

CHAPTER SEVEN

Silence

Autobiographical note

A grounding in the basic tenets of psychodynamic psychotherapy equips the therapist to deal in depth with a wide range of emotional difficulties. The importance of the therapeutic alliance, ability to work in the transference, using countertransference for therapeutic purposes, detecting and interpreting enactments, and containing and metabolizing projective identifications are some of the skills involved. Like any teaching, however, when adhered to inflexibly, the concepts can impede the therapy and, sometimes, even do damage to the patient.

Therapists trained in the psychodynamic model, in the main, follow patients' productions rather than elicit them with questions. Thus, I explain to new patients that I usually do not begin sessions by speaking first in order to insure that what we talk about is what is on the patient's mind, not what I imagine is on the patient's mind. Since many of us believe in the superiority of in-depth therapy to more behaviorally oriented or exclusively supportive therapies, we tend not to rely on their methods, even though such methods may help a particular patient at a given phase of the therapy. The following

example illustrates a mistake I made regarding the approach to silence in the therapeutic hour.

Several years ago, I was treating a woman whom, in retrospect, I was approaching in an inflexible manner, seemingly content in adhering to what I had been taught. She was a very bright and accomplished architect, who would often sit silent for the first 30 to 40 minutes of an individual session despite the warm greeting she would give me in the waiting room. As mentioned above, I had been trained to let the patient speak first. In retrospect, it is appalling to reflect how long I held fast to what I had been taught. She joined one of my groups while continuing in individual therapy. To my astonishment, she had no apparent trouble speaking freely and openly in the group. I inquired, in our individual sessions, about this apparent paradox. She explained that individual therapy had provided her the opportunity to realize just how crazy the alcoholic family was in which she grew up. However, she remained terrified that perhaps she was crazier than she thought. If, in individual therapy, she began speaking first, she was afraid that what she said might go beyond the parameters of normality and that I would think she was crazy. In group, the conversation of other members defined the parameters of normality for her and, in so doing, indicated topics that seemed acceptable for her to discuss. I asked her, in one of our individual sessions, if my remaining silent at the beginning of our sessions had ever been helpful to her. Her answer was an immediate and unequivocal "no." Daring to incur the opprobrium of my internalized supervisors and mentors, I decided to begin many of our individual sessions by speaking first; she and I were rewarded with a much more responsive patient.

Other usually helpful teachings clearly are not helpful with all patients either. Another psychodynamic teaching is to find out more about what a patient's question involves before answering it.

For one patient I treated, not answering a question immediately was a sign of such disrespect and injured her so severely that no other comments could help her resume the work. On the other hand, once I truly appreciated the devastating impact on her of my withholding, almost any direct answer resulted in her delving into her difficulties.

Hopefully, the ideas contained in this paper will assist therapists to think creatively, not inflexibly, about silence in group psychotherapy.

Silence in group psychotherapy: A powerful communication (1999)

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Group therapy provides one of the most distinctive practice fields for clarifying boundaries and strengthening the ego. Group members, over and over again, *and often in silence*, wrestle with the following dilemma: To what degree do I become part of the group and to what degree do I maintain my individuality (Turquet, 1974)? The constant reworking of this tension can result, in the most salutary instances, in the ability both to participate fully in the group and still retain one's individuality.

Flexibility in role assumption is an ideal outcome in group psychotherapy, and silence is an important medium for this work. New groups often begin with members who are relatively silent and those who are talkative. By contrast, in mature groups, members feel either more freed up to speak or relieved to remain silent. Leaders who are comfortable with silence and understand it to be as significant a communication as talking promote this transition and provide an important opportunity for self-understanding. As one member put it:

This group has helped me understand why I was so quiet growing up. My family did not like the fact that I often spoke the truth about them. This group has valued my contributions and enabled me to speak. I think I have even helped the talkers in here be less talkative. In fact, I think I now understand as much about why you folks needed to talk as I have about why I needed to be so quiet.

Silence, like speaking, is the result of a decision. People decide whether or not to talk. The determinants of this decision are complex in individual therapy, and they are even more complicated in psychotherapy groups. The purpose of this article is to identify and examine silence as a communication in group psychotherapy. We will discuss five sources of silence in group therapy: (a) situational factors, (b) individual dynamics, (c) member-member interactions, (d) whole-group dynamics, and (e) leadership-related phenomena. Within these five categories, we will address various forms, uses, and meanings of silence. Only after understanding these dimensions of silence can appropriate therapeutic interventions be considered.

We realize that silences often have multiple determinants and that it is somewhat artificial to focus on a single source. Situational factors can generate group dynamics; individual dynamics create member-member problems, and so on. Our goal, nevertheless, is to provide concepts for identifying the *primary* features of a particular group silence.

In psychotherapy groups many forms of silence are possible: leader silence, individual member silence, subgroup silence, and silence of the whole group. We believe that group leaders should be as aware of who is silent as they are of who is speaking, and that they should view silence in the group as important communication. We have found it useful to think of silence as a figure/ground problem. If the group is silent, what is not being talked about; or if the group is very talkative, is something being silenced? Of course, silence does not have to indicate avoidance or suppression and often occurs in the normal course of group work. In fact, silence and talking are two sides of the same coin, both opportunities for learning.

This article will not examine temperamental or physiological factors that produce silence, such as shyness or stuttering. We will also not discuss silence that reflects cultural or gender difference. Our focus is on silence developed or created within the group.

Review of the literature

A number of authors have commented on the function of silence in heterogeneous, long-term, psychodynamic therapy groups. Becker (1972) wrote that silence is resistance that must be worked through in order to achieve change. Wolf and Schwartz (1971) noted that although silence in individual therapy is generally interpreted as resistance, in therapy groups silence can have other meanings and can reflect periods of integration or shared deep feeling without the need for immediate overt response. Blythe (1975) saw silence as a positive opportunity for mental work. He argued that group leaders who "jump in" as a response to group silence create leader-dependency and deprive their groups of an important opportunity for reflection.

Ettin (1992), building on Bion's observations, noted that silent group majorities may "truly be in support of their more vocal and active representatives" or may signify the presence of various

subgroups that possess various, differing views. By polling the group, it may be possible to see if the silent members agree or share the feelings being expressed.

Greenfield (1974) observed that silence in groups is a typical reaction to the introduction of new members. Ormont's (1984) article on aggression in groups noted that some members cover their hostility with silence. He recommended that leaders not encourage such members to talk because under such pressure they might retreat further into their silence. Yalom (1985), on the other hand, suggested steering a middle course between the extremes of exerting undue pressure and allowing unproductive prolonged silence.

Several articles in the group psychotherapy literature address silence as it occurs with certain populations. Ward (1974) wrote about silence in group therapy with nonverbal patients. In discussing incest survivor groups, Thestrup (1994) saw silence as an important and difficult boundary that group members needed to cross. Hays (1987), also writing about incest survivor groups, viewed silence as replicating the conspiracy of silence that characterized their families of origin.

There has been speculation as to whether silent members derive as much benefit from a group therapy experience as members who speak frequently. In discussing the vicarious participation of the silent member, Yalom (1985) concluded from a review of the literature that reticent members do not derive as much benefit as do verbally active members.

Yalom (1985) noted many reasons for an individual member's silence: the dread of self-disclosure, conflicts around the aggression involved in self-assertion, perfectionism, distance regulation, and fear of or punishment of another member. Filmer-Bennett (1974) saw silence as a means of attention-getting, manipulation, or retaliation against the therapist. He viewed silent withdrawal as most worrisome and recommended mobilizing the group to help its silent member. Bernard (1994) offered various strategies that group leaders may employ with a silent or withdrawn member.

Phenomenology of silence in therapy groups

Silence in a therapy group is different from ordinary social discourse, where silence is often awkward and even discourteous.

Experienced therapy groups acculturate members new to the process to a new way of thinking about and understanding silence. Rather than quickly filling a silence, members learn to use it to reflect. They gradually acquire the capacity to "sit with silence" in order to connect with the deeper feeling parts of themselves or to understand why doing so is difficult.

The experience of being allowed to be silent is frequently new for members. In a rushed and often pressured society, silence is rarely valued and can be an anxiety-provoking experience for members and leaders alike. However, silence can be a precious gift of time and space in which to find oneself. This new kind of silence itself can be a positive and corrective opportunity for learning. A group leader who is comfortable with silences creates a slowed pace that allows for pause and reflection. For some members, it is the first time in their lives that they have been allowed to be slow!

Although it is sometimes mistaken for psychological inactivity, silence can be a powerful communication tool. Some group members use silence actively to identify with the stories of other members, to curb counterproductive impulses to reduce anxiety and instead bear previously intolerable feelings, and to reclaim their projections. Conversely, other members consistently avoid their own conflicts through their inordinate interest in others or talk designed to fill up what for them is most threatening of all, silence. A flurry of words can be used to banish discomfort rather than do work while the tolerance of silence can lead to a deepening of affect and to speaking the unspeakable. It is useful to keep in mind that the underlying psychodynamics that contribute to effusiveness can be the same as those that generate silence.

Case example

Henrietta was a very talkative member of a long-term psychotherapy group that was poised to move to a deeper level of shared intimacy. Although Henrietta had many friends and a full social calendar, she was terrified of true emotional intimacy and had never had a mature intimate relationship. She began each group meeting by interviewing various members about their lives, carefully remembering to ask about recent problems discussed in group. She reminded the leader of a

television talk show host as she brightly chatted with the other group members. As the group moved toward a deeper level of communication about feelings, Henrietta became increasingly uncomfortable. She resisted invitations from both the leader and various members to explore her discomfort. Eventually she signed up for a class that conflicted with group and terminated prematurely.

Five sources of silence in psychotherapy group

Situational factors

Situational factors refer to changes that affect the group rhythm or boundaries. Examples of situational factors include group interruptions caused by holidays and leader absence, introductions of new members or terminations, fee changes, and so on. A silence may cover uncomfortable feelings about the situation. For example, after an interruption of the group's meetings, an awkward silence may indicate members' difficulties in reconnecting. Sometimes it seems that the group "pump" needs to be primed in order to get it flowing again. Members who have missed one or several meetings in a row may be particularly silent on return, perhaps reflecting the tension involved in wondering if the group noticed their absence and missed them (Counselman & Gans, 1999). Their silence can also reflect their feeling unentitled to participate. New members are sometimes silent as they struggle to learn the group culture or wonder what they have gotten themselves into. Money is a topic that is difficult to talk about and frequently generates silence (Gans, 1992). In our experience, situational factors are typically the simplest to identify and to discuss. It is hard for even the least psychologically minded group member to avoid noticing that the group "feels different" after an interruption such as a vacation break.

Individual dynamics

Silence often serves as a revealing projective test and has meaning for patients in light of their particular histories. Some members experience silence—prolonged or even brief—as a demand for performance, productivity, submission, or admiration, to name a few. Past compliance with such requirements has often compromised

true self-expression, sometimes leading to the construction of a false self. Members may respond to these perceived demands from other members, the leader, or the group as a whole with further silence, this time silent trepidation. They fear the repetition of these past obligations in the group. Such fears remind us of the fact that even when our groups are filled, there are more people in the room than we realize. Each member carries introjects of important past figures with whom, as Fairbairn (1952) has noted, they are still conflictually involved. Silence often indicates such stalemates as well as providing the conditions for their eventual resolution.

Case example

After 2 years in the group, Debra apologized to the male leader. With remorse, she explained that as a result of growing up with a demanding, critical father, she had been unable to allow the leader to be emotionally present for her. She was just beginning to feel comfortable with the leader's active listening; up to this point, she now realized, she mistook his silences for expressions of dissatisfaction with her group participation.

Some members experience silence as exposure, leaving them no place to hide. Like crystals that precipitate from solution, core issues often attain greater clarity in the mind's eye during certain reflective silences. There is a tendency to feel transparent during such moments of heightened affective intensity. The result is to feel naked and vulnerable, at the mercy of the group's disapproval or disdain. The fact that the group's overall response is often quite benign if not accepting does not erase the memory of the anticipatory dread. And yet a number of such experiences has the potential gradually to mitigate worry, heighten self-confidence, and illustrate the wisdom of Mark Twain's comment, "My life has been a series of misfortunes, most of which have never happened."

Although at some level everyone craves being in the spotlight of the group's attention, members also fear losing emotional control while in it. Silence provides a certain degree of protection against this fear. Because progress in group work often involves relinquishing a certain degree of control, members' use of silence as a defense is usually temporary.

Participation in group therapy lays bare each member's wish for and fear of getting attention. Exposing the wish means one is running the risk of seeming too needy or too greedy. The fear of getting attention is also related to the growing awareness that even talking about someone else reveals something about oneself. Everything one does-or doesn't do—has meaning and will be noticed. It can seem as if the only safety is in silence. It soon becomes apparent, however, that the roar of protracted silence eventually attracts the attention dreaded originally.

Other members, especially newcomers to the notion that they have an inner life, experience silence as a waste of time, an interval during which nothing is happening. Such members are a mixed blessing for the group. Their inability to tolerate silence—and their chatter to fill it up—may serve to keep interactions superficial unless their tension-reducing activity is noted and dealt with. On the other hand, such members can initiate discussions in groups that are notable for what appears to be excessive periods of silence. It can be helpful to have members whose different defenses provide balance in the group.

Certain affects may silence their possessor. Shame results from thoughts and feelings related to perceptions of oneself as less than one had thought or hoped for (Morrison, 1990). An often global and sudden feeling, shame may be experienced as feeling exposed, reduced in size, overall deficient and/or being tortured (Lazare, 1997). The characteristic reaction to shame is to cover up, and the result is withdrawal and silence. Despite the ubiquity of shame, silence may be its major sign.

Guilt and its attendant feeling of unworthiness may combine to restrict severely a member's participation. The guilty person feels undeserving of the group's attention and concern and, as a result, remains silent.

Narcissistic mortification is another powerful silencer. Before group members appreciate just how much they desire the acceptance and love of the leader and the other members, they begin to experience discomfort when speaking. This uneasiness reflects their dawning awareness that unintended self-revelations accompany all their verbal productions. To make matters worse, they also sense that they have little or no control over how others interpret involuntary, as well as intended, disclosures. The dread of being seen as stupid,

confused, naive, transparent, dependent, mean, or self-deluded may result in a protective silence.

Member-member interactions

First impressions, although often faulty, are powerful. Strikingly negative first impressions can produce silence in members who were brought up to believe that if you do not have anything good to say, you should say nothing at all. As time goes on, members may have negative feelings about each other, which may go unspoken. Unless detected and discussed, these unproductive silences contribute to premature termination (Bernard & Drob, 1989).

Member-to-member transference and projective identification are two other interpersonal dynamics that can produce silence. Sibling transferences can have impressive intensity as residues of parental favoritism and sibling abuse erupt with ferocity. The unsuspecting objects of these transferences may be stunned into a silence that may take several sessions to understand and work through. Members in the midst of vertical transferences, especially negative ones, may be uncharacteristically silent for protracted periods of time until they can muster up the courage to discuss these painful projections.

The dynamic of projective identification (Horwitz, 1983), with its blurring of boundaries and impact on other people's feelings, can produce confused silence. This silence reflects bewilderment in the recipient of the projection. Other group members may also be drawn in, adding to the confusion.

Case example

Fred entered a group of four women and two men. In addition to his large size, Fred's impulsivity, loud voice, and boundary confusion frightened Alice and Betsy, both of whom had been abused by husbands and fathers. These women experienced their (denied) murderous rage as existing only in Fred and, as a result, they experienced him as very dangerous. Fred seemed particularly vulnerable to their accusations. The virulence of these projective identifications took their toll on Fred and he began to appear scary to other group members as well.

The group, in turn, began to gang up on Fred and he withdrew into silence. Gradually, two other women's experience of Fred as either a hurt and lonely little boy or a courageous man trying to take responsibility for his life alerted Alice to the partly subjective nature of her projections. Not surprisingly, as projections were reclaimed, Fred progressively became able to speak again in the group.

During silences, members often externalize intrapsychic conflict. For example, they might experience their punitive superego in what appears to them to be the disappointing glance or rejecting body posture of another member or the leader. As these interpersonal tensions become apparent and are discussed, group members have a greater opportunity to identify and resolve each others' internal conflicts. As such work takes place, members find silence more bearable or even welcome. They now realize that the perceived demands they previously experienced during silent periods were actually self-imposed.

Silence can be used actively as a weapon. A hurt member or subgroup might retaliate by giving the offending member the "silent treatment." People who have been repudiated by others realize the hurtful power of such behavior and may withhold themselves to retaliate. Silence can also serve as an inscrutable shield creating a projective test for other members and the leader.

A particularly angry or virulent confrontation that remains unresolved leaves a heavy residue of uncomfortable silence. A more successful resolution of such conflict in which vulnerabilities are exposed and acceptances are extended can produce a peaceful, satisfied silence. Members' sexual attraction to one another, and the defenses this attraction mobilizes, may render those involved speechless. And because it can sometimes be boring for the rest of us when two people have eyes only for each other, the rest of the group members can fall into an annoyed, envious silence.

Whole-group dynamics

Developmental phase

Group dynamics usually reflect the group's developmental phase. Groups move through stages characterized by trust, power, intimacy,

and termination. It is not unusual for a group to regress to an earlier stage when stressed by a significant event, for example, the entrance of a new member. When considering the meaning of a silence, it is helpful to keep in mind the group's developmental issues.

Trust

The phase of group development can be an important factor in generating silence, both of the group as a whole and its individual members (Rutan & Stone, 1993). Early in the group's formation, when issues of trust and safety predominate, members may be reluctant to speak for fear of exposing their neediness, being attacked, or being excluded. The desire for attention is great and inhibitions against seeking it even greater. Members who spill their guts too soon, and who are not contained, may frighten other members into silence. Such silence may reflect unspoken concerns such as, "Am I going to have to reveal myself this quickly in order to be a member of this group?" or "What kind of norms is this group going to have? If it is going to be like this, I'm out of here." Finally, the conflicts stimulated in the early phase of group development, namely trust and dependency, may not involve the interest and active participation of members whose issues involve loss or intimacy; as a result, these members are more apt to speak less or even be silent during this phase.

After the honeymoon phase of group is over, members wonder what they have gotten themselves into. Warts and pimples begin to appear on members who only yesterday were perceived through rose-colored glasses. Because it seems preposterous that speaking such critical thoughts could help anyone, members choose silence and settle, temporarily, for pseudo-cohesion. The entire group, at this juncture, may need help in appreciating that even negative comments about another can be helpful if said in a concerned and empathic way. A savvy leader who senses the group's need for guidance can invite members to discuss their fears about expressing their critical reactions. An exploration of such fears often results in more honest group interaction and a lessened need for defensive silence.

Power

Issues of authority, control, and fight-flight dominate the power phase of group development, and patients who are struggling with

dependency issues are often fearful, less vocal, and sometimes silent. During this phase, the leaders' handling of vigorous challenges to their authority can be very revealing. Leaders who shame, retaliate against, or participate in scapegoating the defiant member may frighten the whole group into protective silence.

Intimacy

As the group matures and addresses the sensitive issues of sexuality and fantasy life, group members who feel shame, guilt, and/or envy in these matters may indicate their discomfort through silence. This lack of verbal participation may be a kind of self-disqualification, which, if not addressed and questioned, may lead to further shame, lowered self-esteem, and possibly premature termination.

Therapy groups can be sexually stimulating, especially those that have successfully negotiated issues of dependency and authority. Sexual longings and fantasies accompany a deepened capacity for intimacy. Precisely because people can imagine what they might never do in reality, fantasies often constitute material that members find most difficult to acknowledge and discuss. A shroud of silence can envelop this topic. Not infrequently, as leaders recognize, metabolize, and become comfortable with the sexual elements in their countertransference, they can help the group overcome its silence and find ways to broach this topic.

Silences during the mature phase can also reflect a group achievement: They offer the ability to attend to a given member's conflicts by clearing space and time and encouraging quiet, sometimes painful, self-reflection. As the group's respectful silence envelopes the deepening work, members take risks and self-disclose with greater confidence. No longer compelled to perform, members use silence during this phase to relax and enjoy one another's presence, and to take in the good feeling.

Silence can also provide a window into the simultaneous, multi-layered complexity of members' experience in a mature group.

Case example

Over a 2-year period, a now-mature group had stopped scapegoating Phil, a difficult patient, and presently experienced him

as insightful, courageous, but still impulsive. A new member, Edith, said that Phil had made her uncomfortable after the last meeting by asking her to go for coffee with him. Phil responded with the most vulnerability he had ever disclosed to the group. He explained tearfully that he was very lonely, felt worthless, and rarely saw anyone socially. A 5-minute, self-reflective silence ensued. The leader, in a go-around, invited each member to share what he/she was thinking, feeling, or imagining during the silence.

Rich was thinking about the previous week's session when someone else had been given credit for an observation that he had made. Although he was feeling slighted, he was also thinking about how he must contribute to his frequently not getting credit for his ideas and contributions.

Janice said that her smile during the silence covered over her distress about a panic attack she had the previous night. The panic was related to her dissatisfaction with and thoughts of leaving her husband. Phil, she said, reminds her of her husband.

Stan said that he was trying to muster up the courage to speak to Mary. The way she was sitting in her chair he could see her crotch. He felt stimulated, uncomfortable, and controlled by her provocative behavior.

Edith, congenitally shy, felt pleased that she told the group about Phil and that Phil had shared his loneliness with the group. At the same time, she felt that in attending to Phil the group had dropped her.

Mary was feeling conflicted about having slept with her boyfriend the previous night and the part that behavior played in her being late to group.

Phil felt proud of himself for his unprecedented self-disclosure and was also aware of wanting the leader to love him for having been such a good patient.

Bob said his mind was blank during the silence. The leader then shared the fantasy he had during the silence. He imagined that Bob would miss next week's meeting because of a business trip. With a certain sheepishness, Bob, always guilty, confirmed that he would miss next week's group because he was going on a Caribbean vacation.

It is clear from this example that during the silence members and the leader were involved in at least one of the following types of experiences: here-and-now, there-and-then, intrapsychic, interpersonal and whole group, real and transference, characterological and situational, and resistance to and participation in group work.

Termination

Around termination, there may be tension about articulating the most difficult things people have to say to another, the painful acknowledgments that people often leave until last: "You have been more of a brother/sister/mother/father to me than my own" or "When I first entered this group you acted like you owned it and I immediately hated you. As I've gotten to see what you are really like, I've felt badly about my first impression." Until members generate enough courage to make these statements, they may be uncharacteristically silent.

Premature terminations may also produce silence. For example, a number of terminations occurring within months—whether due to mistakes in the selection process leading to acting out, unforeseen circumstances, or unfortunate chemistry between members—takes its toll on group morale. A discouraged silence may result. The ascendancy of antigroup forces, as described by Nitsun (1996), may present with silence equivalent to the pursed lips of the 8-month-old, determined to take in no nourishment, especially from the leader.

The avoided topic

There is a type of silence that occurs in group therapy even as members speak: the silence around the avoided topic.

Case example

As John entered the group 5 minutes late, he encountered two empty seats. In one of those millisecond decisions, he opted to sit next to Mildred and across from Ted. No one commented on his decision until the leader noted it 20 minutes before the end of the meeting. Processing the decision revealed that John had been wounded by something Mildred had said the previous week. John wished to avoid even looking at Mildred, which

he accomplished by sitting beside to her. Sitting across from Ted, whom he considered an ally in the group, provided John with needed comfort.

Subgrouping

Although subgrouping can contribute to the building of group cohesion and the accomplishment of group work (Agazarian, 1997), certain members experience this phenomenon as hurtful. Subgrouping can indicate that certain members would rather affiliate with each other than with the group as a whole. The rejection inherent in such a preference prompts the disfavored to withdraw and "save their breath."

Subgroup transferences to the whole group can manifest in silences that, by their very nature, can easily go undetected.

Case example

As the group proceeded in a focused and animated fashion, the leader noted that Marsha and Robin, who often identified with each other, were silent. When asked about their silence, they articulated almost identical sentiments: The group for them was unreliable, unpredictable, and self-absorbed, an unsafe place in which to speak. Not surprisingly, these characterizations of the group captured both women's experience of their mothers.

Scapegoating

It is usual for a group to believe, at some point in its life, that it is being spoiled by one bad apple. Groups astutely select a more or less willing member to serve as a container for the disowned, negative feelings of its members (Scheidlinger, 1982; Wright, Hoffman & Gore, 1988). Such scapegoating is a very painful experience, resurrecting as it does many horrible feelings from childhood: being ganged up on, taunted, ridiculed, embarrassed, humiliated, shamed, and excluded. The recipient of such noxious projections begins to feel very strange if not crazy and often retreats into a shunned silence. The capacity to speak again may literally depend on the leader's skilled group-as-a-whole interpretation directing group members to reown their projections.

Leadership related phenomena

Adding new members

Groups can actively silence a new member as a way of hurting the leader for bringing another sibling—and a sick one to boot—into the group. The group accomplishes such silencing by putting their worst foot forward. In an interpersonal display that is the equivalent of belching, farting, and nose-picking, they gross out the new member in an effort to discourage joining and belonging. Confronting a group with such behavior can evoke protest impressive for its innocence.

The "emperor-leader" has no clothes

Just as children want their parents to be good, groups want their leaders to be useful, ethical, and successful—even when the opposite seems to be true. Seeing one's group leader make mistakes and display limitations, or worse yet, fail to own them when confronted, is painful. Leadership mistakes that particularly destabilize the group include participation in the group's scapegoating a member, failure to note and encourage discussion around boundary violations, and repeated unwillingness or inability to marshal positive group elements when the antigroup forces are in vigorous ascendancy. The ensuing disruption of a sense of safety and trust finds expression in superficial exchanges that dissolve into disconsolate silences. The group may decide to sacrifice one of its members to cover up a leader's deficiencies or to protect its fallen leader with seemingly unexplainable apathy or a veil of silence. Finally, the silence of a group in which the antigroup forces are ascendant may be a form of retaliation against the leader. What better way to get back at a disappointing leader than to give him or her nothing to work with?

Inadequate responsiveness

From time to time, leaders may underestimate the group's need for something from them and unnecessarily frustrate the group by not responding. Like the marasmic child of a depriving and depressed mother, the group feels malnourished at the hands of a withholding leader. If this pattern continues and intensifies, a kind of a quiet desperation permeates a group grown too hopeless to speak.

Conclusion

In this article, we have discussed the phenomenology of silence in group psychotherapy including its sources, forms, uses, and meanings. We have stressed that silence is as powerful a communication as speaking and have noted that *silencing*, not *silence*, is problematic. Five sources of silence in group therapy were noted: (a) situational factors, (b) individual dynamics, (c) member-member interactions, (d) whole-group dynamics, and (e) leadership related phenomena. People use silence in group therapy in a variety of ways: to get attention, to escape, to retaliate, to become invisible, to exert or maintain control, to tantalize, and to negotiate the I-We tension inherent in group dynamics. Silence in group therapy can have meaning as diverse as a demand for performance, submission, or admiration to an opportunity for comfort, reflection, or respite. An opportunity for work, silence affords crucial time for reowning projections, feeling and processing emotions, recognizing relational patterns from one's family of origin, and summoning up courage to take up space and have a voice.

One might wonder whether there is any aspect of group therapy that, in one way or another, is *not* related to the phenomenon of silence? We think not. Silence can be as expressive and as defensive, as meaningful and as meaningless, as generous and as begrudging as the spoken word. And like the spoken word, silence serves as communication on the many levels of group interaction.

Note

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