

GROUP

PSYCHOTHERAPY

Practice and development

BARUCH

LEVINE

preoccupation with an individual's own needs and not help the individual to achieve the experience of mutuality in which differentiated individuals can reciprocally meet their own and each other's needs within a close relationship. Differentiation without intimacy is a danger in therapy groups where full affective contact among the members is not allowed.

An example of premature intimacy arises in groups that, through intimacy exercises, are accelerated toward premature affective contact. Such groups quickly renounce difference, hostility, and conflict, developing norms which perpetuate expression of only positive feelings and agreement among the members.

An example of differentiation without intimacy is the directive led group in which the exercises facilitate individual freedom and self-actualization but do not provide experiences of reciprocity and mutuality. At best, these groups foster freedom for narcissistic pursuit of an individual's own needs along with counterdependent meeting of the needs of others. However, a differentiated "we-ness" is not achieved (Hacker, 1956).

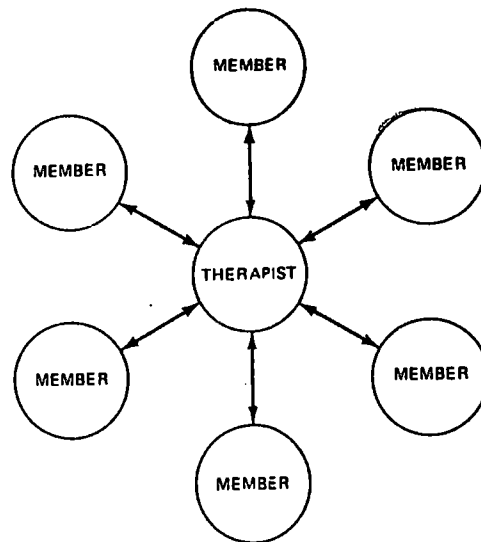
#### THE THEORY OF GROUP DEVELOPMENT: AN OVERVIEW

The theory of group development presented in the ensuing chapters divides the life of a therapy group into four distinct phases. A major feature of each phase is the directionality of relationships among the members and the therapist. In each phase the direction of relationship has distinctive characteristics not found in other phases. It is important to understand that this discussion is about relationships and not necessarily about overt behavioral and verbal interactional patterns. Verbal and behavioral interactional patterns may or may not manifest the actual direction of relationships.

There are three phenomena called crises. Although they interact with the phases, they can and do occur throughout the life of a group. The resolution of the crises as they arise represent points of change in the directionality and emotional quality of relationships. Thus, the four phases represent the achieved directional and qualitative change in relationships. The change in direction of relationships represents movement from one phase to another; the recurrent crises represent changes in quality of relationships at the start of and during each phase.

#### *Phases of Group Development*

The four phases of group development are (1) parallel phase, (2) inclusion phase, (3) mutuality phase, and (4) termination phase. In the parallel phase the direction of relationships all funnel to the therapist. The name *parallel phase* is derived from the parallel play concept of social development in preschool children.

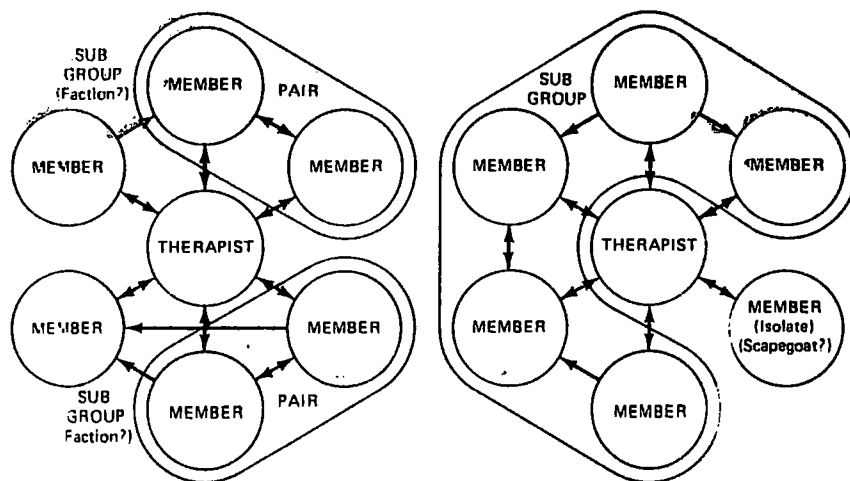


Lines of Relationship in the Parallel Phase  
(Extreme Situation)

Figure 1.1. Lines of relationship in parallel phase.

**Parallel Phase.** Although there may be verbal and/or behavioral interaction among the members during the parallel phase, this interaction, overtly directed toward the other members, is really intended for the therapist. An adult group of outpatient neurotics meeting on a weekly basis may spend from a few minutes to a few weeks in the parallel phase before moving on; how long will depend on the therapist, style of leadership, and structure of the group. Many groups of children below the age of eight or groups of chronic schizophrenics spend their entire group existence in the parallel phase. Most groups of latency-aged children spend from a few meetings to several months in the parallel phase. The basic work in the parallel phase is for the members to increase their levels of trust in the therapist, the other members, and the group situation in order to free their autonomous strivings and actions.

**Inclusion Phase.** The inclusion phase is the period of group formation. During the inclusion phase there is a decrease in the centrality of the therapist in the group relationships and an increase in the member-to-member relationships. Affiliations among the members begin with pairing and subgrouping, generally along lines of perceived similarities. The inclusion phase begins with pairing and subgroupings; it ends with most or all members of the group having relationships with most or all other members of the group. The centrality of the therapist in relationships decreases as the group members establish relationships with each other. However, the therapist maintains relationships with each member and with the pairings and subgroupings as they develop.



Two of the Many Possible Patterns of Relationships During the Inclusion Phase

Figure 1.2. Typical lines of relationship in the inclusion phase.

The name *inclusion* is derived from the central tasks of the phase, which are for members to become accepted by the other members, accept other members, and share in the power of the group. Although some theorists are inclined to emphasize the conflicts and power struggles, which are an important and integral part of the processes during the formative period in group life; however, underlying all the conflict and power struggles is a quest by all members for inclusion in the group as fully accepted members who have some degree of influence on the group. Another major dimension of the inclusion phase is the distribution of power among the group members.

Achievement of full membership for all members and management of group power is about as far as most latency-aged groups and groups of chronic schizophrenics can develop. If a group of chronic schizophrenics achieves a full measure of inclusion phenomenon over a period of one to two years, it would mean that the members, or at least those who achieve this level, would be capable of trusting interpersonal situations sufficiently to make contact with some of the other members and be able to assert some of their autonomy in the group. Groups of older latency-aged children are capable of constitutional government; they develop formal rules or informal norms that govern their behavior and to which they all adhere at the risk of actual or virtual expulsion from the group.

**Mutuality Phase.** The mutuality phase represents the middle phase of adult groups with capacity for intimate relationships. Most of the life of long-term closed-end or open-ended adult groups is spent in the mutuality phase. The directionality of relationships in the mutuality phase extends from most or all

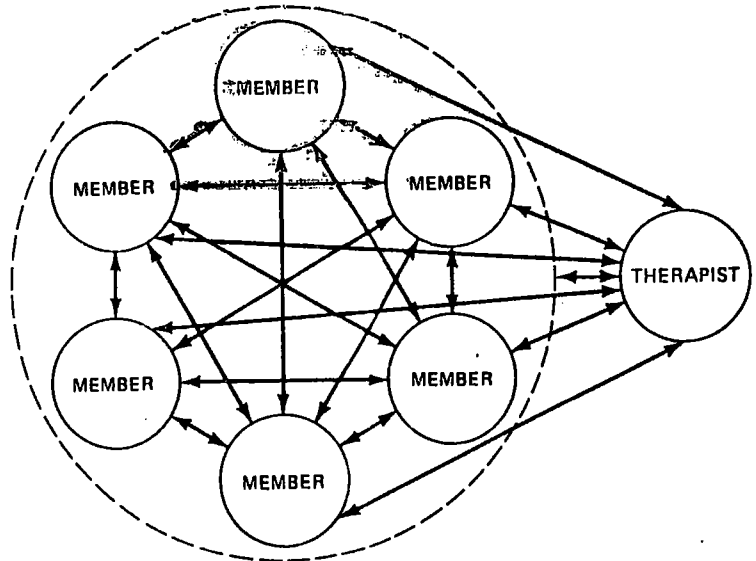


Figure 1.3 Lines of relationship in the mutuality phase.

members to most or all of the other members and the therapist. Therapists have a relationship with each member and to the group as a whole.

The name mutuality is derived from the nature of relationships during the middle phase. At the start of the mutuality phase everyone who is a part of the mutual processes feels accepted and included in the group, shares in the power and affect of the group, participates in the process of give and take, and develops initial empathy. Depending upon who is in the group, what personality and style the therapist has, and how long the group meets, the empathy deepens progressively as do other facets of relationships among the members during the course of the mutuality phase. While all members progressively become more emotionally linked to each other during mutuality, members also become emotionally freer to be unique or differential in their thoughts and affects. In contrast to the inclusion phase in which all members have to identify with either one set of people, thoughts, and feelings or another, during mutuality each member is increasingly freer to share thoughts and feelings of any and all members of the group. From the standpoint of the differentiation process, the undifferentiation of the parallel phase grows to the gross acceptance or rejection in the inclusion phase, then to the partialized and particularized acceptance and rejection of the mutuality phase.

Since group development is fundamentally accomplished by the mutuality phase, the group puts in less work on the system itself and can put most of its effort into work on therapeutic tasks and relationships within and beyond the bounds of the group itself. The major tasks are the deepening of the relationships.

Older adolescent and adult groups composed of members capable of mutuality in relationships will accomplish most of their therapeutic work and spend most of their group existence in the mutuality phase. Older latency-aged groups and early adolescent groups can achieve some degree of mutuality if they are together long enough (from two to six months of weekly meetings, depending on the nature of the members), but they will remain very dependent on the therapist for keeping open the freedom for diversity and deviance from the group in thoughts, feelings, and behavior. The difference between the early adolescent groups and adult groups in the depth of intimacy achievable is due to the difference in capacity of the respective groups for depth of intimacy.

*Termination Phase.* The termination phase is mostly a phenomenon of closed groups although it can occur toward the end of open-ended group sessions. Some termination phenomena is associated with a members leaving an open-ended group, mostly for the member leaving. Members of open-ended groups experience more of what can be called separation crises. Again, the directionality of relationships is the key factor in the termination phase. Members begin to disengage in their relationships from the other group members and the therapist and move toward their relationships outside the group.

Ideally, the termination phase represents a point where the member and/or group have completed their major goals for therapy and begin to move out of the group. However, in limited-time or short-term groups the termination phase is precipitated by the prospect of the group coming to an end. This means that the termination phase ideally begins during the mutuality phase and progresses until the group ends or the individual leaves. However, due to the realities of ending dates, the termination phase can occur in the middle of any of the other phases, from parallel and inclusion to mutuality. The nature of the termination phase will depend on the achieved level of relationships among the members of the group when it begins. Perhaps more important, the nature of the termination phase will reflect the quality and degree to which the authority, intimacy, and separation crises have been resolved.

### *The Crises*

There are three recurrent crises in the life of therapy groups: authority, intimacy, and separation crises. While all three can and do occur at any point in the life of a group, the crises serve specific transitional functions from phase to phase, and then serve to deepen the nature of relationships after the first crisis is resolved.

*Authority Crises.* Authority crises generally arise first. The essential ingredient of the authority crisis is the challenge to the centrality and political power of the therapist. Authority crises will begin to emerge in the parallel phase and the initial authority crises may not be resolved. The resolving of the first authority crisis generally marks the end of the parallel phase and the start of the inclusion phase. Resolution of the authority crises means that some political

power has passed from the therapist to the members, that the therapist ceded this power and the group accepted the power. If the therapist does not cede the power or the group doesn't accept the power, then the authority crisis is not resolved.

Groups can and do move on to the inclusion phase without resolution of an authority crisis but the nature of the inclusion phase phenomena will be rendered extremely narrow and shallow compared with a group in which there was reasonable resolution of initial authority crises. Most important, the ceding of political power to the group and its acceptance by the group also represents the giving of permission and allowing room for individual and group to develop autonomy. If political power must be wrested from the therapist without permission, then it creates doubt in the minds of the members as to the legitimacy of their autonomy and their fears of punishment and rejection mount. If political power is ceded to the group without their being ready for or seeking it, then the group has power and autonomy that they cannot use well and it runs the risk of its members failing to exert that power and autonomy, with a consequent return to the therapist as the repository of power and to the concomitant dependency.

Authority issues are not settled the first time an authority crisis is resolved but recur during the inclusion, mutuality, and termination phases. While the overt process manifestation of early authority crises is the transfer of power, the process of ultimate equalization of power between therapist and individual group members brings about fundamental growth in individual members' capacity for self and interdependence and frees them for basic autonomy and initiative strivings. Finally, authority crises which are concomitant with intimacy crises during the mutuality phase serve to progressively resolve the dilemma between attachments to authority (parents) and attachments among group members (friends, lovers, etc.). Intimacy crises, like authority crises, can and do occur throughout the life of a group. Early intimacy crises are set off by the potentiality of affective contact among the members. Later intimacy crises are set off by the potentiality of new depths of affective contact, mutual revelation, and empathy. Resolution of an intimacy crisis allows the members to make or deepen affective contact.

*Intimacy Crises.* A major difference between this and the sequential theories of therapy group development is that intimacy is not viewed as a discrete phase, but rather as a recurrent process more like that posited by current developmental theorists. The main reason for this is the notion that pre- and subgroup intimacy begins to develop in the inclusion phase and reaches a peak with the first resolution of an intimacy crisis for the entire group. Thus, the first resolution of an intimacy crisis for the entire group is similar to what the sequential theorists view as the intimacy phase. Since the work of deepening intimacy continues through the mutuality phase, all that can be said about the resolution of the first intimacy crisis is that it establishes initial intimacy and creates the base for further deepening of intimacy and differentiation.

Intimacy crises can and do occur as early as the parallel phase. However, these early intimacy crises generally are not resolved, rather, the members are inclined to back off from early intimacy. If early intimacy crises are resolved or accelerated too early, the resolution, of necessity, has to be superficial. Either stringent norms and boundaries are set to control the intimacy or members flee into an intellectualized process that gives an appearance of intimacy but in reality they maintain their distance. If intimacy is resolved before the inclusion process has run its course, members will be constrained in the latitude of their affective contact and welded into the roles they occupied at the time of the resolution. In such a group change becomes difficult and very unlikely.

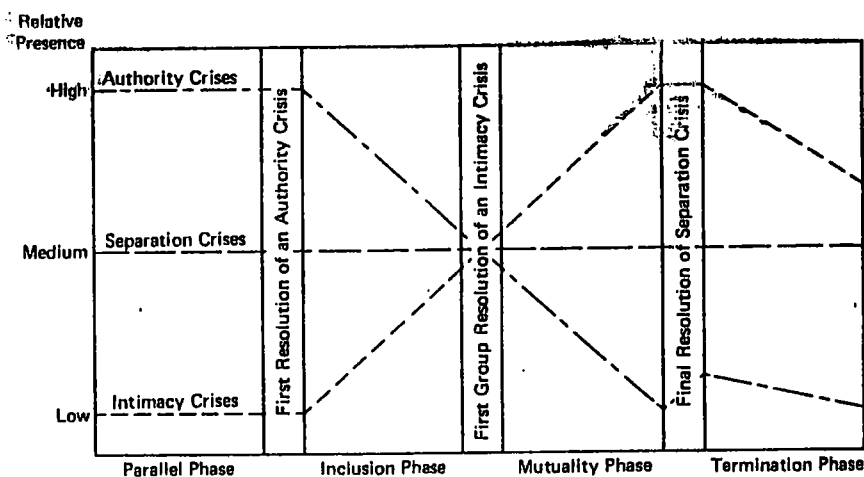
The first resolution of an intimacy crisis serves as a transition from the inclusion phase to the mutuality phase. Since affective contact is the basis of the mutuality phase, the function of intimacy crises is to initiate and deepen affective contact during the mutuality phase. A group can enter the mutuality phase with a low degree of intimacy but will require subsequent intimacy crises to gradually deepen the level of affective contact. The level of intimacy for a group during mutuality is infinite and depends on the nature of the people in the group and the length of time they have been together.

Late latency and adolescent groups achieve a state of pseudo-intimacy that is appropriate for their level of development. The capacity of children of these ages for intimacy is limited by their social development. Late latency and early adolescent groups substitute similarity for intimacy. These age groups require that all the members think, act, and behave alike, demonstrating to themselves and others that they are together. The need and interest in showing outsiders that they are intimate suggests the shallowness of the process. When adult groups develop pseudo-intimacy it is often because the therapist or some of the members forced intimacy on the group before they were ready. While the pseudo-intimacy of the younger groups can serve as an age appropriate level for developing capacity for intimacy, in an adult group pseudo-intimacy can sharply reduce the degree of mutuality phenomenon that will be achieved. In the pseudo-intimacy of adult groups the most notable omission is the absence of negative feelings and overt conflicts. The greatest danger in pseudo-intimacy in adult groups is that each of the members leaves the group feeling that the others experienced something they played at experiencing; consequently, they feel bad about their lack of capacity for intimacy.

**Separation Crises.** Separation crises arise at any phase of group development and are set off by fears of the therapist, fears of other members, absences of therapists or members, termination of members or therapists, and termination of the group. Separation fears are also inherent in authority and intimacy crises. The function of separation crises is to deal with loss or potential loss of other people in the group situation and, ultimately, to deal with separations and losses that members might have or will experience in their lives and in their termination from the group.

Separation crises are resolved if the members are able to deal with their





Note: Prior to the first resolution of an authority crisis, authority crises are present but do not get resolved. Prior to the first resolution of an intimacy crisis by the group, intimacy crises abound but do not get resolved except between individual members. Separation crises become increasingly resolved during the life of the group and build toward final resolution preceding the termination phase.

Figure 1.4 Interaction of phases and crises.

feelings and reactions to the separation that precipitated the crisis. Separation crises are not resolved if the members do not deal with their feelings about separations and continue to deny and repress these feelings. The later in the phases of group development the separation crisis, the more chance that the group will have the capacity for resolving separation crises and will have developed ways of doing so.

There is usually a progression in the way groups deal with separation crises and they develop their capacity to deal with them as they recur in the group.

Figure 1.4 is a conceptual rendering of the relative presence of the three crisis phenomena during the four group phases. The smoothness of the lines may be taken as averages; fluctuations and variations will occur from group to group and within each group. However, such major variations as premature intimacy during the parallel or inclusion phase and premature authority crises will cause major distortions in group development. Many of the possible distortions, their nature, and amelioration are discussed in the text of the respective phases and crises. Suffice to say that Figure 1.4 represents a conceptual model for the interaction of phases and crises.

#### *Dimensions of Group Process*

The discussion in the ensuing chapters describes and analyses each phase and crisis from the standpoint of thirteen dynamics operative in therapy group.