

THE GROUP AS WITNESS

This chapter explores two interlocking themes: 1) the expression of intimacy in the group and 2) the function of the group as a witness to intimate encounters. This builds on the previous chapters but with greater attention to forms of intimacy and the role of the group in observing or responding to this intimacy. The main thesis is that the group has an important social function in recognizing intimacy and that this distinguishes group therapy from other forms of psychotherapy, particularly individual therapy, in which there is the absence of a witness.

The expression of intimate desire and sexuality is a private matter. It mostly takes place between two people in a setting removed from others. It requires an appropriate boundary. This is consistent with the nature and aims of intimacy, providing a protected space for the expression of longing, excitement and close union. However, it is also in this dyadic setting that that much of the anxiety, tension and frustration associated with sexuality takes place, the hurt and disillusionment – and beyond that, transgression and the abuse of power that can occur in sexual relationships. In the latter case, it is the absence of a social witness, of support, of constructive interference, that renders one or both parties vulnerable to hurt and injury. The opposite also applies: a healthy, intimate relationship that is unsupported or undermined by those in the wider interpersonal matrix is likely to suffer and be derailed. These contrasting possibilities raise the question of what happens in a therapy group when intimacy is expressed in a shared space, in the presence of others. What functions does the group play as a witness to moments of intimacy and desire that arise in the ebb and flow of the group?

A view developed in this book is that while the intimate longings of one person, or the intimate encounter of two people, require a boundary, a separation from the wider community, this boundary is

not nearly as firm or opaque as is usually assumed. As in all behaviour and relationships, social processes exert great influence. The invisible social context is paradoxically deeply penetrating. This applies as much, if not more, to sexual behaviour as it does to the full range of behaviour, since questions of social judgement and conformity have a powerful influence on the expression of sexuality.

Kernberg (1995) views the couple as socially transgressive in its attempt to flout conventional restraints. In parallel, he sees the group as highly ambivalent about coupling: resentful, envious, wanting to intrude. This underplays the possibility of constructive social support for coupling: the group's positive identification with the couple and the wish to recognize and nurture the couple, partly in order to strengthen the group through the deepening of bonds.

In this chapter I introduce the notion of the group as witness. This describes the group's functions as an observing and reflecting presence, a presence which provides a constructive and potentially reconstructive social process. As illustrations, I examine three situations in which the group acted as witness in some form or other. All three situations, although very different, involved the expression of desire or a sharing of some traumatic aspect of desire. There were two main protagonists in each situation, with the rest of the group providing a social context which served an essential function in the unfolding or repression of the intimate contact. The overall impression is of a significant interplay between the expression of desire and interpersonal/social processes of recognition and validation in the group as a whole.

Transgressive wishes

How does the father of two small children reveal in a group that he has sexual thoughts about them? He believes he is unlikely to act on these thoughts but is nonetheless deeply ashamed and afraid of them.

Jim (34) is a tense, uncomfortable presence in the group. Prior to joining, he revealed in his assessment interview with the group therapist that for years he has had sexual thoughts and impulses in relation to his children. He believes that he is very unlikely to mention this in the group: he feels sure that the group would despise and reject him. This is the reason for his reluctance to join the group in the first place. However, he is

persuaded that he needs long-term therapy, as he has a variety of disturbing problems, and he agrees to join.

In the group, Jim is uncommunicative, defensive, evasive. He worries the group as he has a job which involves the safety of others but is frequently so depressed or drowsy because of the medication he is on that he cannot perform. He struggles to stay awake at work and sometimes drops off in the group. The group is frustrated by his unwillingness to engage. Although members are also supportive and concerned about him, he increasingly feels disapproved of and less inclined to talk about his problems. His tension tends to build up to boiling point and then he lets go in the group, crying and shouting, filled with despair and anger.

A female patient, Joan (54) shows a particular interest in Jim. She is an attractive older woman who describes considerable problems with her own children but brings a quietly maternal quality to the group. She is less likely than the others to push Jim or to berate him for not responding. Gradually, Jim warms to Joan, admits that he likes her, and tends to address her when he talks about himself. He increasingly refers to his family of origin, his harsh, critical stepfather and his mother, whom he felt let him down badly when she remarried and had several other children. He felt marginalized and deprived seeing her raise her other children and wondered whether she had ever cared about him. He has no memories of her being affectionate, of touching him in a loving way.

Although he increasingly feels supported by the group, Jim reaches crisis point in his personal life. His job is in jeopardy, his marriage fragile and his relationship with his wider family at breaking point. He begins to use the group more openly and productively. He has hinted in the group from time to time that he has troubling thoughts that he cannot share with them. Then, in a session in which he shows great distress, he reveals the sexual thoughts which have bothered him all these years. He tells the group that he stopped bathing with his children because he frequently got an erection. He continues to think of bathing with them, however, and has fantasies of touching and exploring their genitalia, as well as images of them playing with his erect

penis and bringing him to orgasm. He says he no longer plays with the children for fear of sexual arousal. Yet, he longs to touch them and they are puzzled by his withdrawal.

Jim's anguished revelation makes a great impact on the group. Members are moved rather than shocked or critical, although there is a recognition that these are disturbing and potentially dangerous thoughts, however small the chance of Jim enacting them. The group adopts a questioning but sympathetic position. Part of the discussion concerns the psychological origin of Jim's preoccupations and this is where Joan, his close ally in the group, shows particular sensitivity. On hearing Jim talking about his longing to touch his children, she reminds him that just a few sessions ago he spoke about his mother's neglect of him and how he often wished she would touch him. He once saw her caressing his stepfather's neck and wished it was him. An important connection dawns on Jim and the group. His guilty preoccupation with touching his children reflects his frustrated longing to be touched by his mother. Joan attempts to put this into words and the therapist underscores the link.

This is a moment of significant closeness in the group. Jim and Joan are in sensitive emotional contact. The rest of the group is supportive not only of Jim but of the intimate bond that has developed between him and Joan. Later in the group, these two reveal a degree of sexual attraction to each other. Joan jokes that if she was 20 years younger she would ask Jim out for a date. He tells her that he cannot understand her difficulties with her children since he sees in her such a maternal and loving person. It is as if the mother-son transference between them has enabled him finally not only to talk about the thoughts of which he is so ashamed but to understand their meaning in the context of his own deprivation of mothering. The affection Jim feels for Joan, including the sexual attraction between them, helps to refocus desire in an adult relationship, to transform – at least in this situation – Jim's regressive longings. The fact that there is a significant age difference between them paradoxically serves to dilute the sense of sexual transgression that so worries Jim.

The group as witness provided some crucial functions in this example. At the broadest level, group members acted as witness to Jim's revealing his sexual preoccupations. They represented a benign authority that could hear him and support him but not ignore the seriousness of his problem. They also acted as witness to his growing bond with Joan and the intimacy they developed, allowing and supporting this relationship, which made it possible for Jim both to share his thoughts and regain a sense of self-respect. The age difference between the two was also known and accepted by the group: it is possible for an older woman and a younger man to love each other without this being sexually transgressive. From a group-analytic perspective, the therapy happened through an intense process of resonance and mirroring and an interpretation (the linking of Jim's sexual preoccupations to his relationship with his mother) that emerged in the here-and-now communication of the group rather than being imposed by the therapist from the position of an observer.

A failure to witness

The second example comes from a group at an early stage of development – approximately three months into the life of the group. It concerns the failure of the group to anticipate an intimate encounter and to deal with the negative consequences of the failed encounter. The fact that this happened at an early stage highlights the link between group-stage development and the capacity to deal with intimacy in the group.

In a weekly NHS group, Jeff (29) presented a contradictory picture. An attractive young man, dressed in stylish, even flamboyant clothes, he nonetheless revealed to the group an overwhelming fear of intimate contact with either sex. This was against a background of lifelong social and interpersonal withdrawal. Belinda (25) was a pretty black art student who had sought help because of intermittent periods of bulimia, combined with poor self-worth and bouts of depression. She also revealed a history of failed relationships with men, including attraction to white men whom she felt used her sexually and then rejected her. Whereas Jeff maintained a measured distance from the group, Belinda was an expressive group member who, if anything, wore her heart on her sleeve. She was also the only black member of the group. This had not been

addressed in the group, possibly out of anxiety about making too much of an issue of it.

The group was taken aback when soon after a session started Jeff blurted out angrily that Belinda had approached him after the previous group. She had presented him with a figure drawing she had done in an art class. The drawing was of a man who reminded her very much of Jeff and she wanted him to see it. Far from being interested or flattered, Jeff felt invaded. He saw the overture not only as a transgression of the boundary pertaining to extra-group contact but as an intrusive gesture that took no account of his problem about intimacy. Belinda reacted with distress to his account. Crying, she was at first reluctant to say anything about what had happened. Then she explained that she had intended this purely as a friendly gesture. She was surprised by how much the drawing had turned out to look like Jeff and she wanted him to see it. She was aware that this might be contrary to the group boundary but she believed it was a minor infringement. She could not understand his hostile reaction.

The story transfixed the group. The air was thick with the sense of Jeff's outrage and Belinda's humiliation. The group was virtually silent, people fumbling for something to say. What words could express the shock that this unfortunate event had happened, that both Jeff's and Belinda's problems had been enacted so precipitately, so unexpectedly? A tense, uncomfortable session achieved little other than confirming a sense of guilt and helplessness about how best to handle the incident. Subsequent sessions did little to remedy the situation. As commonly happens in groups, competing agendas quickly crowded in and the problem was metaphorically swept under the carpet.

A few sessions later Belinda announced that she was leaving the group. She gave as her reason the increasing demands of her art course, which made it difficult to continue attending. The group was surprised and disappointed. She had been a popular member. Attempts were made to get her to reconsider, at least partly on the grounds that she had been in the group for such a short time, but she was adamant. She would serve her month's notice and then go.

By the time Belinda left, there had been no clear acknowledgement in the group of the impression that she was leaving *not* primarily because of time pressures to do with her course but because of the shame and anger she felt as a result of the encounter with Jeff. Nor was the link made with her previous difficulties with white men, how she was repeating these, setting herself up for failure by approaching a man who was very likely to reject her. This was hinted at in the discussion but quickly denied by Belinda – and there was no challenge to her denial. Equally, there was very little discussion about Jeff's role in the incident: how threatened he had felt and how intensely he had rejected Belinda. As a result, there was no learning in the group for either of the protagonists or for the group as a whole. Belinda left and the group was very sad, not only about the premature goodbye, but about the sense of a trauma unprocessed by the group, about an opportunity lost.

A complicating factor was that the therapist was a white South African male. This, too, had not been addressed in the group. The therapist himself had not in his own mind made a link between his being a white South African and the incident involving Jeff and Belinda. He had liked Belinda and had no misgivings about a black woman approaching a white man, other than this being outside of the frame of the group. He was deeply sorry that she had been hurt and had dropped out of the group. Only on thinking this through subsequently with colleagues was he able to consider that the incident might have represented some enactment of feelings towards him. Was Belinda's attempt to get close to Jeff a form of testing out, on her own and the group's behalf, something to do with the therapist – and had Belinda been scapegoated in the process?

Hidden, unexplored factors in the group that may have contributed to the unsuccessful handling of this difficult event include:

- the impact of the event at an early stage of the group's development so that it was not yet able to address and process issues concerning desire and intimacy;
- feelings about the therapist generally and his ethnicity specifically;

- gender tensions concerning a woman approaching a man rather than the other way round;
- racial tensions concerning a black woman approaching a white man;
- boundary tensions and group norms concerning intimate relationships.

These factors highlight the psychological and social influences on the expression of desire and sexuality that are reviewed in Part 1 of this book. They reflect the operation of power and inclusion-exclusion processes that are intrinsic to social functioning (Elias 1978), and they illustrate how these processes are deeply embedded in all relationships, including sexuality. Had the group been able to address this more openly and courageously, it could have served more as a constructive witness and less as a silent bystander. There was a place here for both the therapist and the group to have been more active. This could have encouraged exploration and growth in the protagonists – and the group – rather than shame and withdrawal.

A homosexual crisis

The third example has a homosexual theme and could equally have been included in Chapter 14, which deals specifically with this subject. However, it is a vivid illustration of the group as witness, this time in a positive sense, and so is included here.

This was a mixed psychotherapy group in private practice consisting of men and women, straight and gay. Two men collided in an intense incident in the group. The men in question were Michael (32), a predominantly heterosexual man anxious about nagging homosexual wishes, and Guy (51), who presented himself as openly and aggressively gay. Michael was struggling to deal with a long-term relationship with a woman who was keen to marry him. A major aspect of his uncertainty was the worry that he was homosexual, which in turn linked to the homosexual longings he frequently hinted at in the group but did not reveal. Guy, the gay man, was sexually promiscuous and had come to the group because of periods of depression combined with drug and alcohol abuse.

The group at times became frustrated with Michael's obsessive

vacillations and half-articulated desires. He gave the impression of a very correct young man determined to rationalize and reconcile every aspect of his behaviour. There was little room for spontaneity or play. A suggestion in the group that he might explore his homosexual interests in an actual relationship with a man was rejected as completely unacceptable.

This reached a head in a session in which Michael was relating in a particularly frustrating way, intellectualizing his desires and rebuffing attempts to challenge his defences. Guy, who was visibly irritated through all this, suddenly blurted out: 'I would like to take you home with me, strip off your pants and fuck you right up your tight little arse'. There was a stunned silence in the group, apart from the odd titter of embarrassment. Michael looked abashed. Guy goaded him further: 'Are you up for it? Should we leave the group now and you come and bend over for me?' Michael, frozen at first, now reacted with a mixture of anger and humiliation. Guy was about to taunt him further, when members of the group actively intervened. Several told Guy to lay off. James (52) expressed anger on Michael's behalf, saying that it was unnecessary to go this far and that Guy was totally out of line. The women were also protective. Jane (39) said that Michael should not be afraid of Guy's attack, that he should protect his masculinity and not be intimidated by Guy.

The group's protectiveness of Michael, aided by a quiet but supportive male therapist, helped to restore equilibrium. From this, Michael took the strength to begin to talk more openly about his passive homosexual wishes. Guy, it seemed, had touched on the very issue he found most difficult to talk about: his longing to be penetrated anally by a man. In the next few sessions, he revealed that since his teenage years, in addition to heterosexual desires, he had had fantasies of deep penetration by a man. He felt intense shame on revealing this but the group responded sensitively. Several members revealed their own homosexual experiences. James admitted to periods in his life when he had homosexual fantasies and Melville described sex play with another boy in his early teens. One of the women, Marion, said she had had several passionate crushes on girls

when she was younger and experimented with kissing a close girlfriend. The effect of this sharing was to normalize homosexual desire and to encourage in Michael a greater tolerance of his wishes.

Outside the group, Michael continued to resist any possibility of a homosexual relationship but became more decisive in his heterosexual relationship. He initially broke off the relationship, then a few months later made up with his girlfriend. Their sexual relationship improved somewhat and although he still had doubts about his sexuality, he felt less tormented and more in control of his desires.

The group as witness had a major function here in helping Michael to come out of his shell of secrecy and share his homosexual desires. In particular, its witnessing the powerful verbal attack on him by Guy, symbolically enacting the very fantasy that Michael most desired and feared – and supporting him in the process – facilitated a breakthrough. What could have been abusive and destructive was instead therapeutic.

The positive aspects of the group as witness here included:

- the group's capacity to act as a socially responsible agent;
- its representation of a benign authority that could tolerate and accept what it felt to an individual as a pathological desire;
- the group's normalizing and universalizing of homosexual desire so that the individual could feel less isolated;
- the positive contribution of both genders in the group, making it possible to configure male and female, homosexual and heterosexual, in the same sexual matrix.

The strength of the group psychotherapeutic process is highlighted if we compare the process to what might have happened in individual therapy. It is unlikely that this degree of immediacy could have been achieved in a dyadic therapy. Even if the patient and therapist were both male and there was an open and unbiased discussion of homosexual fantasy – which is unusual – there is a difference between the discussion of fantasy and its direct communication in an interpersonal encounter. Further, in individual therapy, there is by definition no witness, no auxiliary group which can provide the valuable functions of observation, reflection and

the representation of a considered and constructive sexual morality. To be realistic, groups are by no means always as unbiased and constructive as this one turned out to be – and there is inevitably a risk of impasse, even derailment – but the potential of the group process in witnessing the unfolding of desire is clearly evident in this example.

Summary and reflection

Group psychotherapy offers a function which may be unique in the spectrum of psychotherapies – an observing function which has the potential to adopt a more tolerant view of behaviours that are commonly marginalized and pathologized by society. Although ordinary social constraints often provide the necessary, if not essential, deterrents to transgressive behaviour, they can also be prejudicial and internalized by individuals in repressive and self-destructive ways. In psychoanalytic terms, we are in the area of the super-ego with its critical and demanding morality. Britton (2003: 71) argues for the value of judgement based on experience which 'speaks with the authority of the individual's own experience' rather than parental or ancestral authority. The psychotherapy group is able to offer an observing function in a way which facilitates the individual's own authority through the provision of an alternative social authority.

This is especially relevant to sexuality which so readily evokes moral judgements. The group as witness not only has an observing function but can act as an arbiter on questions of moral responsibility. In two of the examples in this chapter, we can see how it helped individual members to modify the judgement of their sexuality, not just on a cognitive level but through relationships in the group that generated new experiences and facilitated the opening up of rejected areas of the sexual self. In the third example, we see a failure to do so and how the capacity to provide this function is by no means automatic, how groups are not always successful in doing this and how the ability in question has to be acquired as part of the development of the group.

SEXUAL PAIRING

In Chapters 8 and 11, I argued for the positive value of pairing in group therapy, in contrast to the commonly-held view that pairing is a defensive and collusive manoeuvre, expressing regressive unconscious wishes in the group. I was referring essentially to pairing as a relationship between two people contained within the boundaries of the group. However, this is different from sexual coupling that takes place *outside* the group, usually in secrecy. This is not an uncommon situation in group therapy, in spite of the usually explicit rule prohibiting intimate contact outside the group. It is a situation that can create a crisis in the group when it is revealed and poses a considerable challenge to the therapist attempting to understand and deal with the transgression.

Of all the potentially difficult sexual situations in group psychotherapy, this appears to be cited most consistently in the literature (Courville and Keeper 1984; Tylim 2003), highlighting both its frequent occurrence and the problems it presents in clinical practice. This also reflects its explicit and dramatic nature as a form of sexual expression compared to the many subtly nuanced and ambiguous ways in which sex is communicated in groups. Opinions on its significance and management appear to be sharply divided. In a recent publication on complex dilemmas in group psychotherapy (Motherwell and Shay 2005), in response to a dilemma concerning extra-group sexual pairing, one author (Hopper 2005) insisted that he might ask the couple to leave the group, while another (Cohen 2005) saw this as important and useful information about relationships in the group. This reflects the complex moral, personal and clinical considerations engendered by group-transgressive sexual coupling in both the therapist and the group as a whole.

In this chapter, I explore sexual pairing in two groups in which the therapists found differing ways of handling the crisis, as well as a