

THE PRACTICE OF SOCIAL WORK WITH GROUPS

A Systematic Approach

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society. In order to meet these collective aims of the group it is necessary that members each contribute according to their ability. The varying abilities and resources of members come to expression in differentiated role behaviours. These are in turn accorded varying status according to the priority which the group's aims confer on different kinds of contribution. Thus, observing the criteria for high or low status – that is to say the degree of initiative and influence accorded members in different roles – we may see a clear expression of the felt needs and the priorities of the group. As group workers, our function is not to judge a particular choice of leader or a particular episode of scapegoating as more or less fortunate or cruel, but to consider what these particular choices reflect about the group's needs and ways of dealing with their problems at each point of time.

The question of time has also some importance here, since we see that the same group confers status according to different criteria at different times. Observation of such changes also brings important material to our attention, reflecting as it does the group's conclusion of a stage of work, or its awareness of new needs or shifts in alliances in important areas of the group's organization.

EXAMPLE 19

A common history of alcohol problems was the central criterion in the composition of a new group of male psychiatric in-patients led jointly by a psychiatric nurse and a social worker. Attendance was mandatory, as was all group treatment at the hospital. Groups had hitherto been composed on the arbitrary basis of admission sequence and this selection by common symptom was a new departure.

During the first meeting, members were passive and demonstratively indifferent, with the exception of Sigurd. After a few minutes of tense silence he openly challenged the workers on the rationale for the group. Why were they being picked on ('on', not 'out') in this way?

The nurse responded with an explanation about the common difficulties of people with alcohol problems, his belief in their ability to increase each other's insight and control, etc. Sigurd was not helped by this and with the silent approval of the others he increasingly expressed anger and suspicion about the workers' 'special attitudes' to alcoholics. The same worker, unsuccessfully, responded to this with repeated rational explanation. Sigurd increased the pressure, with yet more evident support from the others in the group, one of whom leaned over and clapped him on the shoulder.

During this sequence the workers gradually became aware of the

Chapter 7

THE WORKING PHASE – RESPONDING TO STRUCTURE

DEFINITION

The term 'group structure' seems to be used in a number of different ways, sometimes so widely that it embraces all group life and thereby loses usefulness as a concept. I have found it helpful to limit my use of the term to refer to the patterns of status, role and subgroup formation which characterize the organization of groups. These features of group life are usually highly visible. They are very important for the effectiveness of the group and are often amenable to influence – both reinforcement and change. For these reasons, this aspect of group process is of great interest to group workers and much of our contribution in groups is response to the development of structural phenomena. In this, as in all group method, the starting point is in trying to understand what we see.

UNDERSTANDING AND RESPONDING TO GROUP STRUCTURE

Observation of group structure involves a continual interest in who is doing and deciding what, who is rejected or chooses passivity, who gains influence and takes initiative, and what patterns and criteria for alliances arise. We see these things and we know that they are important in all groups we belong to, whether as private persons or in our professional capacities. Their importance to us as group workers is brought sharply into focus when we remind ourselves that group structure usually develops in a functional manner and thus may reveal to us a great deal about members' needs. I will say a little more about this. (My book on group theory (Heap, 1976) illustrates this aspect of group process more extensively, but does not deal with the worker's intervention.)

The distribution of roles and the apportioning of status is not decided by chance. Each group we belong to has certain aims which may be more or less conscious and articulated, but which clearly reflect both the purposes for which the group was formed and the relationship and tensions existing between the group and its environment – either in the sense of immediate surroundings or of the wider

status accorded to Sigurd on the basis of his accusatory and suspicious manner. They concluded that this reflected his expressing views common to the group, which others were unable or were too anxious to put into words. The workers saw that group members' ability to accept and use their own rational explanatory response was blocked by the intensity of these feelings. In continuation, the social worker then said: 'I can see that you are angry and suspicious, Sigurd, and I think I am beginning to understand that better. At the same time I have the impression that what you are saying could equally well be said by others here. Isn't that true? Can some of you others come in now and say what you think about these things that are worrying Sigurd? I don't think he's alone in this.'

With this response the workers achieved several aims. Their understanding of the group's support of Sigurd helped them to see that members' immediate needs were not for 'explanation' but for the expression of strong feelings. In addition, response which frees individual members from the role of spokesman for the group intensifies interaction between members and increases the number of members who actively contribute. At the same time, such responses prevent the development of the common situation where a spokesman for negative feelings himself becomes viewed negatively at a later stage when the group's needs have changed. Such progression from initial spokesman to scapegoat is in my experience common, and may be prevented in this way.

EXAMPLE 19 (continued)

By the close of the second meeting of this group, the atmosphere had changed, following lively collective ventilation. Members were generally more active and markedly less suspicious and hostile. While Sigurd was not yet ready to abandon his attack upon the system, he no longer received support and stimulation from the group. Two other members were now most prominent and both were accorded high status. One of these, Torgeir, was an expansive and witty man who invested in 'keeping up the atmosphere'. He had a long history of alcohol problems, several periods as an in-patient, and was a 'sophisticated' and experienced member of therapy groups. He was highly defended, in the style of 'drunk and proud' (Ogren *et al.*, 1979). Bernt, who was also highly active by this time, was a younger man with considerable resources, both intellectually and socially. He represented a contrast with Torgeir. He was very serious and troubled - 'terrified', he said, of turning into a 'revolving door' patient, in and out of institutions and clinics the rest of

his life. He was sceptical about the use of antabus and similar preparations and believed that to control drinking you 'had to reach deep into yourself ... and to take and hold to some tough decisions'. He said that he believed strongly that they could help each other with this.

Observing the status conferred on Torgeir and Bernt, the workers saw this as reflecting an important ambivalence in the group: on the one hand, the need to deny and defend and thus keep the symptom; on the other hand, to confront themselves with the problem and the great demands which its solution required in order to be free of the symptom. Since it was productive for this ambivalence to come to expression, the workers assumed a less active role around this period. In this way their 'containment' allowed the group process to manifest even at this early point a vital conflict for the members.

GROUP STRUCTURE AND DEFENCES

It is important to note from example 19 that functional development of structure does not always result in creative mobilization of the resources present in the group. It is equally consistent with a functional analysis of structure that defensive and inhibiting behaviour or attitudes are accorded status at times where members feel threatened or guilty. Thus, again, it is not the worker's job simply to 'regret' that an overcompensated and defensive member is accorded influence and the right to initiative. The worker's job is to mobilize his diagnostic understanding of the group's overall problems and in that light to understand that the elevation of defensive members to high status is an expression of common anxiety and defensiveness by the group as a whole. His own contributions should then be directed to alleviating the anxiety, guilt or feelings of inadequacy which give rise to defence and thereafter to aid the group in moving from a 'restrictive' to an 'enabling' solution,¹ from inhibition to freedom.

SCAPEGOATING

One common version of defensive status ascription is worthy of special comment. This concerns scapegoating. We frequently witness group situations where a member is isolated, ridiculed, or in some other manner defined as both deviant and reprehensible. For the observer, it is tempting to fall into one of several oversimplified ways of regarding and responding to this situation. We might simply accept the truth and rationality of the group's disapprobation and thus regard their rejection of the member as valid. Or we might give priority to protection of the isolated member, since he is distressed

and being treated harshly. We might attempt to mediate between the parties in the hope of re-establishing cohesion and harmony. In most cases these responses are wasted time.

We frequently see a particular dynamic in scapegoating, which points to a more hopeful way of contributing to the group process. What seems to happen is that some groups develop a set of dysfunctional norms. Attitudes and values arise which are at variance with the group's needs and with impulses, behaviours and concerns which are present though not admitted – perhaps not even conscious. The group's control system, serving conformity to the approved norms, thereby both suppresses important material and introduces or increases guilt about the suppressed concerns. Both of these may be relieved by the defence of collective projection. A member who is vulnerable, or new, or less identified with the group, or who has in fact done or said that which is forbidden, is chosen as scapegoat. By clearly ostracizing him, the group as a whole both relieves the tension of suppressed conflicts and vicariously punishes and asserts their disapprobation of that which they in fact feel but which is forbidden. (I have dealt more thoroughly with the dynamics of scapegoating in earlier publications, notably Heap 1966, 1969 and 1977b).

Our response to these situations might or might not include direct protection of the scapegoat. That is decided both by his own ability to deal with the pain of exclusion and by the extent to which he has colluded in and attracted the group's projection. However that may be, it is consistent with understanding scapegoating as a projection to respond to it as group process, as a collective manifestation of both a problem and a restrictive way of dealing with it. Thus, the most liberating contribution is one which is aimed not at protection, not at mediation, not at judgement of the scapegoat, but at relief of the feelings of guilt, deviance, inadequacy, fear or whatever qualities arouse the need for projection and expiation. The worker attempts therefore to legitimize the suppressed and disturbing feelings. In doing so, he will find the use of generalization most helpful.

This is where we say 'I'm sure that most people in X's kind of situation feel the sort of feelings he is describing, though it is common to disapprove of them', and 'There has surely never been a parent, not even of the most attractive and successful child, who has not frequently wished that they had thrown the baby out with the bathwater', and 'In my work here I have heard countless people say what Y is saying now, and I'd be surprised if he alone in the group felt like that. But I can see that it is difficult and painful to admit it, when popular attitudes appear on the surface to be so different', and so on.

Where that is not successful or acceptable as a means of reducing guilt or anxiety and thus of scapegoating, the worker may go on to

a reflective observation of the group process as he sees it and try to increase members' consciousness of the way in which they use each other. As members become increasingly able to permit themselves what they have hitherto suppressed their need for the scapegoat diminishes. Their projections are then gradually withdrawn and the scapegoat may take either his earlier place or some revised role in the group.

This is a complex process to condense into one brief case extract but I hope that the main elements are made clear in the following. This material is abstracted towards the end of the first year from an extensive weekly process record prepared for supervision over two years.

EXAMPLE 20

Background of Group

A small psychiatric hospital serves a geographically extensive area, where main occupations are forestry, deep-sea fishing and small-holding.

The hospital invests some resources in preparation for discharge and aftercare. One feature of this which has now functioned for a year is an open pre-discharge group, led jointly by the social worker and the head nurse (female and male respectively). Patients with more than 6 months' hospitalization must attend the group, while patients with shorter stay may attend and are encouraged to do so. Membership has varied from three to twelve. Average participation during this first year has been four attendances per patient, though this average conceals a wide distribution.

At the period from which this material is extracted the group was in an active phase with from five to nine members each week. With few exceptions, the same patients continued to attend. Thus a process developed which made observation of structure more possible than is usual in open groups. A certain polarization had developed between two patients. These were Mrs Olsen and Petter.

Mrs Olsen

Thirty-five years old. Middle-class mother of three children. Married to dental surgeon, 38 years old. Their marriage was 'without problems' until a few months ago. Mrs Olsen had accepted her role as her successful husband's admirer and handmaiden. She believed that his criticism of her passivity, ordinary appearance and lack of creativity was justified, though at times hurtful. Her decision a year ago to take up dinghy sailing, sculpture and politics was, consciously, intended only to gain her husband's approval.

However, Mrs Olsen quickly evidenced considerable latent

talents, and became daring and expressive in a number of new ways. Mr Olsen showed that he could not cope with the wife who had become as exciting as he thought he wished. He appointed an attractive young girl as receptionist, rented her an apartment and announced to his wife that he would live with them alternately – 'one for excitement, one for the children's sake'.

Mrs Olsen's explosive reaction to this – tears, fury, blows, bitter protest – was countered by summoning the doctor. Sedative injection 'there, there'. After the effects of sedation wore off, Mrs Olsen again took up her protest. Another visit from the doctor. More sedation. She was quickly defined as sick, Mr Olsen and the (male) doctor agreeing that so extreme a reaction was pathological. Pills prescribed, Mr Olsen to ensure that she took them.

After a few weeks, Mrs Olsen ceased to eat, became virtually mute and was hospitalized as depressive. She seemed to accept hospitalization and the sick role as a refuge. The hospital team however, rejected the 'sick' interpretation of her behaviour at the same time as assuring her that she could use the hospital as a refuge while working out her family situation. She was referred to the social worker, with whom she had fairly frequent interviews during the first weeks.

In the following episode, we meet Mrs Olsen after six weeks, now a member of the pre-discharge group. At this point her husband had the children living with him and his girl-friend. Both in letters and during his (few) visits he had pointed out how unsatisfactory a solution this was. Why could not Mrs Olsen and his friend amicably share him? In that way, Mrs Olsen would still be able to keep the children whilst 'many would otherwise doubt her continued suitability as a mother' after her mental illness. Mrs Olsen was now in the course of alienating herself from this hitherto highly idealized husband. At the same time she was very afraid of embarking on life as a single mother. Wonder and reflection about her own maturation and liberation had not yet begun.

Petter

Forty-one years old. Married to the manageress of a fishmonger's shop; two teenage sons at school. Petter was a semi-skilled worker and had been in the timber/pulp industry since he left school. Active in his trade union, and had been committee member until three or four years previously, when his increasing instability reduced his workmates' confidence in him. Not at this point clear whether he was entering some kind of pervasive paranoid development or whether his inappropriate behaviour was a result of his periodic heavy drinking. Petter's family relationships seemed

curiously formal. Members maintained a polite distance with neither overt conflict nor any apparent real engagement between Petter and the others.

Petter had an excellent work record before the decline in the paper industry. As former deputy chairman of his union branch he had dealt competently with many conflicts and negotiations. However, he seemed to have been without interests outside work and union activities and he was probably already severely threatened by the first closures five or six years ago. His aggressive public protests brought him into conflict with employing bodies in the district. Some of his workmates turned from him at this point, apparently through anxiety about being identified with him. But, coincidentally with this, his own anxiety-derived militance was further stimulated by a new extremist faction in the union. Petter became increasingly isolated and disoriented.

With increasing anxiety he became excitable and behaved in an inappropriate way; and his drinking increased seriously. When drunk he threatened employers and foremen, proclaimed bloody revolution on the street corners, denounced employers' radar surveillance and their spies in the union. His employer suggested to Petter that he take sick leave. Petter misinterpreted this and attacked him violently. It was this episode which led to Petter's entering hospital.

We meet Petter after three months as an in-patient. He had had a good deal of psycho-pharmaceutic treatment during the first weeks. Subsequently he took part in group therapy, occupational therapy and the daily decision-taking on the ward which derived from the prevailing 'therapeutic milieu' philosophy. In these activities he manifested himself strongly, though with no bizarre behaviour. He said that he 'was himself again' and was looking forward to going out 'with this lot all behind him'. He had very little contact with his family during his stay in hospital. His wife had said that she was anxious about his discharge and had become afraid of him. He did not believe this and laughed it off.

Current situation

The past two meetings had been markedly influenced by Petter's contributions. It had often seemed that he had engaged himself actively in others' issues, but had then moved by association from these to his own concerns, on which the group had then focused. He was articulate about the inherent inequalities and dangers of capitalism and described himself and all fellow patients as impotent victims of the system – 'When we have abolished capital's dominance over the means of production and distribution we will

be able to close both psychiatric hospitals and prisons.' But at the same time he expressed confidence in his future and was quite sure that everything would go well for him both at home and at work. He strongly advised the group to regard their illness and hospital stay as a closed chapter in their lives and to avoid thinking and wondering about it. Group members listened to him, agreed with him and encouraged him to talk, even though some expressed reservations about his political views.

Mrs Olsen had other opinions, much less popular. She had become increasingly able to express her views and raise issues. She was occupied with the incredible number of choices which we make during our lives. She had a 'picture of her past' as a long succession of wrong choices culminating in her hospitalization. She was burdened by the recognition that we are all 'always alone with irrevocable choices' - 'life consists of choices'. She had recently decided to postpone her discharge for another two weeks.

The opposed poles of projection and privatization confused the group, as did the increasing tendency to sharp exchanges between Petter and Mrs Olsen. Increasingly, members allied themselves with Petter, who thus gained influence and became correspondingly rejecting of Mrs Olsen and increasingly hostile to her.

The workers understood this as a scapegoating episode, in our sense that a member was being rejected for demonstrating attitudes common to the group but denied by them because of anxiety. The workers first tried to deal with this by generalization, remarking how uncomfortably near the truth they found Mrs Olsen's picture of life: 'It is surely a common experience?' The group was not helped by this. The workers then offered further support by showing their understanding of the anxiety which is raised when one allows oneself to see the extent of independent choice and coping which society demands. At this point, projections were about to be withdrawn from Mrs Olsen, two members being able to say that they too were scared of being unable to cope. They quickly submitted, however, when Petter and a follower again urged them to 'make as little of it all as possible'.

The group got stuck at this point. The workers again intervened and found it most hopeful, generalization and anxiety-relief having failed, to invite consideration of what was happening in the group. They pointed out that valuable things were being contributed which the group was unable to use, that two active members had become antagonists and that members had dealt with this by taking sides, and that they had chosen a position which relieved them from looking at the tough situation with which they were all faced.

The confrontive quality of this intervention seemed to provoke

thought, but the group maintained silence. The workers then suggested that while both Petter and Mrs Olsen were saying some very useful things, perhaps both of them were also giving extreme versions of their views, as so often happens in conflict. What about looking at the strengths and weaknesses of the respective arguments, instead of siding with one against the other? After some hesitation, and with reduced leadership from the workers, the group were able to say how much they were encouraged by Petter's optimism and drive, while not really agreeing with him that problems go away by pretending that they have not existed; similarly, they could see that Mrs Olsen was of course right about all the choices and challenges but had been provoked and made anxious by her insistence that we are 'absolutely alone' with our choices.

By withdrawing projection from Mrs Olsen, the group established a structure which facilitated a more productive and realistic way of helping one another clarify common problems. At the same time, the two members most involved in the episode were given a new opportunity to modify and extend their perception of their own situations.

The workers' understanding of the defensive development of structure during this episode was also a useful indicator to them both of the extent of members' ambivalence about discharge and of specific tasks of clarification and decision which the group could be invited to work on.

DYSFUNCTIONAL STRUCTURE

It would, however, be naive to suppose that structural aspects of group life always logically and tidily express the group's priorities and needs in the way so far described. We have all had life experiences marked by quite other tendencies, and these occur also in groups in the social and health fields.

I am thinking here particularly of two related aspects of status and role. Certain factors often bring into positions of influence members who in fact are not well qualified for it. Similar forces prevent other members from making useful contributions when in fact they are potentially well able to do so.

This arises particularly in connection with the phenomenon of ascribed or transferred status, sometimes called the 'halo effect'. Members may enter the group with expectations of high status, being accustomed to this in other contexts. They may, for example, in speech or dress clearly demonstrate membership of a higher social class. They may belong to high-status professions or enjoy and reflect

other kinds of eminence. There is then a strong tendency for less privileged group members to accord them high status whether or not their views, experiences and proposed solutions are in fact purposive and relevant in the group. They may of course be so, but this is only by chance. It is equally likely that their contributions reduce the effectiveness of the group's work, yet they are nevertheless deferred to and accorded influence. I think of this situation as dysfunctional structure and believe it to occur commonly.

Conversely, many members are placed in or enter recessive positions who have in fact useful contributions to make. These members may be viewed by others and may also view themselves with little esteem, although the explanation for this lies in quite other areas than their potential ability to contribute creatively to the group. Again, this might be a question of social class, appearance or speech where these outward symbols of 'value' automatically relegate the bearers to low status, however rich in ideas and motivation they may be. Or their passivity may result from painful and anxious contact with their problem. This is a quality which the group in fact needs, but many groups will not initially recognize its value and will not actively encourage the passive members' engagement. Such a member then quickly becomes defined as a low-status non-contributor and both the group as whole and he loses by this.

This is an aspect of the group process which usually calls for intervention from the worker. Since ascribed status has roots in both cultural norms for influence and in the less rational areas of members' perceptions of themselves, the group structure tends to crystallize around these criteria, unproductive though they may be. The worker's interventions may therefore have to be carried out over a period of time before producing effect.

The interventions are not necessarily complicated, however. It is mainly a question of seeing the need for them and having the confidence to carry them through. The latter requirement is not to be lightly dismissed, since the worker's role here runs counter to the norms and structure of the group. I believe that I have seen a number of colleagues and students stand aside from this whole issue in order to avoid possible conflict with group members or from anxiety about losing the facile acceptance which comes from sharing the group's prevailing views.

The kind of interventions I am thinking of contribute to a less hierarchical structure, reducing dominance at one end of the status spectrum and enhancing prestige at the other. It is by no means always necessary actively to oppose the annexation of leadership by members with high ascribed status. My experience points to the contrary conclusion, that the most decisive factor in avoiding this kind of

dominance is that the worker himself must consciously refrain from actively stimulating it. The worker, too, picks up such members' signals about their anticipated status and may play almost as readily into it as does the group. When the worker is anxious about whether the group will function and worried about passivity and silence he is particularly prone to stimulate such members in order to ensure a certain level of activity. Where such members nevertheless do enter dominant positions and the worker needs to intervene, it is important that he does so as early as possible. There are two reasons for this. One is that structure in a group very rapidly crystallizes and it becomes increasingly difficult with time to effect change in status and role distribution. The second reason for intervening early in this kind of development again has to do with the worker. He must not wait until he is irritated or worried about the uneven activity in the group, since it is necessary that he intervene without hostility and with respect when he points out to a member that he is filling a disproportionate amount of the group's time and content. There are innumerable ways this may be said, but it is always important in doing so to include some acknowledgement of the impetus which the member has given the group and of the relevance of the issues he or she has introduced.

Just as important as containing such dominant members is the function of stimulating recessive members who have defined themselves as 'one down'. Thus, the worker will use every possible opportunity of showing his interest in the low-status member's hesitant contributions and of encouraging the others to work on them. This is a conscious and constructive use of his own high formal status in the group, since respect tends to be accorded to the views for which he evidences particular regard. This, in turn, enhances the status of the hitherto marginal member and contributes to a more functional structure. If the low-status members have become so passive that they give him no opportunity for showing recognition in this way, he may need more actively to encourage them to contribute. It is desirable that this should be based on a clearly demonstrated belief in the potential worth and relevance of the member's contribution, rather than on cajoling or on moralization about inactivity. The youth club member should not hear that he is 'not pulling his weight' but that 'this is the kind of thing I know you're good at - come and give us a hand'. The self-effacing, rejected lower-class mother in a parents' group is not helped by hearing 'It's a long time since we heard from you, Mrs Anderson'. But she might be helped and her status will very probably be enhanced by the worker saying, 'I remember that you had some experiences/ideas/suggestions about this that you brought in at our first meeting, Mrs Anderson. I think we are more ready to talk about that now than we were then.' This function has its roots in the

tuning-in process, since the worker's reflections in the planning stage should on the whole make him aware of the various possibilities for ascribed status.

WORK WITH SUBGROUPING

Not only role and status distribution may be understood in this way, but also the development of subgroups. Also this may be understood in ways which increase our chances of taking a constructive role in the group process.

In any group of more than four or five members, the network of relationships – often called the 'informal structure' – will reflect varying degrees of liking and indifference, of attraction and rejection between the members. This results in the formation of clusters of members having closer relationships with each other than with the group as a whole. These are subgroups, an inevitable and natural feature of group life. Earlier approaches tended to overproblematize subgroups, as if they were in some way malign and both could and should be avoided or discouraged. But members will always like some fellow members more than others and the commonality of ideas and attitudes which this reflects often gives diversity and enrichment to the group.

Subgrouping first becomes a problem when members' identification with their subgroup is so intense that it prevents engagement in the group as a whole or when it results in the kind of commitment which produces inflexibility and resistance to change. Since many clients encountered in the health services and social work are already burdened with histories of rejection, deviance and unacceptability, such situations of rivalry or exclusion from subgroups would provide regrettable additional stress – which is hardly the intention of group work. Thus the group worker, while viewing subgroups as inevitable and potentially rewarding in their diversity, nevertheless invests in stimulating interaction across the subgroup boundaries and tries to keep alive the identity and cohesion of the group as a whole. To this end he continues to 'link' members in different subgroups, drawing attention to similarities of concern and experience. He uses reflective observation and sometimes interpretation which focuses attention and work on the common group problem. He encourages and sometimes actively suggests appropriate activities which necessitate concerted action by the group or which presuppose use of resources drawn from different subgroups. (This latter point is illustrated in examples 28 and 31a.)

A closer look at the causes of subgrouping is worthwhile. It is not only differences in interests and abilities or spontaneous variations in mutual attraction or rejection which produce this aspect of structure.

Subgrouping also arises because clusters of members have different motivations for joining the group and thus varying expectations of its aims and ways of working. In such cases it is necessary that the group state this problem or be helped by the worker to do so. This should then lead to a collective review and renegotiation of the whole area of common aims and needs. Possible results of this include both major change in group content and, more rarely, abandoning or dividing the group. Where formed groups are concerned, this situation arises as a consequence of errors of composition or of insufficient investment in the preparatory phase of the group. Natural groups or other groups already in existence at the time of the worker's entry of course manifest this situation more frequently.

CONFLICT BETWEEN SUBGROUPS

In treatment groups a particular type of subgrouping seems often to occur. One frequently sees subgroups form because of differences in their approach to problem-solving or problem avoidance. One subgroup may be open to the expression of concern and feeling; another evades painful issues by projecting blame on to others outside the group; another denies or minimizes the problem; yet another is resigned and attempts to establish passive dependence upon the worker. Where this kind of division occurs, tension arises between the subgroups.

They may become committed to their positions and are therefore both provoked and anxious on finding that members of their group are equally committed to other – perhaps opposed – positions. What could have been fruitful diversity becomes conflict.

Where group members do not find their own rational way out of this, the worker must help them. There are several elements in such help. A calm and reflective manner in the face of conflict is important, as is a non-judgemental attitude to whatever evasive or irrational traits characterize the subgroups. This has value in reducing members' fears and fantasies about the destructive effects of conflict. The worker's intervention here also has importance seen in the context of his role as model. Throughout the whole contact with the group, the worker fulfils this role. Whether or not we wish it, and however imperfect we in fact may be, we inevitably represent models of 'a good parent', 'an adult', 'an efficient problem-solver', and so on. While we do not wish to encourage imitation, it is often helpful to remind ourselves that 'how' we are, the way we behave towards members, and the attitudes which we show are influences whose importance often exceeds that of the most carefully chosen intervention. This is also the case when helping a group in conflict. The worker consciously uses this role when emphasizing his belief that conflict may at times be productive. As

well as helping the group to deal better with the current conflict, this may also contribute to valuable attitudinal change. Further, in helping the group to examine its conflict, he is, as model, reinforcing the important general truth that the recognition of problems is a prerequisite for their solution.

The worker's actual intervention in these situations of subgroup conflict may or may not be presaged by clearly calling attention to the conflict itself, though in most cases it provides a natural point of entry. His main contribution, however initiated, is to invite discussion leading to recognition of the common concerns and fears which generate each subgroup's different norms. His aim is to help members rediscover their commonality and gain a greater measure of acceptance of the inevitability of different reactions. This provides a basis for proceeding to an examination of what constitutes constructive or inhibiting reactions ('enabling' or 'restrictive solutions' in Whitaker and Lieberman's terms).

EXAMPLE 21

A group of four engaged couples met with a pastoral counsellor for a series of discussions called 'Marriage: growth and change'. They were on the whole rather conventional middle-class couples, all in their early twenties. The first two meetings were harmonious, much of the content involving declarations of similarity with regard to background, religion and views of marriage.

Change occurred with the third meeting. One couple had brought with them a copy of Gibran's 'The Prophet' and thought how beautiful were his lines on marriage:

'The pillars of the temple stand apart,
And the oak-tree and the cypress grow not
in each other's shade . . .'

Another couple were also immediately delighted with the image, while a third were not at all happy about it. They thought it 'all very well, but it really advocates reservation and avoids commitment to each other'. The fourth supported this view. The group divided over this issue into two subgroups each of two couples. They became increasingly heated, increasingly supportive of others in their subgroups and increasingly inclined to disagree with the opposing subgroup's members on other issues also.

This tendency to generalize disagreement to other questions caused a crystallization of the subgroups. Despite some concern about this, the worker decided not to attempt to repair this disharmony. He observed that the adversary attitudes between the

subgroups in fact produced highly relevant work. It brought to the surface relevant disagreement and competing values and priorities. It clearly reflected in the group situation itself the dilemma of being 'together, yet apart' – the fundamental issue in marriage and the determinant of how far marriage may offer involvement and intimacy while enabling each partner to grow and change.

The worker was relatively inactive during the third meeting and the early part of the fourth, recognizing and respecting the productivity of the group process (practising 'containment', Phillips would say). However, he involved himself more actively in this issue when during the fourth meeting members wished him to arbitrate between the subgroups. What was 'right', 'wrong', 'best', where 'commitment versus freedom' was concerned? He replied by saying that he had been rather quiet because he thought they had had very useful discussion around their disagreement. But he was glad, he said, to be pressed on this and wished to join in. Was it not the point, he asked, that there is no right and wrong? That the dilemma is never finally soluble between becoming 'a part of each other' and 'remaining yourself'? That they were each asserting one of these continually present tendencies as being the only valid one, while an open relationship in marriage required recognition of the right to be oneself as well as – not instead of – being committed to the other's interest? Finally, he expressed the opinion that it was not arguments or conflicts around this issue which most threatened marriage, but rather the pretence that the issue did not exist: 'Not difference, but inability to tolerate it, is the problem.' This led further into the question of open communication in marriage. The group worked productively with this, the division into subgroups disappearing. They found it exciting and useful. Later in the series, one member referred back to this earlier period marked by subgrouping.

He remarked that the group had functioned like a bad marriage – two factions, each of which knew what was right and was unable to concede without argument and anger that the other had a different but equally legitimate view.

NOTES: CHAPTER 7

1 These terms are also derived from Whitaker and Lieberman's (1965) model of 'psychotherapy through the group process' referred to earlier. They perceive the group as continually focusing on sequential 'focal conflicts' (common problems) and solving these by 'restrictive' or 'enabling solutions'. Enabling solutions make it possible for the group to focus on increasingly relevant material. The worker's role in the group includes indication of or interpretation of restrictive choices, support and generalization to reduce guilt, or other techniques which facilitate enabling solutions.