In Conflict and Community:
A century of coming to terms with working and living in groups

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You do not know what wars are going on
Down there where the spirit meets the bone
(Miller Williams, 1999)

Abstract: This article examines the century-long pairing of international wars with periods of resurgent interest in group psychotherapy and community based treatment. The group-centered theories of Freud, Burrow, Bion, Foulkes, and Berne are discussed and used to examine the qualities of group process and structure that enhance the capacity of members to work with conflict, difference, and societal projection.

Key words: group psychotherapy, group-analysis, transactional analysis, Freud, Burrow, Bion, Foulkes, Berne, war, community

War: The rending and reviving of societal relations
There is a powerful and rather surprising pairing of the outbreak of major wars followed by experiments in group and community treatment. Though the international violence over the past century has often severed civilized ties, these periods of violent slaughter have then often engendered efforts of redress and restoration through group and community life.

Through my many years of teaching and training in the mental health field, I have come to see the importance of studying the historical contexts within which the theories that inform our practices developed. I have also come to believe that the theories that form our work are efforts of marginalized individuals and their communities to make the unbearable bearable and to create spaces and places of belonging.

The leaders in the evolution of group analysis and group psychotherapy, in particular, have often stood at the margins of their professional groups and social norms. They sometimes suffered the pains and losses of societal and

professional sanction. In this paper I will focus on the evolution of group and community treatment models drawing upon Sigmund Freud, Trigant Burrow, Wilfred Bion, S.H. Foulkes, and Eric Berne, to explore and illustrate the societal functions and difficulties of living and working in groups.

Sigmund Freud
It has been more than a century since the outbreak of the First World War, which shattered most of Europe. It was the period of time when Freud was consolidating his theories and methods of psychoanalysis, but during the war, his attention shifted to the societal level as well as that of the individual psyche. Many of his most personal and troubled writings were a product of the impact that the "Great War" had upon him, his family, and colleagues. In an essay, "Timely reflections of war and death," written in 1915, Freud lamented:

> It [war] tramples in blind fury on all that comes in its way, as though there were to be no future and no peace among men after it is over. It cuts all the common bonds between the contending peoples, and threatens to leave a legacy of embitterment that will make any renewal of those bonds impossible for a long time to come (1915/1957, p. 279).

Freud had opposed his sons' fighting in the war. In 1918 the International Psychoanalytic Association met in Budapest. The war was still ongoing. Freud's son Martin interred in a prisoner of war camp, his wellbeing unknown. It was within that context that Freud delivered a paper, "Lines of advance in psycho-analytic therapy". Freud sought to remind his colleagues of the psychoanalytic project and re-assert the urgency of their work.   He closed his talk in a remarkable fashion:

> it is possible to foresee that at some time or other the conscience of society will awake and remind it that the poor man should have just as much right to assistance for the mind as he now has to the life-saving help offered by surgery; and [it will be seen] that the neuroses threaten public health as much as tuberculosis….
> (1919/1955, p. 167)

He then proposed the creation of free analytically-oriented clinics be established, so that "men who would otherwise give way to drink, women who have nearly succumbed to privations, and children for whom there is no choice but between running free and neurosis, may be made capable, through therapy, of resistance and of efficient work" (p. 167).

At Freud's insistence, after the war, all psychoanalytic institutes were required to establish clinics to provide free treatment to the poor and working classes (Danto, 2005). All analysts were required to contribute time in these programs. These clinics were among the first things demolished by the Nazis as they began

to move against psychoanalysis, Jews, and all others who lived outside their proscribed social norms.

Freud wrote extensively on the psychology of groups, and though he never developed a specific methodology of group treatment, he demonstrated a deep commitment to community and left an ethos that informed most subsequent developments in group psychotherapies. That was to be the work of others: Trigant Burrow, Wilfred Bion, S.H. Foulkes and Eric Berne, among others.

Trigant Burrow
Between the world wars, the American social psychiatrist, Trigant Burrow (1927), wrote extensively about the social basis of human behavior, arguing that "individual discord is but a symptom of a social discord. The reactions of the neurotic are the direct issue of our so-called normal society" (quoted by Ackerman, 1964, p.x).

Burrow is one of the cast-off radicals of psychoanalytic history. An American psychiatrist practicing in Baltimore, in 1909 Burrow heard lectures by Freud and Jung during their infamous tour of America. He was so impressed that he moved his family to Zurich to undertake an analysis with Jung. He began an active correspondence with Freud as well. Upon his return to Baltimore in 1911, he co-founded the American Psychoanalytic Association with Ernest Jones. He worked as a psychoanalyst, writing numerous papers during the following decade. Then, in 1921, he accepted the challenge of one of his patients to switch places. Through this reversal of roles, Burrow--now the patient—confronted his own resistances to the analytic process and began to recognize the social forces at play in the analytic relationship. He created an experiment in which the members of the study group included himself, his patients and students, colleagues and members of their families engaged in an ongoing mutual examination of the unconscious dynamics of participation in the group. Burrow named this process group or social analysis. He argued that in group-analytic work, the analyst could not hold a privileged position. Stating explicitly, "group analysis is not my analysis of the group, but it is the group's analysis of me or of any other individual in the group" (in Pertegato & Pertegato, 1927a/2013, p. 138). Everyone in the group was an observer of their own processes and were observed and analyzed by everyone else (in Pertegato & Pertegato, 1926a/2013, 1927b/2013).

These group analyses were held strictly in the here and now, discussing the social and group-level pressures on the meanings and behaviors created through membership in the group. Burrow moved away from the exploration of infantile and childhood experiences as the primary explanations for adult neurotic behavior. He gradually left his psychoanalytic orientation behind to develop a socially grounded theory of human development. Burrow argued that normality

must be distinguished from health—that normality is a brand of the shared sickness of the social structure.

This was all a bit too radical, as we might imagine. While still president of the American Psychoanalytic Association in 1926, Burrow wrote to Paul Federn (later to be Eric Berne's analyst), "At the last meeting of the American Psychoanalytic Association I read a paper on 'Speaking of Resistances' in which I endeavored to point out the resistances existing socially *among ourselves as psychoanalysts*, and I assure you this endeavor met with a most cheerless response on every hand" (1958, p. 141, italics in original). When his methods were called into question by his psychoanalytic colleagues, being still invested in the place of the analyst being a neutral, outside observer, Burrow wryly commented:

> I have been repeatedly asked by members of the American Psychoanalytic Association to afford them an opportunity to witness a session of group analysis. I had always to explain that a social analysis of its nature demands participation in the process. …There is no extra-social individual, no non-participant in a neurosis common to the social organism. This, however, was not unnaturally interpreted as an evasion on my part. So, not wishing to seem inhospitable, I offered this group presentation, which, as I stated before reading my paper, was a recourse intended to afford opportunity to the Association of converting the meeting into a group analysis. (Pertegato & Pertegato, 1927c/2013, p.205)

It is perhaps not surprising that Burrow's invitation was turned down. Instead, he was asked to resign from the American Psychoanalytic Association in 1933—the same year that Reich was expelled from the International Psychoanalytic Association. His work—like that of his fellow analytic outcasts, Ferenczi and Reich—was nearly erased, not only in the psychoanalytic literature but in the group therapy literature as well as reported by Pertegato and Pertegato (2013). According to their account, Foulkes was deeply influenced by Burrow's work, though he rarely seemed to acknowledge it (2013, pp. lxxxviii-xcv). Nevertheless, Burrow's group analytic model foreshadowed the group and community experiments of Wilfred Bion and S.H. Foulkes during World War II.

Although Burrows' career spanned both world wars, he was never himself directly involved in combat. He was, however, affected such that much of his writing sought to understand the roots of racial, social and national conflicts (1941, 1950). Writing at the end of WW II, Burrows offered a hopeful contemplation:

> While war inevitably entails extreme confusion and disorganization, while it causes the disruption of many personal and conventional ties, its mere massing of men in a common endeavor brings them a sense of far deeper, far more elemental bonds. It causes them to

feel their common blood, their common need, their identity as one
vast human organism. (1950, p. 45)

Wilfred Bion
The First World War shaped Bion in profound ways (Bleandonu, 2000). In the
autobiography of his early life (Bion, 2005), he devoted 180 gruesome pages to
the account of his service, when at 19 he became an officer in the Royal Tank
Corp. Only he and 2 others in the entire regimen survived the war.   By the time
the Second World War rolled around, he was a psychiatrist again in military
service. All of his early work with groups occurred in the context of his work with
psychologically damaged soldiers in England and France.

In the Northfield "experiments" he undertook with John Rickman (who had been
an ambulance driver, serving as a conscientious objector with a Quaker unit in
Russia), Bion began a series of experimental groups with soldiers in psychiatric
care. While the experiment lasted all of a few weeks, abruptly terminated by
order of his military superiors (Bridger, 1992; Bleandonu, 2000, pp. 61-63), Bion's
reflections in his now classic *Experiences in Groups* ((1961) have been
foundational for group analytic work. He was a military officer who was also a
psychiatrist, a psychiatrist who worked in the midst of war. He described the
psychiatric unit in this way:

>Under one roof were gathered 300-400 men who in their units
>already had the benefit of such therapeutic value as lies in military
>discipline, good food, and regular care; clearly this had not been
>enough to stop them from finding their way into a psychiatric
>hospital. (p.12)

He goes on:

>An officer who aspires to be a psychiatrist in charge of a
>rehabilitation wing must know what it is to be in a responsible
>position at the time when responsibility means having to face
>issues of life and death. …A psychiatrist who knows this will at
>least be spared the hideous blunder of thinking that patients are
>potential cannon fodder to be returned as such to their units. He will
>realize that it is his task to produce self-respecting men socially
>adjusted to the community and therefore willing to accept its
>responsibilities, whether in peace or war. (p. 13)

After the war, a panel of five American psychiatrists were commissioned to
undertake a study tour of the psychiatric care provided to soldiers in Europe and
Great Britain. The result was a collection of papers published in the *Bulletin of
the Menniger Clinic* in 1946. Among those was Bion's article, "The Leaderless
Group Project," reflecting on the experiences in his war-related groups:

>It was essential first to find out what was the ailment afflicting the
>community, as opposed to the individuals composing it, and next to

give the community a common aim. In general all psychiatric hospitals have the same ailment and the same common aim—to escape the batterings of neurotic disorder. Unfortunately, the attempt to get this relief is nearly always by futile means—retreat. Without realizing it doctors and patients alike are running away from the complaint. (1946, p.79)

In that paper,he outlined basic principles of the Northfield experiment:
1) The objective of the group/community is to study its own internal tensions
2) No problem is tackled until its nature and extent are made clear as part of the larger group
3) The remedy had to shared and understood by the full group
4) The study of the group's tensions never ceased and was a 24-hour project
5) It was our objective to send the men out with at least some understanding of the nature of intra-group tensions and, if possible, with some idea how to set about harmonizing them
6) The study group had to be seen as a benefit to the majority and has to occur in the context of real life situations (1946, pp. 80-81)

This was Bion's vision of what Berne would later come to call social psychiatry.

It is interesting to note that after the war, Bion went into a personal psychoanalysis with Melanie Klein that lasted from 1945 until 1953. During this period, his interests shifted from groups to individual psychoanalysis, with a particular focus on psychotic processes. His last published paper on groups was in 1952, a review of Freud's theory of group dynamics. Although he wrote little explicitly about groups after that, these papers have had a lasting legacy in models of group treatment (Pines, 1992; Lipgar & Pines, 2003a,b)). Bion himself expressed surprise at the enduring interest in papers on groups, "the articles printed here aroused more interest than I expected" (1961, p.7), agreeing to have most of his group-centered papers republished in 1961 as *Experience in Groups*. He concluded that collection of appears with a revision of his 1952 review of Freud's theories, now placing Klein's theories, especially the conceptualization of projective identification, at the heart of his accounting of the primitive defense mechanisms that he saw dominating life in groups. In a more personal comment on Freud's perspective, Bion remarks:

Freud's view seems not to make explicit the dangerous possibilities that exist in the phenomenon of [group] leadership. His view of the leader …is not easily reconciled with my experience of leadership as it emerges in practice. (1961, p. 178)

No reading of Bion's work would suggest that he shied away from disturbed and disturbing patients, but it seemed he found more safety and efficacy in the analytic dyad than in the analytic group.

S.H. Foulkes

Foulkes, a Jew who had fought for Germany in the First World War, fled Germany with his family in 1933, moving to England. Like Bion, he was to become a psychiatrist serving the British military in the Second World War. He came to the Northfield Military Hospital after Bion had left and initiated another round of experiments in group and community based treatment.

In "Group analysis in a military neurosis centre," Foulkes argued:

> The emphasis was laid still further on the group as a whole. The main aim was to prevent the conductor from hampering the spontaneous expression and activity of the group. Thus he has to learn to tolerate anxieties and tensions within himself, to resist the temptation to play the role of the authoritarian leader but rather to submit all problems to the group, facing them fairly and squarely with the group. (1945, p. 189)

This is an extraordinary statement that captures the paradox of group analytic leadership. The facilitator has a task with responsibilities that are distinct from group membership. The conductor is a group member who must at one and the same time join the group, observe the group, observe one's own reactivity, and make use it as a partial means of grasping what is emerging in the group.

Writing in the same issue of *The Bulletin of the Menniger Clinic* as Bion, Foulkes, suggests, "If the psychotherapist resists the temptation to be made a leader, he will be rewarded by their growing independence, spontaneity and responsibility and personal insight into their social attitudes" (1946, p. 85)

Foulkes came to describe the group analyst as a "conductor" of the group process:

> The conductor puts emphasis on the 'here and now' and promotes tolerance and appreciation of individual differences. (1965, p. 57)

> The group analyst accepts whatever position the group chooses to confer on him. …he must accept this position as a leader in order to be able to liquidate it later on. He could not wean the group from something which had not been previously established. ...He does not step down, but lets the group, in steps and stages, bring him down to earth. The change which takes place is that from a leader *of* the group to a leader *in* the group. The group, in turn, replaces the leader's authority by that of the group. (1965, p. 61)

Foulkes asked the question, as did Trigant Burrow, what if we are all, more or less, on the same playing field? The group facilitator never fully relinquishes her role—there is always work to do. But to work in a genuinely group-analytic style requires those in the leadership roles to relinquish such beloved, idealized, and

narcissistically gratifying roles of the authoritative, all-knowing leader, the quietly reflective interpreter, and/or the compassionate/empathic good parent.

Eric Berne

Eric Berne grew up in Montreal, a Jewish family in a Catholic neighborhood. Berne's father, a doctor, was rejected by his medical colleagues and died when Berne was just 10 from the very disease, tuberculosis, he had dedicated his life to treating (Berne, 2010). As a boy and adolescent Eric was a misfit. He repeatedly formed clubs with other boys to try to have a group where he belonged. His clubs always fell apart. Even as an adult, he continued to face rejection and struggles to fit in with groups. He was rejected from membership among his psychoanalytic peers, an experience that both hurt him and spurred him on to articulate his own ideas and methods, giving birth to transactional analysis. Although Berne published extensively in psychiatric journals before writing explicitly about TA, none of his articles found publication in psychoanalytic journals. Eventually the San Francisco Social Psychiatry Seminars and ultimately the ITAA became his successfully lasting club.

Berne, too, worked for the military during World War II, evaluating in-coming draftees for their fitness for military service. It was during this time that Berne undertook his thought experiments with the soldiers he had to evaluate in very short periods of time. These thought experiments resulted in his series of published papers on intuition (Berne, 1977).

But what was the impact of the war itself and the holocaust on Berne's thinking? He never wrote about this. We may never know. We do know that Berne undertook an extensive exploration of the practices of psychiatry in countries and cultures all around the world. Traveling at his own initiative and expense, he studied psychiatric cultures and published several articles based on his travels. Then it stopped. We might never have known why had not his son, Terry, told of the FBI coming to Berne's house and office, seizing many his papers and foreign correspondence, and revoking his passport. This was post-war America, the early 1950's, and Berne found himself suspected of being a Communist sympathizer. His political and social consciousness seems to have collapsed after this. Berne's notion of transactional analysis, as he defined it as a social psychiatry, was radically different than the social psychiatric perspectives of Burrow, Bion and Foulkes. Berne stripped his social psychiatry of any social and political critique.

Berne's first book, *The Mind in Action* (1947), written immediately post-war while Berne was in psychoanalytic training, concluded with reflections on "man as a political animal" with sections discussing "how do evil men gain followers?' and " how does an evil leader hold his followers?'. In the 1968 edition, re-titled as *A*

Layman's Guide to Psychiatry and Psychoanalysis (1968b), and revised to promote TA, Berne deleted this section.

Bion and Foulkes approaches to group analysis were at their hearts experimental social environments within which one could experience and examine the unconscious forces of group process and social life, and as I have argued here were deeply formed within the crucibles of war. It is likely no accident that the group analytical models have a long history of involvement and investigation of social conflict (Dalal, 2002; Friedman, 2010; Pines, 2010; Nitsun, 2015).

Berne's model, in contrast, was founded in his analytic training in the post-war ego psychology model of American psychoanalysis. The result was a model of group treatment that was radically different from those proposed by Bion and Foulkes. A closing chapter of Berne's *Structure and Dynamics of Organizations and Groups* makes it very clear that Berne was fully read and familiar with the work of Burrow, Bion, and Foulkes (Berne, 1963, pp. 212-222). In fact, it was while reading Berne as a university undergraduate that I discovered Burrow's writing and had the pleasure of tracking down his rather obscure books in second hand bookshops. In his chapter in *Principles of Group Treatment* addressing methods of treatment Berne (1966) discusses and contrasts transactional analytic groups with those based in the models developed by Foulkes and Bion.

Jerome Frank, an American psychiatrist and author of the classic book on psychotherapy, *Persuasion and Healing*, observed, "Ever since World War II, mental hospitals have been undergoing a quiet but massive revolution from essentially custodial institutions to active treatment centers…including a redefinition of roles of patients and treatment staff within the hospital walls" (1963, p. 197). Frank's observation is very much in keeping with the efforts of Bion and Foulkes.

As a psychiatrist consulting in mental hospitals, Berne (1968a) contributed to leveling of the therapeutic relationship both with his model of staff-patient-staff supervision groups and his emphasis on the mutuality of the contractual, working relationship. But this proved not to be so true in the structure of his TA treatment groups. Berne's was a model of individual treatment in the group, often as an adjunct to the ongoing individual psychotherapy, rather than a complete form of therapy in and of itself. In Berne's model the leader was clearly defined: he [or she] was the doctor and the outside observer of the individuals' dynamics enacted within the group.

Transactional Analysis in a time of wars, visible and invisible
During the time when Berne was developing and promoting transactional analysis, the United States was blowing apart. Externally there was the war in Vietnam. Internally there was the racial violence of the civil rights movement.

John and Robert Kennedy and Martin Luther King were assassinated. Violence and war permeated the U.S., the images inescapable.

During the World Wars, there had been no escape from violence and death. During the 1960's and early 70's in the U.S., the deaths of innocent African-Americans at the hands of racist whites and of Vietnam War soldiers saturated television, newspapers, and magazines. Once again, the violence of war could not be ignored. But Berne held transactional analysis apart from it all in a resolutely apolitical public/professional position.

As it was after the World Wars, there was a resurgence in the U.S. during the late 1960's and early 1970's in group and community experimentation. Classical psychoanalysis seemed archaic and irrelevant to this period of social upheaval. The U.S. witnessed the birth of the human potential movement (Bugenthal, 1967; Rogers & Stevens, 1967) and the Esalen Insitute (Anderson, 1983). Norman O. Brown (1966) and Herbert Marcuse (1966) sought to inform and inflame psychoanalytic thought with contemporary left-wing political vitality. There was a resurgence of interest in the work of Wilhelm Reich, especially his sexual-political writings (Reich, 1970, 1972); Claude Steiner and Hogie Wyckoff challenged Berne's apolitical positioning to found the radical psychiatry movement, inspired in part by Reich's writings (Steiner, Wyckoff, et. al., 1975). There were encounter groups (Rogers, 1970) and groups of every imaginable sort (Schutz, 1971).

The Kennedy administration funded the community mental health movement, which sought to move mental health services out of private offices and hospitals into the communities where people lived and work; group treatment was an essential element of community-based services. The community mental health movement was essential to my development and identity as a therapist. It was in this setting that I provided individual counseling and psychotherapy, facilitated groups of adolescents, and taught numerous community classes in transactional analysis. Almost everyone on the staff was trained in TA, and groups were vital to the range of services we provided in the clinic, in schools and churches.

Nixon's election witnessed the undercutting of community mental health services (Torrey, 2014), perversely channeling much of the mental health relating funding into the "war on drugs," as Nixon positioned himself as the "law and order" President. Nixon had also run for President on the promise of ending the war in Vietnam; history has shown us what actually happened (Weiner, 2015). Jimmy and Rosalynn Carter had an abiding interest in mental health related services, so Carter attempted to reestablish federal funding for community-based services. He lost to Ronald Regan:

> With President Regan and the Republicans taking over, the Mental Health Systems Act was discarded before the ink had dried….

> President Regan never understood mental illness. Like Nixon, he
> was a product of the Southern California culture that associated
> psychiatry with Communism. (Torrey, pp. 87-88)

Regan had campaigned under the slogan, "Are you better off now than you were
four years ago?"—re-establishing the cult of American individual.

Each of these wars had precipitated a period of social/cultural reactions that
attempted some sort of healing through the efforts at group and communal life.
But none of them were to be sustained.

Then came President George W. Bush and the Afghan/Iraq wars. Along with an
ambivalent collection of allies, oddly identified as the "coalition of the willing,"
President Bush and his Defense Department initiated catastrophic wars in Iraq
and Afghanistan in response to the terrorist destruction of the World Trade
Center and attack on the Pentagon. These wars were rendered invisible, as
news reporters were "embedded" with combat troops and severely restrained in
what they could photograph and report. Evidence of death disappeared from
American television and the newspapers. In the U.S. people saw and still see
photographs and videos of people maimed and slaughtered by terrorists, but not
by the American troops. President Barack Obama campaigned on the premise
of ending the wars. That is not exactly what has happened. In resorting to the
increasing use of drones for military operations, the invisibility of the wars'
destruction continues.

But the U.S. government was not been able to disappear the psychologically and
physically maimed veterans as they return to civilian life. The government and
defense department have not been able to cover the frequency of suicides and
violent assaults among returning vets.

Although the wars have not ended, the will to war in the U.S. has collapsed, but it
has not been replaced by a will to community.   For more than a decade the U.S.
has witnessed the disintegration of social structures. There has been there no
resurgence of new group theories and social experiments. Quite to the contrary,
the recently released Hoffman report (2015) provides chilling accounts of the
cooperation and collusion of some of the leadership of the American
Psychological Association with the U.S. Department of defense and CIA in the
interrogation and torture of prisoners in Iraq and Afghanistan.   The economic
and sociopolitical chaos in the face of the wars initiated by the United States and
the return of the cult of the individual have been major factors in what seems to
be a collapse of group life and communal responsibility.

Engaging conflict and trouble
In their introduction to a collection of essays on analytic groups, *Ring of Fire*,
British group analysts, Schermer and Pines, caution:

The group therapist who does not attend to the primitive layers either engages in 'whistling in the dark', ignoring and not treating defects and deficits in the self and object relations which underlie the presenting symptoms, sets up the group for catastrophic situations of acting out, loss of group cohesion and failure to thrive as a group. …To be effective psychotherapists, we must be able to accompany such patients and groups through these very painful layers of experience. (1994, p. 3)

Group life, be it in the contexts of therapy, counseling, consulting, teaching, community work, etc., contains reservoirs of conflict, shame and anxiety that ultimately need to be surfaced and addressed if the group is to work effectively, representing all of its membership. Working within the organizational field, Petriglieri and Wood (2003) argue:

A consultant makes contact with the complexity of a group through a largely irrational matrix of conscious and unconscious individual and collective psychological factors—thoughts, feelings, and images. Consultants cannot avoid getting their hands dirty. To pretend they can restricts their potential effectiveness unnecessarily. (p. 333)

Within the TA literature, van Beekum (2006, 2009, 2012) has consistently represented a voice for working directly with the less conscious, more conflictual and corrosive aspects of group processes. In "The Relational Consultant", for example, he outlined three central qualities of attention and attitude in working with unconscious foundations and motivations of a group's life:

1) accepting chaos and unpredictability, listening for the organizational myths, observing such phenomena as splitting and projective identification
2) accepting that unconscious phenomena reveal themselves slowly and indirectly, suggesting that there is likely much of great interest lurking beneath the stated, conscious contracts
3) and creating a transactional space in which the consultant and the organization together are able to reenact, bring to awareness, make sense of, and ultimately transform and integrate the organization's and representatives' destructive and unhelpful ways of relating to self and others. (2006, pp. 325-326)

Cornell (2013) elaborates Berne's model of the types of group, emphasizing the openness to unconscious experience:

Awareness of unconscious experience necessitates an encounter with otherness, differentness. …The gifts of interpretation and differentness are that they afford opportunities to create the space that disrupts conscience experience, opening it to the light and insight of unconscious experience. (p. 282)

Berne's relied predominantly on the activation of the Adult ego state in his approach to group treatment:

> The remedy, therefore, is as quickly as possible to get things to an Adult level by confronting patients with rational, transactional interpretations, and by carefully exposing the apostropaic (magical) elements in their underlying fantasies and setting them aside for handling later when the group is well advanced. (p. 123)

To bring a theoretical understanding of the group analytic focus within Berne's terminology, this process could be seen as a systematic use of group dynamics for the deconfusion of the Child ego state.

Deaconu (2013) also focuses on the shift in a group from the conscious to unconscious dynamics:

> Such communication about the group's psychological landscape is largely unconscious. This is what contributes to the emergence of uncomfortable or disturbing situations that need to be addressed. In a psychotherapeutic setting, the group might need to deal only with the wounded aspects but also the wounding counterparts that derive from being human. (p. 292)

Landaiche (2012, 2013, 2014) articulates the darker sides of working in groups. There is a powerful honesty in Landaiche's writings on groups, in part because he switches back and forth from his experiences as a group member to those as group leader. Neither position is necessarily pretty. In "Learning and Hating in Groups," he describes his experience:

> …rather than talking generally about the hatefulness of groups, I will describe what I hate about them... …what I also fear and detest…the boredom of the group's resolute avoidance, the tensions, the threat of being killed or humiliated (social death), the passivity, the entrenchments, the slowness of deliberation (compared to the quickness and surety of my own mind), the magnification of meanness. …Frustration, uncertainty, contagion, threat—at such times, groups seem hardly worth the effort. (2012, p. 191)

Having written this, he then notes that in a quick count of that week in his work at a university counseling center, he was participating in 19 groups of one kind or another. Love them or hate them, groups are hard to avoid.

There are deep echoes of Bion when Landaiche writes of his commitment to "Looking for Trouble in Groups": (*TAJ* (2013), 43: 296-310:

> I see the areas of trouble as the areas of greatest potential growth. They are the impasses to be resolved, often the areas any of us would least like to look at. So I think of it as my job to venture into

these forbidden zones—venturing as a form of inquiry, exploration, lying in wait for the trouble rustling in the nearby brush. My strong sense of going there is in strong conflict with detesting that aspect of my job. (2013, p. 306)

In the end, Landaiche a offers a kind Foulkesian perspective on group leadership:
"…I have come to see leadership as a secondary property or phenomenon, one that emerges from membership. The group member able to manage himself or herself has potential to become a natural leader who is also able to follow. ..I care less whether I do or not like [groups]. Rather, I passionately want what only they can give to my pursuit of a meaningful life in progress." (2012, p. 195)

The richness and depth of these experiences in groups can (sometimes) outweigh one's anxiety and avoidance. In his reflections on looking for trouble in groups, Landaiche comments, "…and if we are fortunate as a group, we come through this disorder and alarm; we move from nonlearning to learning, which is a relief, yes, but also a wonder, an occasion for another kind of gratitude" (2013, p. 306)

Toward the generative capacities of life and work in groups
As we face the disorder and alarm of living in groups, we can discover places of extraordinary generativity. In my study and learning of group analytic models, I have found means with which to engage with disorder and alarm. It is in a rather marked contrast with my original training in transactional analytic groups. Berne's intention in the structuring of a transactionally centered treatment group was very clear and in certain ways highly effective. The leader's position was that of any outside observer. In my own early years as a psychotherapist, I found the leadership role in traditional transactional analysis groups comforting, and quite in keeping with my script and functions in my family of origin. Given the specific goals of TA treatment groups, that structure makes a lot of sense and serves a definite purpose.

But the TA structure does not facilitate the kind of learning that the group-analytic process seeks to provide. Mistrust, anxiety, and aggression are common to the experience of many in groups. Otherness, differentness and conflict loom as harbingers of potential rupture, shame, or ostracism. There needs to be the space to experience and express it, be it toward the leadership or the group itself.   There is an exquisite paradox that in welcoming and respecting mistrust, the basis of trust begins to get established.

Learning to participate in groups in this style has been very challenging to me, but I've seen the fruits of what happens when a group really thinks and works together. I had to give up my script-based tendency to over-function, so as to allow the silences and anxieties to emerge and create the tensions, confusions, and space for self-confrontation and interpersonal insight within the group. It has not been my experience, as was suggested by Berne that analytic groups have much in common with supportive therapies that do not create real change (1966, p. 133). Quite to the contrary, I have found working in this model, as both participant and leader, to be profoundly unsettling and promoting significant change.

Over the years as I have come to manage my own anxiety and distrust in groups, I have come to relish the generative capacities of fighting, working, discovering, learning and living in groups. I have come finally to know my own relief and gratitude as I grow older and make my way into the life of groups in ways that were not possible for me when I was younger. These group experiences have allowed me to step into and then through the deeply painful and troubled relationships with my siblings and the repeated, awkward rejections by my peers that permeated my childhood and adolescence, so as—finally--to belong among others and to truly relish the vitality of life in groups.

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