Early Development: Linking the Individual and the Group

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One of the most anxiety-laden stages of a group's development is its initiation, when several people who are strangers to each other are invited to form a group with the therapist. This can be fraught with anxiety. Although most groups survive this period to become established entities, some do not. In others, initial problems about composition, attendance and communication, persist through the group's history. In the author's view, the importance and difficulty of the early phase of group formation has been relatively underemphasized, although Yalom (1985) made the general point that it was helpful for therapists to be familiar with the developmental sequence of groups, and he provided useful observations about early group development.

This paper suggests a developmental model for understanding the early phase of group formation. The model is relevant to the rest of the group's history as well, but has particular applicability to the initial stage. It proposes that the process of early development in a group is analogous to early development in infancy, and thereby links individual and group development.

Theoretical Framework

The early phase of group development is defined here as approximately the first twelve weeks of the group. This is the period suggested by Whitaker and Lieberman (1964) as constituting the early formative stage. In my view this is linked with the first few months of infancy, approximately three months, in which the child needs to negotiate some fundamental areas of ego development.

The major developmental task of the early period of infancy is integration. Winnicott (1965a) has drawn attention to the fact that at the beginning of life the child's ego is in a state of 'unintegration' or
fragmentation. There is no sense of 'me'. With a 'good enough' environment, the ego becomes established as a unit in a form that paves the way for further development, for personalization and realization. The 'good enough' environment at this point consists of a holding mother who can meet the absolute dependence of the infant. With this, the infant can tolerate periods of deprivation and anxiety, and can return to phases of 'unintegration' (as in sleep), followed by reintegration. Without adequate holding, the infant is exposed to what Winnicott (1965c) calls 'unthinkable anxiety', anxiety about falling apart and totally losing touch. This equates with psychotic levels of anxiety and is an aspect of the Kleinian concept of the paranoid-schizoid stage of development.

The analogy drawn here derives from the fact that the therapy group in its initial stage is not a unit. It is a collection of individuals who have no relationship with each other, other than the common task of forming a group. The newness and strangeness of the situation (for many participants it will to be their first experience of group therapy) often generates considerable anxiety. This is compounded by the unstructured nature of the situation, which offers no guidelines as to how to establish the group or participate in it. Although patients have usually been prepared to some extent for the experience, this has generally been in the context of individual meetings with the therapist, which may have felt safer than being in the group. Entering the group means losing this individual contact and being thrown into the threatening situation of a group at its inception.

The group at this initial stage can be compared with the infant struggling to achieve a sense of being and unity in the first few weeks or months of life. Even though the individual participants in the group are likely to be functioning — at least on the surface — at a more sophisticated level of development than the unintegrated ego of the infant, the group itself is plunged into a well of anxiety in which fragmentation and disintegration may be experienced as real anxieties. The group may be rich in its potential for growth, but at this point issues of survival are crucial. The group anxiety is shared amongst members, and they may experience levels of anxiety associated with earlier periods in their own development.

Bion (1961: 164), describing the source of basic assumptions in groups, suggests that these are formed in response 'to an extremely early primal scene worked out on a level of part objects, and associated with psychotic anxiety and mechanisms of splitting and projective identification'. The detailed explanation of how this process occurs is beyond the scope of this paper, but it is interesting to note that Bion sees psychotic anxiety as being close to the core of group experience; within the framework of the present argument, it is suggested that this anxiety is activated early on in the group's development.

This does not imply that these are the only phenomena occurring in the early group or that they affect each group in exactly the same way. Of course there are differences among groups; of course members of the group are also early on making tentative, interested moves towards each other. But the suggestion is that the paranoid-schizoid type of anxiety is an important underlying dimension of early group formation and one that can be linked closely with the dynamics of the group.

Early Group Dynamics

At the outset of the group, members arrive in a state of anxious anticipation. There is a groping for contact, energized by the positive intentions with which participants have come — the hope of establishing sympathy and support in the group, of gaining relief from suffering, of making affectionate bonds, and ultimately, and unconsciously, perhaps, of finding in the group the 'total togetherness' that has been longed for all along. But these positive hopes are quickly offset by the reality of being in the group. Instead of a cohesive unit it is a fragmentary collection of individuals and what is aroused is anxiety rather than a pleasant merging. Soon, early hostility and fear of hostile attack have to be faced.

Most people join a group with the expectation and hope of being able to reveal and understand disturbing aspects of their inner lives, but this is accompanied by a fear of exposure. This fear may continue throughout the group's life, but it tends to be most acute at the start. Trust is as yet minimal. Exposure means risk and the greatest risk is of being attacked. As participants are forming their first impressions of other group members, there may be a fear of dislike or of being disliked that could flare up into angry confrontation. There may be early anger with the conductor for putting people in the group, for not providing a structure or for not providing 'special child' gratification. Anger will of course be activated throughout the group, but in the newly-formed group it may be feared to have especially destructive consequences and therefore be
charged with particular anxiety. Ultimately, it could splinter and destroy the group. This relates to the paranoid-schizoid component of the group's functioning in which destructive fantasies and the projection on to others of these fantasies is a central dynamic. It is also related to the need to protect and unify the early group, giving rise to a fear of — and perhaps unconsciously a wish for — the disintegration of the fragile unit under the impact of destructive hostility erupting in the group.

Although there may be anger towards the conductor, the more characteristic attitude of the early group towards the conductor is one of dependence. This has been documented by numerous writers, including Bion (1961). The group's dependence can vary from expectations that the conductor provide practical solutions, to views of the conductor as an omnipotent and omniscient figure, who is the source of strength and gratification. In this view, the conductor is very much an idealized figure. This wish for a perfect parental figure, very understandable in the confusion of early group sessions, can also be seen as the reverse of the persecutory anxiety that may be experienced in the early group. The schizoid aspect of the paranoid-schizoid position determines a split between good and bad, and in the initial stage of the group there may be a split between the bad group, that is perceived as hostile and dangerous, and the good conductor, who is an object of admiration and longing.

This splitting is one of several defence mechanisms that may be operative in the early group. Because of the intense anxiety at this stage, the defence mechanisms are likely to be primitive in character — projection, introjection, projective identification and denial, assisted by intellectualization, reaction formation and displacement, all serving to direct the focus of attention away from the inner life of the group and the individual in the group. Although these mechanisms may restrict the therapeutic movement of the group, they also have a protective function in allowing the group to deal with major anxieties while gradually consolidating itself into a unit.

An important dynamic of the early group is that of drop-outs. Most groups have early drop-outs and have to deal with the disappointment this contributes to the group. Within the frame of reference of this paper, drop-outs are seen as traumatic events because they threaten the fragile composition of the group. Using the analogy of primitive development in the infant, it is as if a part of the body, a limb, an organ, or a part of the mind, is missing. This heightens fears of disintegration in the group. The early drop-out is not so much a problem of separation or ambivalence about loss; the bonds in the group are as yet too tenuous to make loss a major issue. Rather, the issue is the threat to the integrity and survival of the group and the burden it places on the remaining members — and the leader — to restore the group's sense of unity.

The Therapeutic Task

Although the idealization of the conductor described above may have its source in the exaggerated components of the group's expectations, it is important to recognize that dependence on the conductor has a vital and realistic function at the start of the group. The conductor facilitating the initial sessions of a group is in an analogous position to the mother nursing the infant in the first few months of life. Both have responsibility for caring in a way that enables the object of their care to gain an initial wholeness and sense of identity. The main function in both is similar — that of holding. In the same way that the mother needs to be able to meet the absolute dependence of her infant by being there in a reliable way and by the simple acts of holding, handling, and feeding, so the conductor's presence and contribution in the early group is vital. Following the analogy, it is probably more important for the conductor to be there in a tangible way to help the group to feel safe, to define boundary issues clearly — all reflecting sensitivity to the anxieties and confusions of early group formation — than to maintain a position of determined therapeutic detachment or to make penetrating interpretations. At this stage interpretation, if relevant, is likely to be more appropriate if directed towards the containing function of the group than towards the uncovering of painful conscious or unconscious material. It is important that the therapist recognizes the dependence of the group and allows this without avoidance or undue confrontation.

The rôle of the conductor as 'dynamic administrator' (Foulkes, 1964), is especially important in the initial stage of the group. This is akin to the mothering or parenting function, as it involves setting up the group, dealing with issues of time and space in arranging the meetings of the group, handling boundary issues, and so on. Although unstructured in its operation, the group takes place in a clearly defined and managed setting. The process of dynamic administration can be seen as the part of the conductor's overall
function that is comparable to the holding and facilitating environment that Winnicott emphasized in relation to mothering of the infant.

An aspect of this function in the early group concerns respect for the group in its as yet formless and unintegrated stage. This sensitivity requires that the conductor avoid forcing premature activity on the group by actions, interpretations or other appeals. In Winnicott’s terms, (1965b), this would constitute an ‘impingement’ similar to a mother’s intrusion into the quiescent, formless state of the infant, with the same potentially damaging consequences that produce a precocious or ‘false’ development.

The therapist’s capacity for holding will also be influenced by the therapist’s own state of mind. The more comfortable he or she is, the more easily can he or she fulfil the containing function. The difficulty is that the anxiety triggered by the start of a group may be as real for the conductor as it is for the participants. Although the conductor is protected by his or her rôle and not subject to the same anxieties about exposure, the tension in the group may be contagious and the conductor drawn into it. The extent to which this affects the conductor will be influenced by who the conductor is, how he or she has dealt with similar anxieties in the past and relates to the present group — all counter-transference phenomena that the conductor must be able to recognize in order to remain involved in the group but sufficiently separate to provide a holding environment.

Although primitive anxieties may be sparked off in the therapist, his or her attitude to the group is more likely to be one of anxious concern than paranoid immobilization. This anxious concern is closer to the experience of the mother nursing an infant and can be seen as a necessary part of the care-giving rôle in the early developmental phase of both the individual and the group.

This raises the question of the therapist’s support system. In as much as the mother depends on her close relationships (husband, parents, friends) to strengthen her in her caring rôle and can be seen as a necessary part of the care-giving rôle in the early developmental phase of both the individual and the group.

This Clinical Illustration
Some of the above mechanisms are illustrated in two incidents that occurred in the early stage of a group run by the author. This was an out-patient group in a psychiatric hospital and consisted of four men and four women. The group was complicated by the fact that two of the patients had been in individual therapy with the author before joining the group. One of these patients, a woman called Margaret, aged thirty-five, had entered the group with considerable sensitivity about her childhood experiences of being sexually abused by an uncle. This had aroused generalized feelings of mistrust towards men. Michael, forty-seven, a music teacher at a secondary school,
had suffered a depressive breakdown following his wife's suddenly leaving him after twenty-two years of marriage. These two had a difficult encounter in the fourth meeting of the group.

Talking about the onset of his depression, Michael told the group that he realized he had reached breaking point when he felt the impulse to attack two children during a lesson. Margaret reacted immediately. She angrily accused him of being a child-batterer. She then turned explosively to the conductor, accusing him of knowing about Michael's past behaviour and deliberately setting her up in the group with Michael so as to provoke a reaction in her. She revealed to the group that she had been sexually abused as a child. There was a discussion about the incident and although members were sensitive to Margaret's confiding her difficult childhood experience, some expressed the view that Margaret had over-reacted to Michael's revelations.

This incident required very careful and sensitive handling on the part of the conductor. The attack from Margaret was unexpected and severe. Coming so early in the life of the group when the conductor was still perceived in a predominantly idealized fashion — and the group seemed to need this perception — the sudden attack on his judgement and motives could have had a disorganizing effect on both him and the group. However, the conductor was able to stay calm and attentive to the problem. He made the point that he had not in fact known about Michael's difficulties with his pupils but that he could see that Margaret, who was extremely anxious about joining the group and dealing openly with her experience of child abuse, might have felt betrayed and set-up. This helped to calm Margaret and gave Michael the space to confirm that he had not attacked the children and had left the classroom until he felt much more in control of his feelings. The anxiety in the group gradually lessened and instead of a harmful disruption to the group process, the basis was laid for further exploration that in time helped Margaret with her fear and rage about men's attacks.

Linking the incident with other issues in the group, it is clear that a great deal of projected and displaced hostility had become manifest. Michael's aggressive impulses towards his pupils were no doubt a displacement of his anger towards his wife for leaving him; in later sessions he came closer to recognizing this. His revelation in the group triggered off Margaret's projection onto him of the hated men she associated with her uncle and her attack on Michael must have reflected her wish for retaliation. When she accused the conductor of setting her up, this was connected with her disappointment and resentment towards him for stopping her individual therapy and putting her in the group. This must have been experienced by her as a rejection, even an attack on the childlike, dependent part of her; in later sessions this impression was confirmed. An underlying sense of abandonment in both participants was in fact at the root of the hostility expressed in this incident. But the incident shook the group and added to the conductor's task of holding the group in the initial stage.

The above interpretations assume that the incident was an expression of projections based on real life experiences in two participants. An alternative, or complementary, interpretation is that it reflected the acting-out of a paranoid-schizoid dynamic in the group related to its early stage of development and the absence of trust and group cohesion. In this view, the key issue concerns the destructive forces operating within the group's unconscious that parallel the group's struggle to become a viable unit. Michael and Margaret are the group's agents who test the group's capacity to both generate and withstand destructive interpersonal processes in the context of its formation.

The second illustration began in the sixth session. In this session Michael, the patient mentioned above, and Anne, a twenty-seven-year-old woman with considerable social difficulties, who had become very depressed following her father's death a year earlier, suddenly discovered that a key member of staff in the establishment in which Anne worked was Michael's estranged wife.

Anne and Michael were both startled by the coincidence. Immediate questions about confidentiality were raised in the group. Anne felt very exposed and potentially betrayed, and Michael was worried that he could not speak freely about himself or his wife in case the information got back to her. The group, which was tense throughout this interchange, ended in a state of heightened uncertainty. One participant asked Anne if she would return to the group: she said she did not know. Another member asked if it was appropriate for Anne and Michael to remain in the same group; perhaps they should be separated. Michael telephoned the conductor a few hours after the group to say that he was shaken and concerned about the consequences of the event.

In the following session the conductor took up the suggestion that either Anne or Michael should leave the group. Although there was some agreement that this might be a sensible course of action, there was a good deal of anxiety about losing a member and the group being fragmented so early in its development. The conductor
reflected this anxiety back to the group, pointing out that the group wished to remain intact. He suggested that the group remain as it was, with no one leaving, and that Michael and Anne use the group to explore the significance of their discovery.

In this example, the threat to the group came from an unexpected source — two participants realizing that they shared contact with the same important person outside the group. In this case it was not hostility which challenged the group, but a boundary problem linked to the issues of confidentiality and group trust. The coincidence was outside the control of the conductor and that of the group, but it illustrates how easily the equilibrium in the early group can be threatened. When it was suggested that one member might leave the group, this led to fears of loss and disintegration in the group. It required the conductor’s sympathetic but firm handling in the form of his encouragement to the group to stay together and not to sacrifice a member because of the unexpected coincidence. The ‘holding’ function was again important in helping to maintain the integrity and trust of the group.

The Further Development of the Group

Although it is suggested that the paranoid-schizoid dimension is an important component of the early group, the form in which it is expressed will of course vary from group to group. This will depend on various aspects of the group — the composition of the group, the level of emotional development of the participants, early events and changes in the group that threaten its structure, and the setting of the group (for example, groups set in a psychiatric hospital may be prone to particular anxiety about madness in addition to having a more disturbed membership). Further, the suggestion is not that this kind of anxiety is restricted to the initial stage of groups. The anxiety is likely to recur at different times, for individual members and the group as a whole, triggered off by interpersonal and intrapsychic events. For example, when a new member joins a slow-open group, he or she is likely to feel anxious and threatened. The other members, however curious about the new addition, are likely to feel hostile towards both the newcomer and the conductor for bringing someone new into the group. This increases potential fantasies of attack, and, if not properly handled, may lead to a traumatic beginning for the new member.

Assuming that the group survives the initial period — as most groups do — the group then goes on to become a more-or-less cohesive unit with an identity of its own. This is akin to the infant who in the context of a ‘good enough’ environment is able to achieve a state of ‘I am’. In infancy, this forms the basis of what Winnicott calls ‘personalization’, a term describing the linking of mind or ego and body, with the skin acting as the limiting membrane that differentiates ‘me’ from ‘not me’. In parallel, the group acquires a sense of its own being, within a boundary that separates it from the outside world. The Foulksian concept of ‘the boundary’ is a group analogy to the skin as the organ of differentiation in individual development. In both the individual and the group the permeability of this boundary is an important aspect of further ego development. Whitaker and Lieberman (1964) have highlighted that point in the group’s development which occurs around the twelfth week, when the group experiences a sense of relief at having survived the initial period to become a cohesive unit. No doubt the relief is in many instances shared by the conductor.

As the group goes into its established phase, survival anxiety decreases and with it the potential for paranoid-schizoid manifestations. In Kleinian terms, this may yield to the emergence of the depressive position, with its greater emphasis on responsibility and concern. The group is likely now to be able to settle down to explore personal and interpersonal issues more deeply, and with this, issues of ambivalence, guilt, shame and reparative wishes arising from the recognition and owning of destructive impulses. When individuals leave the group, assuming this is due to therapeutic gain rather than to acting-out, and when the group itself comes to an end, depressive anxiety about loss and separation are likely to be uppermost. But underlying persecutory anxiety will continue to exist, in the same way that in individual development early survival anxiety forms the substratum for later development and may re-emerge at different points of development.

Conclusion

This paper highlights some striking parallels between the dynamics of early group formation and those of early development in infancy. It suggests that the developmental paradigm may be a useful tool for conceptualizing early group processes and draws attention particularly to 1) the struggle in the group to achieve integration as a unit with an existence of its own; and 2) the potential for paranoid-
Group Analysis

Schizoid mechanisms related to survival anxiety. On this basis, it is suggested that the first three months, approximately, are vital for the establishment of the group as a living entity, and that thereafter the conductor and the participants can more easily get on with the work of the group.

References


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