We are as enabling as possible, but the edge to people's anxieties is inhibiting. All new groups begin this way with a form of serial monologue. Thirty minutes into this fractious exchange, governed by seemingly unproductive pauses in which people look frequently to the therapists, one of the men, Mustafa from Iran, asks where the toilet is. He is directed by one of the therapists, and everyone sees him gather his crutches from beneath his chair and limp across the room to the door. He was already seated when the other members arrived so – until now – only the therapists knew how*

*handicapped he was. We watch his every move in a kind of charged silence that remains unbroken whilst he is out. A few minutes later the door opens and, watched by everyone, he struggles across the room back to his seat and stumbles into his chair perspiring from the effort. Finally, he replaces his crutches beneath his chair.*

*Jonas from Rwanda has extensive, visible scarring to his face and neck and speaks with a commanding French accent. He looks at Mustafa across the room and, leaning towards him, says, 'My brother, what did they do to you.' There is a long pause and then, with the reply, the room is filled with relief and a real exchange emerges. Mustafa speaks in broken, faltering English about how soldiers at home broke his back with their rifle butts and boots and tells us how lucky he is to be alive. He goes on to tell us of how his family saved him, how he escaped from Iran with his wife and of the baby they are expecting. This is a truly relational moment that moves us from monologue to dialogue. The dialogue between these two men leads, in turn, to a non-directed and random exchange across the group in the kind of conversational exchange that discourse is comprised of which informs us that the group is coming to life. It will falter, fall back and confound itself many times over in the coming months of therapy. But in this first relational moment we all became witnesses, and in the act of bearing witness, group therapy begins.*

The question is not only an enquiry, but is also a statement of identification and a gift to the group and its therapists. Nothing could have prepared us for this, and it would have been impossible to anticipate or rehearse. Given the right conditions, events of

this kind happen all the time in group therapy. They are the *portal moments* (moments that open a door) in which 'A sense of mystery, astonishment, and uniqueness (...) transcends any descriptive technicalities', described in Chapter 1 by Cox and Theilgaard (1987, p. 17). The moment at which Jonas puts his question to Mustafa could be considered using Tavistock basic assumptions. In the shift introduced by the question, we could see a move from dependency to pairing. But to analyze this move according to simple, basic assumptions is to overlook the richness of the therapeutic encounter. It is better described as a move from monologue to dialogue that helps introduce an intimate conversation. This kind of question is also a communication and an answer to any one of a number of other, unstated, earlier questions: 'Who are you? How did we all survive? How can we face the extent of human cruelty? What can we do together about the injuries that show on our faces and in our bodies?'

In the question there is also an answer to yet another unstated question. I will be your brother, he says, will you be mine? In the moment of his question, he begins to create brotherhood amongst us. General points can be extracted from this opening that are relevant to all group psychotherapy. These people had lost just about everything – their relatives, health, home and country and their sense of integrity. Though they were preoccupied with their own losses they could – through their compassion for one another – rediscover their dignity. Generosity emerged as a quality they had not lost, and from this discovery each of them would rebuild their world. This 'band of brothers', described as a 'sipology group' in the intro-

duction (Vignette 0.3, Sipology with soap and bubbles, p. 6) settled down to two years of productive work in the course of which they stabilized their lives in a strange country. They began the mourning process of coming to terms and did so as displaced people in the absence of their customary rituals of mourning and grief work, relying instead on the group itself. And finally, they began to generate together a real sense of future.

In vignette 2.2, a different but related vocabulary is developed in a small group for those recovering from acute mental illness who are meeting in an office near to but outside the psychiatric hospital in which they were once inpatients. They come in now just for the group's weekly meeting that is described in its early stages and it will have the same built-in progression as the one described in vignette 2.1.

**Vignette 2.2** *The 'normals' in our space capsule* (p. 70)

*From our first session we looked out at the 'normal' world that included the man mowing the lawn across the pathway beyond, at pedestrians crossing the road and at the traffic of human society outside the hospital. This was the view they described as participants decided, through quite a lot of laughter, that the world outside was comprised of aliens whilst we alone lived in a 'space capsule' called 'the Normals.' The laughter took on a quality of almost manic relief when someone started singing under their breath, 'We all live in a yellow submarine, yellow submarine, yellow submarine.' In the laughter that followed this was to become a refuge and sanctuary as people slowly rebuilt their lives.*

We can take these two vignettes to illustrate how groups create sanctuaries – places of refuge where its members belong. They ‘belonging’ to both the shared experience and to developing relationships with one another.

Moments of this kind are reported by therapists working with all injured or stigmatized groups. They are described through the book amongst those in therapy for life-threatening illness; in despair about their old age; in prison coming to terms with their own violence; in groups for asylum seekers and refugees coming to terms with the violence of others; and parents in couples groups coming to terms with the loss of a child. These moments can be referred to as *relational moments* when the creation or discovery of a bond is also a source of illumination through which the group itself can become an *auxiliary ego* (Schlapobersky 2016, p. 39-40; 410-412).

**Concluding vignette illustrating confusion between longing and belonging: first steps towards resolution**

We invite the members of our therapy groups to use them to learn how to differentiate between *the real, the constructed and the representational*. Those who join our groups use them as a forum to investigate their own imaginary objects and tolerate the *return of the repressed* as the forgotten, the dissociated and the repressed emerge from hidden locations in the unconscious (Fairbairn 1943/2002). Warren is the central character in vignette 15.2. He struggles with what he calls his ‘fatal attraction’ for transgressive sexuality. Arousal and boundary violations have run together during his adult

life. He relates to the ensuing problems as if fate had nothing else in store – he behaves as if he were helpless. Psychoanalysis used to call this a *fate neurosis* based on Freud’s notion of *repetition compulsion*. In the interpersonal tradition that calls on attachment theory, following the work of Sullivan, the

*Though articulate from the beginning, he was strangely unaware of the group’s resonance and of his own valency for contact or connection*

psychology underlying these patterns is described as a *parataxic distortion*, a pattern that first moulds adult relationships along the lines of unresolved early emotions and then treats the consequences – conflict, injury and disappointment – as if they are the cause of the problem (Schlapobersky 2016, p. 405).

Group psychotherapy brings each person to places that are not their own and the group – made up of the ‘soup’ or matrix of shared experience – will have ingredients to which everyone present will have contributed. But it will also contain many alien ingredients that they will find uncomfortable and not relieving. They will step into and out of one another’s pictures and discover – through the unexpected and unforeseen – representations from their unconscious lives that were hitherto masked by the recurrent constructs of their repeating problems.

Warren's life problem is self-constructed. His inner representational world – what the repeating pattern might really mean – will be discovered during the course of his journey through the group. The *longing* to be understood and accepted – the basis for most people's entry to groups – will take time to be transformed into *belonging*. This vignette describes a key event when transference emerges through a dream as it is picked up by the group and the conductor, who calls on the language of the group and her own counter-transference, to make an interpretation that helps take Warren beyond his own inner mis-representations.

**Vignette 15.2** *Was it nice when you kissed the conductor in your dream?*  
(p. 406)

*Warren joined a group for help with the pattern described above. He was in his mid-twenties and, in the nine years since becoming sexually active, he was only attracted to, or available for, women who were out of bounds. He was a gifted young doctor whose promise was first realized by his mother and then by his teachers. His first intimate relationship was a secret with his sister's best friend with disastrous consequences. At university he was courted by his professor, a woman many years older whose attention he invited but would not consummate. When he 'managed' to get away, he became the caretaker of a fragile fellow student whom he kept rescuing from psychiatric hospitals and enjoying sex with when she was well enough to join him in a sexual bed instead of a hospital one. On seeking therapy, he was not aware of the patterning in these relationships and what he complained of was the trouble he was having finishing his MD.*

*The other area of difficulty that he complained of directly was to do with his mother. He was eight when his father went bankrupt, his mother became depressed and sought psychiatric help. She also turned to Warren for consolation. The father disappeared emotionally to rebuild a large enterprise, but when he 'returned' to the family some years later he found he had 'lost' his wife to his son and 'lost' his son to his wife. He became irritable and rejecting towards Warren.*

*His therapist – my colleague – was an experienced group analyst who recognized Warren's underlying oedipal problems, saw him for individual sessions and placed him in a group that she discussed regularly in supervision with me. He was both its youngest and newest member. Though articulate from the beginning, he was strangely unaware of the group's resonance and of his own valency for contact or connection. People were drawn towards him and concerned for how unaware he seemed to be of his mother's continuing emotional misuse. He first learnt to use the group through oversight, a natural sympathy for others' predicaments, and he gained a place as a mediator who could explain people to each other, but he could not tolerate conflict or aggression (Schlapobersky 2016, p. 61, 274, 337, 407). The group began to understand that he had access to himself only through the valency others had for him (Schlapobersky 2016, p. 254, 256-258). He could see himself only through the picture others brought to his attention.*

*Six months on he brought a dream that marked a turning point. He looked at the conductor – a woman of about his mother's age – and told her directly but with embarrassment that he*

*dreamt the other night that he was kissing her. The dream was in this group room, but it had a fireplace and was like a home. The other members of the group were in the dream too and people were talking quietly amongst themselves. No-one in the dream seemed bothered by the kissing that was going on.*

*Cathy, one of the group's women, asked, 'Was it nice?' And he replied, 'Well, I don't know, that's a funny thing to ask, I wasn't there, it didn't really happen'. One of the men said, 'Well of course it didn't happen, there isn't a fireplace here, but it happened in your dream. Was it nice?' He replied, 'But I wasn't there....' and was interrupted by another man who said, 'You're always the man who wasn't there. It's like that line from Edward Lear, "Yesterday, upon the stair I met a man who wasn't there. He wasn't there again today, I wish, I wish he'd go away..."' Another woman challenged the speaker about the source of the poem he was always quoting, and a discussion followed about people with a hidden presence. The conductor intervened saying to Warren, warmly and without a challenge of any kind, 'Wherever the lines come from, people seem to think they describe you. What do you think this might mean?' He was flustered and lost for words. Someone else said, 'Now you're not here. That seems to happen whenever you're close to things that bother you'. Warren got cross, became self-pitying and wanted to withdraw from the exchange. The conductor intervened again, saying, 'Warren, would it help you to try and answer Cathy's original question, 'was it nice kissing me in your dream?' By her manner and gestures – as much as by the words themselves – she gave him 'permission' to have the dream, accepted his emotions and showed she wanted to help him explore its*

*meaning in the context of the group. But he was still lost for words, so she encouraged others to take up his dream and they free associated, 'playing' with the dream as they did so.*

*One of the men, Simon, said to the conductor, 'I'd like to have a dream about kissing you, too'. People laughed, and a woman responded by saying, 'Well why don't you be honest and talk about wanting to kiss her rather than wanting to have a dream?' He said in reply, 'Well I don't want to kiss her, but it would be good to have a hug'. Another one of the women said, 'Would therapists get into trouble for kissing their female patients as well as their men? I don't want to kiss you, but you do look kissable and a hug would be great'. There was more laughter in the room and the therapist smiled. With the attention elsewhere and the focus off himself, Warren re-joined the exchange, saying to Simon – the man who wanted a hug – 'It's good you talked about hugs. In the dream there was no desire in the kiss. It felt warm and comfortable and those of you I can remember in the dream seemed to think it was fine'. Cathy said, 'So actually, it felt safe and comforting'. Warren, turning to the therapist, said, 'you were comforting and not erotic. In the dream you were like you are here. It felt good'. Cathy said, 'So it was nice, nice but not sexual. This is the first time you've owned your own emotions since joining us. I think the dream was a group kiss that tells us you're finally here'. He replied, 'You people talk about group dreams that seem to me impossible. And now you talk about group kisses. This is ridiculous!' Everyone laughed including Warren.*

*The conductor joined the serious edge to his protesting humour by saying, 'Warren, your*

*dream and the issues in it have come into the group and we're playing with them. It's OK. You joined us when you found a connection with Simon's sense of comfort in the kiss. And the comfort seems to have found you. I believe you've been looking for comfort with your mother all your life and it's eluded you because she intruded on your need with her own unmet desires. You must have found a sexual "sting" in every embrace with her because the confusion between your own arousal and your need for security seems to have always bothered you. Here now you can find comfort in a safe environment where you won't be confused by my desire for you'. Warren sat with this in silence for some time, his eyes filled with tears and the group held him in safety.*

The group at work here plays at different levels and in different ways. First there is the play of free association out of which Warren's dream emerges. Then people play with their associations to the dreamer, his person and his presentation. This seems to corner the dreamer who first withdraws and is then re-engaged by the conductor. People then play with the dream, to which they bring their own associations, and this then re-engages the dreamer who begins to make enquiries about his own unconscious make up. As he explores the difference between *longing*, an erotic kiss, and *belonging* that he comes to see as a safe embrace, we can see him exploring his own representational world. Finally, the conductor calls on a transference interpretation to translate the dream content and its associative play into new forms of meaning for the dreamer. Warren is deeply moved, both by her expressed understanding and the sense of mutual acceptance by others. The conductor

takes the kiss to stand for the dreamer's unmet need for comfort and security in contrast to his own mis-construction of intimacy as a vehicle that can only serve arousal. The conductor replays the significance of intimate contact to furnish the dreamer with a newfound sense of legitimacy. The image of the kiss becomes a mutative metaphor (Cox and Teilgaard 1987, p. 90, 17; Schlapobersky 2016, p. 131). It enters the internal conflicts of the repetition compulsion, reaches the depths without stirring the surface and helps deconstruct Warren's parataxic distortions. Longing has been a recurrent source of danger for him. Its discomfiting guilt has left him with no safe place for his own sexuality. The subject matter is a familiar one in this group and others are grappling with related issues.

This image, the discourse through which it is explored and the benign relational matrix, all work together to turn longing – symbolized by the erotic kiss – into the belonging of a safe embrace which, by the end of this vignette, generates truly reparative experience. The described kiss serves as a metaphor for a quality of intimate attachment that Warren never enjoyed in his relationship with his mother. Metaphors of this kind can introduce metamorphosis, they can allow people to find a place of their own amongst others where they can belong as valued and cherished members (Schlapobersky 2016, p. 418-439).

These three concluding figures summarize the group's resolving process to give detail to the routes by which a group meets and provides its fundamental goals of understanding and change. One line of development describes the group as a platform for



exploration. The people who are encountered and engaged with become objects of desire or antagonism and the experience leads to adventure, conflict, discovery and recovery. The other line of development describes the group as an environment or arena providing containment in which individu-

als find relief, acceptance, security and resolution. These lines of development do not arise independently of one another. The cross-patterning of exchange are constant and recurrent and they come together in the understanding and change described at the foot of this page.

### Three concluding figures

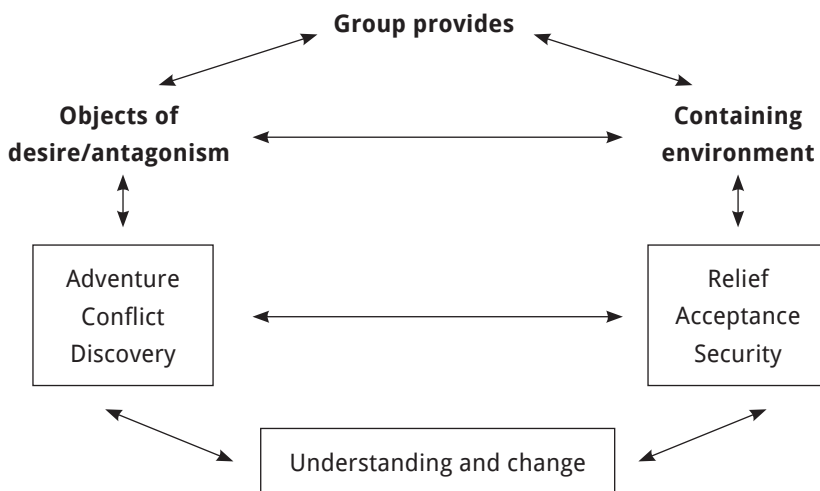
*Figuur 6.* Group as platform and arena



*Figuur 7.* Group becomes object and environment



*Figuur 8.* Group provides understanding and change through object and environment



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