Theoretical and Conceptual Notes Concerning Transference and Countertransference Processes in Groups and by Groups, and the Social Unconscious: Part I

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In this article I will outline the main theories and conceptualisations of transference and countertransference in groups and by groups, and the social unconscious. I am increasingly convinced that working in and with transference and countertransference processes is vital to the clinical project, and that taking a ‘relational’ perspective is essential to this. Based on a monograph that I am writing about transference and countertransference processes, these notes are not new, but I hope that they will be useful, especially to students and younger colleagues. In Part I, I will consider transference and countertransference processes by individual persons in groups, and in Part II, to be published in March 2007, transference processes by groups of persons. In Part III, to be published in June 2007, I will summarise a few points about the theory and concept of the social unconscious, focusing on the effects of the social unconscious on transference and countertransference processes.

Key words: transference and countertransference processes in groups, complete interpretation, help from the group, collective transference, Foulkes

Transference and Countertransference Processes by Individual Persons in Groups

The history of working with transference and countertransference processes in groups is complex and characterized by intense debate.
S.R. Slavson, one of the founders of group psychotherapy in the United States and the father of the American Group Psychotherapy Association, was highly doubtful whether a transference neurosis could form and develop in group psychotherapy, much less be analyzed within a group (Slavson, 1971). Wolf and Schwartz (1962) believed that whether the profound regression that characterized the transference neurosis would appear in group settings depended on the attitude of the therapist towards this phenomenon, and, therefore, the kind of interventions he made. In many schools of group work the analysis of transference and countertransference processes plays only a minor role, and, indeed, there are some in which it plays no role at all. Berne (1960) and many other group dynamicists refused to think about transference processes in general and transference neuroses in particular, because these notions were based on what they regarded as an outmoded psychoanalytical point of view. Whitaker and Lieberman (1964) omitted these terms entirely. In his famous textbook *The Theory and Practice of Group Psychotherapy*, Yalom (1975) does not include the analysis of transference processes in his list of the ten most curative factors in group psychotherapy, although he does acknowledge the importance of working with transference processes within the context of what he calls ‘interpersonal learning’.

Foulkes changed his mind at least twice about the emphasis that should be given to the interpretation of the transference and the transference neurosis in clinical work in groups. In 1957, Foulkes and Anthony argued that the group situation is not favourable to the formation of the transference neurosis, but that if and when it does occur, the group setting does not favour its analysis and working through (Foulkes and Anthony, 1957). However, in 1964, Foulkes wrote that on the basis of 20 years of experience he had changed his mind in that he had observed that individual transference neuroses could be recognized in the group situation, and, therefore, be analyzed and worked through (Foulkes, 1964). Yet, in 1975, he objected to what he called the ‘modern’ (Kleinian) tendency to place transference interpretations at the centre of the analytical process’, which he believed could be done but should not be done, because this strengthened the neurosis (Foulkes, 1975).

In retrospect, it can be seen that Foulkes and Anthony made two basic points about transference and countertransference processes in groups. The first point is that transference processes are one of the four levels of communication in groups; the other three levels of
communication were said to be the ‘real’ or ‘personal’, the ‘projective’ (and the ‘introjective’), and the ‘primordial’. Foulkes and his colleagues assumed that people transferred their past experiences with parents and other ‘whole objects’ in general from early life and perhaps from as late as adolescence to the here and now of the group. In this formulation, the projective and introjective levels of communication referred to internal psychic processes and part objects who or which were not based on actual experience with real people as much as on body-mind interactions, which gave rise to fantasies that were formed more or less in parallel with experiences of real people. This internal life was communicated in terms of projections and introjections within the here and now, but did not involve transference processes as such.

I doubt whether Foulkes was correct in suggesting that part-objects were not a component of the transference level of communication. Whereas the projective/introjective level of communication may be separate and different from the so-called ‘personal’ or ‘real’ level of communication, it is hardly separate and different from the transference level of communication.

Foulkes did not regard the communication of primordial material to be a transference process, because this material was said to be based on experiences that occurred prior to conception, and coded in the genetic structure of all mankind. In other words, the primordial level of communication involved the expression of archetypes and other features of what classical Jungians called the ‘collective unconscious’, based on the structure of the organism and the species.

The second basic point that Foulkes and his colleagues made about transference processes was that from the point of view of each patient in the group, Transference to the conductor differs from transferences to other patients in the group, to the group-as-a-whole, various sub-groups and relationships within the group, various aspects of the context of the group, etc. Similarly, Counter-transference by the conductor differs from countertransferences by any one or more members of the group. (The justification for the use of the upper case and the lower case is to indicate who is the official analyst.) I doubt whether we should refer to the transferences from one member of a group to another member of the group as ‘countertransferences’, because in this sense a countertransference is responsive rather than primary, although this is always a matter for negotiation. Of course, most of the time the Transference is
primary, not just in the attention of the group analyst, but also in the attention of others in the group. In fact, Foulkes (1964) described the Transference and the transferences in clinical group analysis as being manifest in what he called a ‘continuously re-integrating network’, which he (Foulkes, 1975: 132) later called the ‘dynamic matrix’ of the group.

Foulkes and his colleagues believed that the complete interpretation of transference and the countertransference processes is much easier to conceptualize in group analysis than it is in psychoanalysis, in which long periods of time are required in order to get the whole picture of the origins of psychic reality, because usually this is expressed in a serial way with respect to the single person of the analyst, like a series of still photographs, rather than like a film using multi-focal perspectives on people, sub-groups, and even the group as a whole. In other words, in groups the multi-personal nature of psychic life is likely to be expressed simultaneously and, so to say, in the round.

More specifically, group analysts believe that in groups the Oedipus complex is likely to be more fully presented in transference and countertransference processes than in the dyad. Patterns of Oedipal whole objects and part objects are repeated – that is, all aspects of the mental representation of the bodies and minds of the parents and siblings are presented. In fact, part object configurations are especially apparent in groups. For example, responses to a new member of a group are not only unconscious expressions of feelings about younger siblings, but may also be directed towards the conductor’s penis or breast or a phallic element of the conductor’s mind, etc. either entirely as part objects or in conjunction with whole objects as well. Group analysts understand that there is no such thing as a ‘sibling’, but only a ‘sibling in the context of a family and parental configuration’.

Group analysts are particularly sensitive to the sociality of each person’s internal world, and believe that this internal sociality is recreated and made manifest in simultaneous Transferences and transferences, and countertransferences. These processes reflect how psychic reality originates and develops, that is, within social situations. Through their regressions, the members of groups tend to recreate their past patterns of functioning in their families of origin as well as their families of pro-creation, at various phases of their development, in addition to past patterns of functioning in groups of all kinds, perhaps starting with play groups and classrooms.
Although ways of participating in groups can be traced to the effects of previous experience in groups, and ultimately to early family life, actual experience in groups becomes a source of subsequent experience in groups, and so on. This means that the unconscious constraints of past and present foundation matrices are also manifest in Transference, transference and countertransference processes within the ever-forming and developing dynamic matrix of the group.

Pat de Maré (de Maré and Kreeger, 1974) made an important contribution to the group-analytical understanding of transference and countertransference processes by individuals in groups when he argued that what he termed ‘transposition’ processes should be distinguished from transference processes. He introduced the concept of ‘transposition’ in order to describe the way a person sometimes perceives that an analyst in the clinical setting is like his father in the domestic setting, or that a group in a clinical setting is like his family. In this case a patient is not imagining the analyst to be his father, or unconsciously forcing him to be his father, but perceiving the analyst to be like his father in the domestic setting that has been transposed onto the clinical setting. Furthermore, it is the setting or context that has been transferred from the past to the present or from another space to the present clinical space. For example, the group becomes one’s family of origin or even of pro-creation, or becomes a school classroom, sometimes in a fairly concrete way. de Maré stressed that certain feelings and dynamics follow from this transposition of the context of the relationship. He argued that transpositional processes are subject to interpretation, and should be treated in this way.

Helen Durkin and Henrietta Glatzer, two psychoanalytical group therapists in the United States, developed their ideas in parallel with Foulkes and Anthony, Bion and Ezriel, although they were informed by their various ideas. In ‘Transference Neurosis in Group Psychotherapy: The Concept and the Reality’, Durkin and Glatzer (1973) state that very early on they had noticed that although the liveliness of group interaction precluded the development of parallel vertical transference structures, and compelled the therapist to focus on the rapidly shifting relationships within the group, all the major aspects of the members’ transference repertoires eventually came into play, and could be analyzed, notwithstanding the fact that in groups the form and the course of development of transference neuroses stressed the horizontal plane. They adopted Kubie’s (1968) concept of transference processes in preference to what they regarded as the old-fashioned static and rigid concept ‘the transference’. They also used
Foulkes’s concept of a ‘continuously re-integrating network’ in order to describe transference processes in groups, as well as his conceptualisation of the figure-ground perspective of gestalt psychology as a way of thinking about individuals and groups. (Actually, Foulkes did not use this phrase ‘continuously re-integrating network’ in order to describe transference processes in groups, but in order to describe what he later termed ‘the dynamic matrix’ of the group, which was influenced by the four levels and kinds of communicational processes in groups, the so-called ‘transference level’ being one of them.) However, Durkin and Glatzer argued that since it is the individual who comes for help, it must be his individual transferences that are resolved, and –

. . . that it is possible to achieve this goal in the group. . . (T)he transference distortions lock members into unrealistic relationships and create communication jams (resistance). As these are systematically analyzed, group psychotherapy becomes a genuine and intensive emotional experience (Durkin, 1964). The resulting behaviour modifications can be measured in terms of concrete changes in the communications and the behaviour, which may be linked, point for point, with the resolution of transference resistances. Structural change is the end result of working through all the ramifications of each member’s transference distortions. It is in this sense that we speak of resolving individual transference neuroses in group therapy. (Durkin and Glatzer, 1973: 186)

Durkin and Glatzer concluded:

. . . there is no level of fantasy or conflict that cannot be re-experienced and resolved by systematic analysis of the intra-group transferences. (Durkin and Glatzer, 1973: 188)

At each step of the analysis of transference neuroses in the group all the members participate in their own ways (defences) and share in the experience and its analysis. The individual must be analyzed, but not to the neglect of the other members who are interacting with him: (Durkin and Glatzer, 1973: 197–8)

. . . (T)he course of the transference neurosis is less continuous than in individual analysis and is more likely than in dyadic work to be interrupted and changed in its focus. Moreover, a brand new transference might easily be evoked by a group reaction or event. . . . (T)his discontinuous quality does not obstruct the development of the transference neurosis but facilitates the working through process, because the same material will come up again and again with different members in various kinds of group situations until it has been worked through. (Durkin and Glatzer, 1973: 198)

I doubt whether in comparison to what is possible in the dyad,
transference processes and transference neuroses (not to mention transference psychoses) in groups can be analysed in depth and detail, that is, to the point of resolution. In any case, many questions can and should be asked about these processes in groups. For example, some clinicians argue that these processes are less intense in group analysis than they are in dyadic treatments, and, therefore, that group analysis is the treatment of choice for people who tend to get overly enmeshed in sticky, clingy and perhaps parasitic transferences in dyads (Hopper, 2003; Pines, 1998; Stein, 1963). However, other clinicians believe that transference processes are more intense in groups than in dyads, partly because of the depth and spontaneity of regression in groups (Ethan, 1978), and, therefore, that people who cannot handle the intensity of group regression will do better in a dyadic form of treatment. Still other clinicians argue that both points of view are correct, but that the intensity of these processes and the ability to work effectively with them depend on the type of patients (Horwitz, 1994; Kibel, 1992). Of course, this is not really an either/or question, because we can and do work in dyadic and group treatments combined (Porter, 1993), despite the challenges and the opportunities presented by splitting the transference and attempting to integrate the fragments of it (Meltzer, 1968). In some countries combined therapy is standard practice.

It is important to consider the topic of countertransference processes in groups. Foulkes was the first group analyst who recognized that the conductor of the group is both a subject and an object of emotionally corrective transmuting internalisation (although it was not called this at the time). He considered countertransference processes in groups in terms of resonance and mirroring, rather than in terms of more classical concerns with the psychopathology of the group analyst. Therefore, as in psychoanalysis and psychoanalytical psychotherapy, the conductor’s countertransference is not only problematic, but also a useful communicational tool that should be utilised in the service of clinical communication.

Although many group analysts and psychoanalytical group therapists draw on the work of object relations thinkers who have studied the importance of countertransference processes, ranging from Bion to Turquet to Kernberg to Hinshelwood, others have been influenced by the work of Kohut and his followers with respect to the consequences of the failure of the therapist to maintain an
empathic orientation. The relational perspective in general has become increasingly important in group analysis and psychoanalytical group therapy (Billow, 2003; Hopper, 2006), partly because the notion of the ‘co-transference’ has particular validity in the context of group work generally, not only between members of a group, but also between the conductor and any one or more members of the group.

With respect to the conductor’s countertransference to the group as a whole, Beck (2006) argues that the group analyst should utilize as fully as possible his personal capacity to enter into what Argelander (1970) has termed ‘the scenic functions’ of the members of a group. Such functions are a visual parallel of countertransference resonance, using musical and aural metaphors. This is especially important in connection with what Haubl (1988) calls ‘model scenes’, which are often connected with trauma and conflict. Clearly, resonance and mirroring are as relevant to understanding and working with countertransference to the group as a whole as they are to countertransference to individual members. Perhaps transposition by the group conductor requires further study.

Although on rare occasions the participants in the clinical dyad consult a third party, usually such input is in the form of consultation to or supervision of the analyst. However, a vital and unique feature of psychoanalytical group psychotherapy and group analysis is that the group can and often does help the group analyst with his countertransference (Hopper, 2005). It is well known that the problems of narcissistic therapists can be exacerbated in groups, because the narcissistic therapist and the group may regress in ways that amplify the collusion between them, leading to fixed patterns of idealisation, and the projection of all negativity into the context of the group, and in extreme cases to the emotional abuse of more vulnerable patients (Horwitz, 2000). However, there is nothing like the maturity of a well functioning group to help the analyst with his blind spots. Sometimes the group offers interpretations, and can take over the analyst’s role, which gives him time and space to think in situ. Ormont (1970–71; 1991), following Winnicott, and referring to pathological countertransference as ‘subjective’ countertransference, and to induced countertransference as ‘objective’ countertransference, actually encourages group analysts to use the group in attempting to resolve subjective countertransference, in the same way that they should use objective countertransference to resolve group resistances.
The importance of receiving what is in effect ‘supervision’ from the group, or perhaps being able to work with the group as though the members of it were always potentially cotherapists, is especially relevant when working with groups of traumatized people or groups in which there has been a surfeit of trauma (Schermer, 2005). A group who feels that their various forms of suffering have been accepted by the therapist, will, in turn, be more than willing to accept his vulnerabilities and frailties.

In sum, most group analysts and psychoanalytical group therapists firmly believe that despite a number of variations on the theme, not only can transference processes, transference neuroses and even transference psychoses be analysed in groups, it is essential to do so. Countertransference processes must also be analysed, because they are as powerful in groups as they are in the clinical dyad and, therefore, are potentially both destructive and helpful in clinical work.

Notes
1. A previous version of Parts I and II of this article was presented as a Plenary Lecture at the 34th Winter Workshop of the Group-Analytic Society in Lisbon, Portugal in January 2006.
2. At one stage in his work, primarily in connection with his discussions of sibling dynamics, Freud introduced the concept of the family complex in order to capture the importance of the non-biological nature of the Oedipus complex and its development. Unfortunately, psychoanalysts have not been able to appreciate the importance of the family complex, believing that they must emphasise the concept of the Oedipus complex based entirely on innate fantasy life. However, many group analysts have picked up this concept of the family complex because they have so much clinical experience of the repetition within a group of the full dimensions and variety of Oedipal configurations. From the point of view of group analysis, the Oedipus complex is not merely a matter of an innate biologically based fantasy of mother, father and infant and their various relationships; it is also based on the form of the family, including sibling relationships, especially the sex of the siblings, place in the birth order, and number of years between siblings, and even the value that a particular community assigns to the birth of a boy or to being the first born, etc. In other words, the Oedipus complex involves fantasies and memories about all the relationships within the family of origin, and these fantasies and memories have a kind of natural history.

References

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