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Eliminating the Effects of Otherness in Therapy

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The Bread and Butter of Group Therapy

Ildiko Ran, LMFT, CGP



Professional Exchange

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“ Group therapy addresses diversity and biases at its very core. Racism and bigotry are born when people project their own unacceptable parts onto others. The enemy mentality splits people into “us” and “them.” The “us” are good and the “them” are not even human; they are objects. They are like the scapegoat in the Bible. People deposit all of their hatred onto them so they do not have to face it themselves. The only cure and hope for that is that people learn to take back their projections. ”

When groups come together for the first time, participants look at each other and they see strangers. After a while they are reminded of characters from their previous life experiences as they develop transferences and projections. Not only personal but cultural and societal projections enter the room.

Most group therapists appreciate and use “here-and-now” interventions; they utilize the feelings and thoughts that are arising in the moment among participants. While this approach can be used in individual therapy as well, when applied in groups, differences, biases, diversity issues inevitably enter the therapeutic space. How do we navigate the “otherness” among group members? How do we use it to our clients’ benefit?

In the process of here-and-now, old tensions, often cross-generational and cultural biases start manifesting. Participants need to negotiate time in order to be heard, process their own feelings, and be able to receive feedback from others.

What happens to the age-old social wounds we carry? How do we cope with feelings of being left out, being different, being rejected by others, and wanting to be accepted? These issues naturally come up in groups. What happens to this “otherness” throughout the lifespan of a group?

This article is the result of a conversation about group therapy with Elaine Cooper, PhD, LCSW, Clinical Professor at the University of California School of Medicine at San Francisco. She is an internationally recognized expert in the practice of group psychotherapy, a fellow and former Board member of the American Group Psychotherapy Association (AGPA), and past president of the Northern California Group Psychotherapy Society (NCGPS). She is currently in clinical practice in Berkeley, California. Dr. Cooper is also the author of *Let’s All Hold Hands and Drop Dead: Three Generations—One Story*.

Group therapy addresses diversity and biases at its very core. Racism and bigotry are born when people project their own unacceptable parts onto others. The enemy mentality splits people into “us” and “them.” The “us” are good and the “them” are not even human; they are objects. They are like the scapegoat in the Bible. People deposit all of their hatred onto them so they do not have to face it themselves. The only cure and hope for that is that people learn to take back their projections.

This process is played out in the development of groups. People are projecting onto others, and as the group matures and the therapy progresses, people take back their projected, unwanted parts and they learn to feel comfortable with their own hostility and

contain it. Eventually they embrace those feelings as part of being human. Every group that develops and becomes cohesive goes through this phase. The therapist’s task is to help the group navigate through it.

From Trust to the Scapegoat Phase

In the initial stage, also known as the “trust stage,” the group has a strong pull to include all its members. There is a tendency to include everybody and project bad things outside the group. Even if a group is very diverse, there is a need to find commonalities and include all members. When participants trust and are committed to each other, the scapegoat phase starts. People bring the hostility in to the group from the outside. This in turn becomes a very uncomfortable and chaotic time for everyone. Participants are fearful and feel as if they are fighting for their own survival. Many people drop out at this stage because they cannot tolerate it. Dr. Cooper stated, “I believe that people who stay and work on these issues become better citizens. They learn to feel comfortable with their own hostility. They take back their projections; they are able to embrace and acknowledge them and not act on them. They become more concerned about their inner sadistic part than they are about their enemy who is holding that for them.”

The Milestone of the Scapegoat Phase

Sometimes therapists cannot prevent participants from dropping out at this stage. The sad fact is that as the human race, we are wired not only to love but to hate; we are wired not only to make peace but to make war. There are always going to be people who are not able to make the shift from projecting their own hostility onto others, to embracing it and learning to own it. It takes a certain amount of mental health. In countries where people’s basic needs are taken care of, they tend to be better able to examine their projections and generate tolerance, than in places where there are extreme socio-economic differences.

You can see the geographical distribution play out in large group meetings at American Group Psychotherapy Association conferences or the large group meetings at the International Group Psychotherapy Association. The differences explode even in groups of high functioning people. These conferences are experiential

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events where therapists form groups and learn from being in a group. Unconscious group tendencies play out at these events.

Bion

Bion (1959) studied the ways the unconscious expressed itself in large groups. He arrived at three “basic assumption groups” that operate on the primary process level, underlying and interfering with the conscious tasks of a group. One of these basic assumptions is *dependency*: this theme consists of the leader being a god-like entity, the group members are nothing, they depend on the leader, and rely on the leader to take care of them all. It is truly an infantilizing unconscious assumption. The second one is *fight-flight*: the leader will find an enemy and the group will either fight or flee. In both of the *dependency* and *fight-flight* assumptions the individual does not matter. It is all about the group unconscious.

One can see these processes play out all over the world. When the basic assumption is *fight-flight*, you are either with us or against us. George W. Bush was a fight-flight leader in this country and people loved it.

The third and most mature assumption is *pairing*: here two leaders or group members get together and give birth to the Messiah who will save us all. Even though this is the most mature of the three, primary process is primitive by definition.

According to psychoanalysts the maturation process is to move beyond these primitive attributes and to make the unconscious conscious so the ego can process it. In group, as these processes get clarified, the group members can start working on them.

Therapeutic steps towards change

When group members are dedicated to keeping connection with each other despite their cultural, political or social differences, they ultimately succeed. Change happens on the personal level. There are group therapists who work on the global level, with big groups like the grandchildren of Holocaust survivors and grandchildren of Nazi officers or descendants of slaves and slave owners. Armand Volkas lead a workshop at the Nanjing Memorial in China with grandchildren of the Japanese perpetrators who massacred the Chinese

and grandchildren of the Chinese, who were killed. He took them through a process to help them understand and love one another. He succeeded through ritual and psychodrama.

Healing of hatred, which is based on differences, takes place by going away from political issues to people’s personal stories. When you hear a personal story from someone sitting across from you, and you really want to create connection, it can happen—that is where it has happened. We may be wired to have hostility inside us but we are also really wired to want and need connection with other people and with a group.

Studies show the benefits of group

Many studies show that people without connection do not thrive. We have a social hunger. Building on Spiegel’s (1989) research with groups of women with breast cancer, one of the conclusions was that women can prolong their longevity by being in a group with other women. If they were in a group they had a higher survival prognosis, than if they were in none. If they were in two groups, it was even higher. A group in this case means a community; it does not have to be a therapy group.

There are many research studies that conclude in both medical and psychiatric populations that people in a support group do better. There may be a few exceptions but in terms of evidence-based medicine, groups are very effective. Creating connections has tremendous healing power. Dr. Cooper wrote about her experiences with this population in her first book called *Group Intervention* (1982). She took mute people who were isolated in their hospital rooms and included them in small support groups. They could not help but talk because of the group pressure, the stimulation of being part of an intimate circle. Social support fosters healing.

Connection antidote against exclusion

In a diverse group, personal connections and connection to the group are antidotes against externalizing projections. You can see this on the medical floors: there are rich and poor people, all ethnicities - but they are similar as they are all people in crisis. They connect and become a cohesive group. They start to become attached to each other. “As group therapists we want diversity in groups because it is the

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“ It is a fine line between accepting that we do not understand the way someone else understands and the fact that we all have some pain that no other person can possibly understand, even our most intimate partners. Moreover, we cannot put words to it. All of us know that feeling. But our clients have to want to hear that. If they do not want to hear it, we cannot get this message across. ”

diversity that gives the spice in the group. We are very skilled in using it, and making it so that people actually love the diversity as opposed to being frightened by it”—says Dr. Cooper.

Support groups can be very diverse. In order to support the participants’ egos we use the group cohesion and the drive to affiliate. Some people really need the ego support and benefit greatly from support groups. AA is a widely diverse self-help group. Alcoholics of diverse backgrounds become a cohesive group because there is a commonality and need for affiliation.

Poverty and class differences

In the United States we thrive on diversity. When we belong to a neighborhood or a professional organization it usually has some diversity. Not as much as we would like, but it is welcomed. Different ethnic groups are forming organizations to learn about each other. There is a lot of cross-fertilization and attempts to find commonalities. But Dr. Cooper points out that as long as we have huge social issues like poverty, class inequality, and extreme social deprivation, we will have a lot of people with borderline features who are very hard to treat. Those social issues give birth to splitting, the “us/them” mentality. People who have been severely traumatized, who grew up disenfranchised, experience life like living in a war zone. These are chronic conditions. It is hard to develop one’s mental health under these circumstances.

Since we bring diverse populations to our groups, class differences come up. For an in-depth, psychodynamic therapy group, we put

all diversities together. There are certain things we do not like to mix. We like people to have a similar level of intelligence and mental health. Aside from that we want all the diversity we can get, including class difference, ethnicity, religion, sexual orientation, disability.

“You cannot understand me!”— Solving Barriers to Intimacy

When there are people of different socio-economic status in a group, the individuals from a lower socio-economic status will say to individuals from a higher socio-economic status, “You don’t understand. You don’t know what it’s like. You can’t understand.” Our job in an in-depth group is to help people express their feelings as honestly as possible. People react as honestly as they can and then work on issues that triggers in each person. Jealousy and other difficult feelings come up. Once you have a cohesive group and strong relationships, you have tremendous power. Sometimes the group fights you and despite that, they work it out as a group.

Dr. Cooper shared “When someone insists that I cannot understand them because I have not lived their situation, my answer is: It is true. The only thing I can understand is that I am a human being like them and human beings have a limited range of emotions. When you are a therapist, either working with groups or individuals, and you can take their anger while being respectful, it goes a long way. People will trust you. That is a skill we have.”

It is a fine line between accepting that we do not understand the way someone else understands

and the fact that we all have some pain that no other person can possibly understand, even our most intimate partners. Moreover, we cannot put words to it. All of us know that feeling. But our clients have to want to hear that. If they do not want to hear it, we cannot get this message across.

By emphasizing that my pain might be different than yours yet we all have pain that no one else has, we create connection, we bridge an invisible gap. We have to acknowledge that we do not know. If we look at human emotions: sadness, grief, horror, love—there is a very small group of feelings that we all have.

In Sue Monk Kidd’s latest book called *The Invention of Wings*, it talks about a slave girl who is poor and in bondage, and the daughter of the slave owner who has all the material wealth but is absolutely miserable. They become close despite this big rift and the slave girl says to the miserable, depressed daughter: “We are both enslaved. I am enslaved in my body but not in my mind. You are enslaved in your mind and not in your body. It is a perfect example of bridging that gap.”

Ethnic Differences Bridged

A colleague in Vojvodina (a new Balkan country) shared a beautiful example of bridging the gap. In Vojvodina there are Hungarians, Serbians, and Croats. A narrative has been passed down in all these separate ethnic groups to hate the other groups. My colleague found two other analysts—one of them was Hungarian, the other was Serbian and she was a Croat. They invited teachers to form a group with the goal to understand each other better so they could have a country together. The group separated into smaller groups during this process and they noticed that the teachers separated according to ethnic groups. They said they wanted to be a group with other ethnicities, but they had language barriers and it was much easier and more familiar to stick together with their ethnic group. In response to this, the therapists shared their own stories and their reflective process. They showed a way bridges could be made. They encouraged people to tell their stories—each group told how they had suffered at the hands of the other. By the end of that, they wanted to be a group together. They realized they did not know many of the

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horrible stories. They heard what other people did to them, they did not hear what they did to other people. Little by little, they became one group and not three small groups.

Projective Identification in Individual and Group Work

Individual therapists, mostly those with psychoanalytic background, work with projective identification. The group creates fertile soil for this work. There is a consensus among group therapists who work with large groups—those who are trying to figure out what goes wrong that we keep creating wars. Why is this so hard? The bottom line is primitive group process. The larger the group, the more easily people slip into primitive group process where people project onto others. Somehow this has to be broken down. It has been done through personal connection and personal stories.

Multitude of “Otherness” Throughout the Lifespan of a Group

When discussing diversity and otherness in groups, the knowledge of the natural development of groups guides us. “We pay attention to *group-as-a-whole* dynamics, which includes the phases a group goes through. Noting that in groups we work with multi-dimensional “otherness”—es along with each other: race, ethnicity, sexual orientations, age, religious, and class differences,” said Dr. Cooper with a warm smile. With over 40 years of experience with groups Dr. Cooper learned to be gentle and effective. “That multitude is what we want. That is what we look for. That is the best group. We have to keep telling the group that the work they are doing is hard. We keep reminding them that we are gonna get through this, just stick with it. We can keep this under control and we can get to a better place. Trust me.”

Trusting the therapist and feeling the safe container of the group gets participants through the hardships of relating to each other. Otherwise the group and the process would break up during conflicts and scapegoating. Eventually they do get to a better place because they have tested each other. They let all their hostility come in and no one died and they learned a lot about trust, acceptance and love towards each other and themselves. They have genuine love because of what they have been

through together. People have accepted them with their angry parts. That is when a group becomes cohesive and mature and they can work on their issues and projections. This is the core of group treatment that makes it so appropriate to deal with otherness and bias.

Words of Encouragement

When considering how to encourage clients to step into group treatment, Dr. Cooper stated “I would say meet with them long enough so they have confidence in you as a leader. Then you can say ‘I am going to be there. I believe this is going to be a good thing for you. I will be there. It is like when you were afraid to go to school in kindergarten and your mother just left you there. I am going to be there to hold your hand if it needs to be held.’” ☞



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