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### BOOK CHAPTER

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## “Tragical–comical–historical–pastoral”: groups and group therapy in the third age

*Caroline Garland*

“Love triangle at old people’s home led to shotgun ambush of  
rival, 67”

Report in a London evening newspaper, March 2007

*What does it mean to be old?*

**T**he residents in the Emma Lazarus retirement home in uptown Manhattan are preparing a production of *Hamlet*:<sup>1</sup>

Hamburger and I arrived precisely on time and found the troupe already assembled. As we entered the library, the twittering stopped. It was a sobering moment. Hamburger must have sensed my nervousness since he gave me an encouraging pat on the shoulder. But to my consternation, the director’s chair was already occupied, and by a man altogether unknown to me, a white-bearded fellow with glasses and wearing a sweater, corduroy trousers and loafers (no socks!). He was slouched cater-corner into the throne, one leg draped casually over an armrest. When he saw me looking at him, he smiled cheerily and gave a little wave.

My first directorial crisis! The troupe was agog, waiting to see how I would handle it. A false step now, I knew, could mean a permanent loss of authority. I merely shrugged and walked deliberately toward a vacant chair, one located, ironically, just beneath an early Selinger, an eviscerated purple cat on a green-splotched chrome-yellow back-

ground. "Wherever the director sits," announced Hamburger, acting in a kind of choral capacity, "that's the director's chair." The tension, at any rate, was eased.

Our newest resident, it turned out, was a certain Gerhardt Kunstler. He had arrived only this afternoon and was still finding his way around. (The ladies in the troupe were glancing at him speculatively.) He had dropped in, he explained, merely to get a sense of our activities, to meet a few new people, to see what sort of nonsense ("no offence intended") we were up to. We should just carry on and pay no attention to him. What he hoped to do was arrange a poker game, but that could wait.

I called the meeting to order, said a few flattering words about "our little family of thespians," explained that in my view a director should not be confused with a dictator, and then announced the cast changes: Hamburger would play Horatio, Pincus Pfaffenheim the Ghost, Salo Wittkower Polonius; the Red Dwarf would be promoted to First Gravedigger, and Freddy Blum had agreed to accept the role of Claudius. This last caused some grumbling (Blum, as we know, has his enemies), particularly from Salo Wittkower, who had survived two directors as the villainous king. Still, Wittkower was somewhat mollified when I told him that the use of musical motifs was still under consideration, and, in the event we determined to use them. "Pomp and Circumstance" would be equally appropriate for Polonius and would remain his. Then I turned to my conception of the play, which, I said, differed from Adolphe Sinsheimer's in only a few respects. La Dawidowicz, I could see, was becoming edgy, but she remained silent.

"I want to tilt the emphasis to bring out the important theme of adultery," I began, and as simply as I could, I presented my arguments.

There was, I am happy to say, general assent, even admiration. For example, Lottie Grabscheidt said, "Wow!"

"That has real possibilities," said Wittkower generously.

"There *are* no possibilities," said Kunstler suddenly.

Obviously this fellow is a troublemaker. Watch out, Korner.

"Tell me, Mr Kunstler", I said. "Is there some contribution that you might be able to make to our little production? We're always happy to welcome new talent."

"Funny you should ask." He had not noticed my sarcasm. "Years and years ago I worked the colour wheel in summer rep. Boulder, to be exact; that's in Colorado. Three shows I've got to this day word-for-word." He counted them off on his fingers: "Hamlet, Lizzie Borden, and Rose Marie. 'Give me some men who are stout-hearted men.' That's how it went. 'Shoulder to shoulder and bolder and bolder':

they loved that bit in Colorado. Well, I was young. I needed money for paints, for a hot dog, for beer. I hadn't had yet my big break, the mural in the mezzanine of the Exchange, down-town Topeka, *Fluctuationa*, 1951. Could be you've seen it. The rest, as they say, is history. But acting, no, that's not my line. If you want, I could paint some scenery for you. Just give me the word."

"We already have beautiful scenery," said Minnie Helfinstein, at the moment a Lady-in-Waiting but in the event that Tosca Dawidowicz walks out, a shoo-in for Ophelia. "You should see the set for scene one, Mr. Kunstler. A person could count every brick on the battlements."

"Representational? That went out with the dinosaurs!" Kunstler laughed so hard he began to cough. "Cigars," he explained. "Don't worry, I can paint over it. What I see is a black background interrupted by a few asymmetrical shapes in muted colours."

This passage, taken from Alan Isler's brilliant novel *The Prince of West End Avenue* (1996, pp. 162–164), is salutary as well as entertaining, since the men and women he describes are in their late seventies and eighties. The anxieties, rivalries, competitiveness, attention to style, concern for self-image, wit, intelligence, and sexuality are undiminished, even if their execution is rather shakier than it used to be. Earlier, and much in the same vein, Oscar Wilde pointed out that the tragedy of growing old is that one doesn't. It is worth making the point repeatedly. All that the old have in common with each other is that death is much closer than it used to be. In all other respects, the particularity of the individual is as present as ever, and the uniqueness of the wishes, phantasies, and impulses is as present and undimmed. Indeed, in some respects they are enhanced, or at least more visible, since the original defences against allowing such impulses and phantasies to emerge into consciousness tend to wear thin with great old age, much as the pile on a carpet wears away with age and usage to show the basic weave—the fabric of self. Both sexuality and aggression may become more overt. However, the tastes, style, personality, intelligence (or lack of it), and defensive propensities survive the years and will largely determine how each individual faces the prospect of diminished capacities and eventual death—with bitterness or humour, with resentment and envy, or with generosity and courage.

There are, of course, age-related issues arising in group treatment, but it is a mistake to think that the preoccupations of an older person taking part in a therapy group are likely to be completely different from those they worried about twenty years earlier. The problems that

are brought for examination, or dug up to be struggled with, are as much to do with the individual as to do with the age group. Moreover, the fact that all older people face a death that will come sooner rather than later does not necessarily make for a warm fellow-feeling. It may aggravate rivalry and competition. It is hard to mistake the triumph in an old person's voice, as well as the sadness, as one hears of the number of contemporaries' funerals that have been attended.

Younger therapists may be tempted to compose a group of older patients only, but this is an impulse that needs to be examined carefully and the reasons for it laid bare. It might be the only population available, as in a residential or nursing home for older people; in that case, what is the function and task of the group? What purpose does it serve? Is it to be an activity group, a social group, or is it to be a formal psychotherapy group? Is it to be as lively and passionate as the geriatric production of *Hamlet* described by Alan Isler? If a decision has been made to run a group purely for people who are older when there is a mixed population to draw from, the younger therapist will need to question the possibility of there being a wish to split off some of his or her own feelings about death by projecting it into the patients, bundling them together into a "old age group" and obliging them to deal with it there on the therapist's behalf. None of us finds the prospect of death easy. As far as therapy groups are concerned, and if circumstances allow, it may well be better to place one or two older patients in groups containing a spread of ages, reflecting the spread of the generations.

*An older woman  
in a multigenerational psychotherapy group*

In this group, Dora, a woman in her mid-seventies, is some fifteen years older than the oldest of the rest of the members. She came into the group because of chronic and severe depression. She had lived most of her life in a state of moral superiority, which she employed as a defence against allowing herself to be vulnerable to loneliness and regret—in fact, to strong feeling of any kind. At first she described what she viewed as the chaos and muddle of her contemporaries' lives when younger—"always falling in and out of love and then being let down by stupid man. I don't know why they do it. I've got my nice little flat just as I like it, and I don't want great muddy footsteps messing it all up, thank you very much!" She had never had a boyfriend,

never allowed herself to be kissed. "It wouldn't have been right unless we were going to be married, and I never met one I wanted to marry!" At first Dora was shocked at the sexual and profane language used by the younger ones in the group (in their early twenties) and would complain about what the therapist was exposing her to. After a while, it was pointed out to her that there was a group specifically for older patients running in the clinic and perhaps she would feel happier there. "What are you talking about?" she snapped. "I'm not going into a group for *old* people." The group then pointed out how much of the time she spent complaining about their youthful manners (or lack of them) and habits. At the same time, they began to modify somewhat the more extreme turns of phrase that had been, for them, run-of-the-mill—able to hear their speech for the first time through someone else's ears.

In the following brief extract from a session, two women in their thirties have been facing difficulties over conception. One, Jo, is afraid she has conceived as the result of a one-night stand and is terrified that she has become pregnant, which will mean an abortion; the other, Amy, a lesbian, has been trying without success to conceive via IVF and an unknown sperm donor.

Jo is feeling and looking better, and her period has started, which means she can now face Amy and admit to what she had been doing, and how terrible she would have felt if she had been pregnant. Amy does not like this. She feels she can manage her own difficulties in conceiving, and if she doesn't conceive she is going to adopt, she's decided. She doesn't want Jo feeling sorry for her. But she's glad Jo isn't pregnant for Jo's sake, not for hers. Dora is listening to them intently. Her face mirrors some of the expressions on the two younger women's faces. She is amazed at the emotional pain they are prepared to risk. She wants to dismiss them as foolish, but it is clear she is very engaged with their dilemmas. The girls say to her, "Sorry, Dora, to go on about these sorts of things, we know you don't like it—I bet you think we are stupid." Dora becomes quite emotional. Suddenly she speaks about how much she regrets never having taken risks in her life—never, either practical or emotional. She thinks Jo and Amy are brave rather than just stupid. It is awful to feel she's left it too late. Now she feels she is going to die, to end her life feeling she has wasted it. Amy and Jo are shaken by this sudden and unexpected display of feeling. They speak to Dora

about the risks they run and the pain of getting things wrong, but Dora is adamant. She is suddenly able to feel she would rather have got into a mess and into a state than to have nothing to show for her life. This statement of real feeling allows her to move, emotionally speaking, into the same kind of territory inhabited by the other younger group members. They “adopt” her as one of them. Jo says that Dora is the granny she’d like to have had. Dora says, in a way that makes them all laugh, “Well if you’d got me as your granny, you’d never been born, would you!” Dora is now engaged in a more emotionally real life than she has ever been able to have before.

The excerpt illustrates some of the difficulties, as well as some of the rewards, for an older patient in a mixed-age group. What may have to be faced are regrets, not merely for the life that has been lived but as well for the life one did not live. For any of us, regrets for what was not done are in some ways more poignant than regrets about what one actually did. However, what may be gained is a new status in relation to the young, in which their regard and even affection is valued rather than dismissed. Dora’s *modus operandi* was grumbling, and though it never quite went away, it lost its edge. Instead it became her role in the group: the one whose job was to chide the younger members about their immoderate language, the coffee cups left around the room, the unwatered plants. She took it on herself to look after the plants, beginning to do something for others as well as for herself, and it was appreciated. The sense of transmission between the generations, of being able to pass on experience or wisdom or a sense of having failed to take advantage of important opportunities, offers a taste of immortality. Something of oneself has taken root in the young and is being valued. In many respects, Dora came to have closer relationships with the younger members of the group than she had achieved with her own parents

### *Basic elements of group structure*

In this section I describe some important features of the basic structure of any group intended to provide something helpful or constructive for its members. Such groups would include staff support groups, occupational therapy groups, groups for the purposes of remembering, recalling, and even recording personal histories, activity groups (e.g.,

cooking, or listening to music), as well as the formal psychoanalytic psychotherapy groups, on which the second half of the chapter focuses. These features fall under three headings: the *territory*, the *time*, and the *task*.

### *Territory and time*

The properties of territory and time establish the boundaries of the group, which need to be protected. The group takes place in the same room each week, at the same time, with the same furniture, and free of interruption from outside agencies. The external boundary needs to be secure because in one sense it is what enables a collection of individuals with a task in hand to become a group. The boundary (both of territory and time) marks the edge between the inside and the outside, demarcating the membership of the group from the membership of the whole of the rest of the world. The group leader's job is, among other things, to protect that boundary. Strangers, non-group members, will be excluded. When the group's time and space is protected, what goes on inside the group feels more solid, safe, and contained, allowing for the taking of emotional risks and the expansion of individual limits and boundaries. In the same way that there is a physical territory, there is in a therapy group an emotional boundary. What takes place in a therapy group remains private to the members of that group. It is not taken outside the group as gossip.

In a hospital setting, sometimes medical staff will want to extract a group member on a particular day for what seems to them like a good reason. The therapist needs to be clear, and to make it clear to colleagues, that group time is protected time: there is no going out and no coming in until the group session is over. In the same way, the overall period of time for which the group will run needs to be known beforehand. The group might last for a specified number of sessions, with a closed membership, or it might run on an open-ended basis with a slow turnover of membership: when one member leaves—which may mean dies—a vacancy is created for a new member. (This is a topic that *The Prince of West End Avenue* deals with both wittily and profoundly.) With an older population, it can in many respects be helpful to run groups for a limited and specified period of time. Ending a group—indeed, ending anything in a clear-minded way—is both very difficult and very productive. Because an older population has to face a final ending, in which there are no chances to *get it right this time*, it can be very helpful to talk about and work through the ending of the group

itself, as a kind of preparation for having to work through the ending of life itself. In a nursing home for people who are older, everyone has to deal with death, not only with the loss itself, but also with the sense that it will sooner rather than later be one's own turn. Facing the ending of a group can, if sufficiently recognized as important by the group's leader, be dealt with thoughtfully and sensitively as a kind of dry run for death. Too often, illness or a sudden emergency can catapult the older person into a continuing-care setting in an unplanned and upsetting way, such that neither they nor their families can digest what has happened and find ways of living with it.

### *Task*

The notion of task is crucial. If the group leader is clear about the task of the group, then behaviour that is off-task (cups of tea in a psychotherapy group, for example) can be noticed to be detrimental to the work that the group has met to carry out. The task of a group for recalling and recording memories, or making up a photograph album, is clear. The task of a therapy group is harder to spell out, but a good start is that *group members should get to know each other and should permit others to get to know them*. Such a task encourages reflection, talk, and the sharing of thoughts and feelings.

In the following section, some features of psychoanalytically based group therapy are described, as a basis for determining whether or not group therapy may be the treatment of choice for one or more older patients.

## *A psychoanalytic view of development*

### *The primary group*

The smallest of all possible groups is composed of three individuals. Although a baby is born to a mother, we could say that the arrival of a baby makes a threesome out of a couple. Even if the conception is achieved by artificial insemination, there is always a donor of that sperm somewhere in the world with whom that mother has a relationship, at the very least in her own mind. This means that the baby is always relating to a mother who has in her mind "the father of the baby", whether or not she actually knows who he is, lives with him or not. This primary group of three forms an important part of the structure of our mental lives. A triangle is formed in which each

member will have a relationship with both other members, and at times each member will be excluded from what goes on between the other two. Sometimes, the father will have to wait while mother is feeding the baby, or the baby will have to wait when mother and father choose to be alone together. How the baby responds to the shifting and rotating nature of this triangle—now in, now out, now with the other two focusing on the baby as the centre of their attention, now with their turning their backs on the baby and focusing on each other—will influence the development of the individual's mental structure and subsequent characterological strengths and vulnerabilities. It is also the basis of the baby's lifelong ambivalence to his or her loved figures.

Thus there are both intensely positive and intensely negative impulses experienced in relation to the same primary figures in every infant's life. It is through the discovery in action that ambivalence exists, that hostility exists even towards those who are most loved, that complex desires can exist even in relation to those that are hated, that the possibility of integration becomes real. Klein (1946) writes vividly and movingly of these processes as they emerge in early infancy and, in particular, of the power of unconscious phantasy in the infant's life. The black-and-white nature of early relations, in which figures are felt to be either wholly good or wholly bad, can, if things go well, give way to a more depressive recognition of the goodness and badness recognized to be inherent in each of those same figures. At that point a more real concern for others can develop and, with it, a wish to repair some of the damage done, either in phantasy or in reality. This process involves a shift from what Klein called a *paranoid-schizoid* mode of operating to a position that she felt showed a *depressive concern* for the infant's objects.

Thus in every group situation there are three protagonists: the individual member, the group therapist, and the group itself, reflecting the triangularity of that primary group. Understanding the triangular and shifting nature of relations between the three parties is an important part of the work of group therapy. Often it can be seen that the therapist acts as the link between the member and the group itself. At other times the individual member may feel painfully excluded from what he perceives as the therapist's intimate relations with the group. In the group session described above, Dora felt that the therapist preferred the younger members and that she was a burden and a drag on the group's activities. These feelings were able to be examined in the

sessions themselves, and their reality tested. It was important for Dora to recognize that she could indeed behave in a burdensome way with her endless complaints, but that the complaints could be alleviated through the understanding of their origins in infantile anxieties.

This kind of transformative process is never completed once and for all: it is a repetitive cycle of internal work. Thus its derivatives may often be seen in unmitigated form in adulthood, and they may emerge with renewed psychological vigour in extreme old age. The kind of dependency that great age can bring with it evokes many infantile feelings and many unresolved infantile conflicts, which may well be lived out in relation to family and to care staff. When no one—neither the older person, the professional carer, nor the family—understands the origin of such feelings and impulses, such aggressive or possibly sexual behaviour may evoke bafflement and hostility in return. “Why does she always take a swipe at me when I am trying to help her?” In this kind of situation, work discussion groups for care staff may be particularly helpful. Young workers need a chance to express their puzzlement and resentment at those who can react violently to their ministrations, or who become very regressed and infantile when the transference is more positive. Understanding something of the origins of the behaviour they are exposed to may help them cope with it better. This is part of the purpose of groups for both staff and patients.

### *Group therapy*

Talking groups can be immensely helpful for people who are older. They provide an opportunity for the clarification and expression of unresolved conflicts and passionate feelings, clearly visible and vigorously at work in the setting provided by the therapeutic group. Group therapy is a form of treatment in which these issues and dilemmas can be seen in live action between the individuals in the room and can be addressed directly in the here-and-now by both group members and the group therapist.

It is not appropriate to the subject of this chapter to give a detailed review of the development of group therapy over the last half century in the Tavistock Clinic, but it is well worth mentioning the work of Wilfred Bion (1961). Bion developed most of his interest in treatment groups in the Adult Department of the clinic, and his approach has underpinned all the department’s subsequent developments in group therapy. His fundamental thesis is that any group (of any description)

will always contain two ways of functioning—that which is addressed to the work in hand (the Work Group) and that which represents primitive forms of defence against work (the Basic Assumptions). The presence of a predominance of Basic Assumptions (Dependence, Fight or Flight, and Pairing) lets the therapist know that the anxieties present in the group are, at that point, too great for it to continue with its proper task. This provides the therapist with food for thought, rather than with wordy formulations or abstract interpretations. This theoretical basis for group work is perhaps particularly useful in helping the therapist think about the work with groups of the elderly, in whom habitual social defensive strategies may have worn so thin that the underlying anxieties become quite apparent. Sometimes the way in which the elderly might position themselves in a wholly dependent stance towards their family, or the staff in a care home, may be entirely necessary and appropriate (physical disability, incontinence, immobility). If, however, they are able to attend a therapy group at all, then some of the work will consist of facing and examining that very dependence, as well as the many complex and painful feelings about it. An enforced and genuine helplessness in one who has always taken a pride in being independent may be hard to bear. Irritability or apparent ingratitude may be ways of fighting or fleeing from the hatred of dependence, as may the idealization of one particular carer or family member (pairing). The paranoid ideation that can develop in the elderly is often aggravated, even produced, by the fear and resentment of that enforced dependence.

However, in those who are still capable of reflection and thought about their situation, group treatment can be a very positive experience. Psychoanalytic psychotherapy groups in the Adult Department are run on the basis of seven or eight individuals coming together on a regular basis for one and a half hours a week, over a period of time (ranging from one to three years) in order to understand better the ways in which they relate to each other both consciously and unconsciously. There is of course no reason why such groups should not meet twice or even three times a week, perhaps for a rather shorter period of time—perhaps an hour and a quarter. The understanding of the less conscious aspects of thinking, feeling, and behaving is achieved, with the help of a trained therapist, through an examination of the minutiae of the interactions of the here-and-now within the group, including the mood and atmosphere in which they take place, at both the surface and at deeper levels. This examination may be linked with

the historical contexts in which these behaviours developed, as with the infantile feelings described above. As well as relations between individuals, each member's way of relating to a shared object, the group, is examined, as is the individual's and the group's varied stance towards the therapist over time.

When placed in a group setting, internal objects become strikingly apparent externally, as is apparent from the above extract from a session. The advantage of a specifically therapeutic setting, whether group or individual, is that usual social constraints and inhibitions are set aside so that it is permissible and helpful not only to notice these idiosyncratic modes of relating, and the associated phantasies, but to do so with a view to modifying their more unhelpful aspects. However, the mechanisms of change, or modification, require both understanding and the wish to change matters for the better. Change in characteristic modes of relating is the hardest of tasks for human beings. There is a built-in aversion to the kind of pain involved in real change. Some group patients will wish, and will fight, to use the setting for the purposes of re-enactment rather than for change. Relinquishing behaviours can be painful and frightening, and the existing modes of relating may offer gratifications (e.g., the extreme helplessness of infancy, on the principle that *if you can't beat it, join it*) that new ones do not possess. Understanding these factors in therapeutic treatment without adopting a moralizing or nagging stance towards the patient is part of the therapist's task. (Here, personal experience of treatment is an invaluable basis for becoming an effective therapist in any modality.)

*Maintaining high standards  
of commitment and reliability*

The therapist needs to be consistently and reliably present and on time for each session, and to end the session on time. This behaviour forms part of the therapist's attention to the importance of boundaries—those of time as well as territory. To start a session two minutes late will affect the mood and the material for the entire session, and if the anxieties are not heard and responded to, they will reverberate for many sessions to come. To end a session five minutes over time may seem considerate on that particular occasion—a patient is distressed, for instance, or in the middle of recounting something important—but group members will respond to the event by attempting to engineer

it on many further occasions. Their unconscious view of the therapist as someone who can be pushed around will diminish the therapist's authority and the stability and safety of the structure that the therapist provides. All patients are aware of the approaching end of the session, which is why they may sometimes try to override it: all endings carry with them some pain.

### *The therapist's language*

The way in which the therapist speaks to the group, the *you* and *I*, is important. "Interpretations" may be a special category of intervention, but they do not require a special class of language, a special tone of voice, or a special vocabulary. Technical language or solemn pronouncements do not belong in the treatment setting. If the interpretation cannot be formulated in ordinary everyday language, then it has not been fully grasped by the therapist and is not ready to be said out loud. The therapist might say to the group, "You are feeling a bit left out of the good things you feel I'm probably up to at the weekend ", but not "You are struggling unsuccessfully with your oedipal anxieties". The second says more about the therapist's own anxieties than about the patients'.

### *Helping members to say what is on their minds*

Rarely, if ever, is a member helped to say what is on his or her mind with a direct question. Instead, the therapist can make an observation about a particular state of affairs and then go on to comment on the fact that the group itself, who must also have noticed this state of affairs, is avoiding its investigation. This way the therapist is constantly reminding members that ordinary social reticence or discretion is not applicable in group therapy (although courtesy is), and that it is permissible and helpful—indeed necessary—to express curiosity and concern about each other, to discover more about each others' states of mind.

### *Clarifying the feelings and anxieties that underlie preoccupations and behaviours*

The assumption is that puzzling behaviours are provoked by underlying anxieties, which may be more, or less, conscious. In the example of the multigenerational group given earlier, it was possible to see

the way in which Dora's dismissing of the value and importance of relationships in her life was a defence against her anxiety that no one would find it possible to be close to her. In a psychoanalytic psychotherapy group, the therapist's job is to think about and to come to an understanding of these anxieties, based on his or her understanding of unconscious mental functioning, and then—most importantly—to help the group to arrive at this understanding for themselves. Clearly this is a complex task, for which training is always useful.

### *Interpreting anxieties and defences to the group*

In the early stages of group treatment, the therapist may have to be more active in interpreting anxieties and defences to the group than in the later stages, when members know more and are more adept at understanding each other and putting that understanding into words. It can be a revelation for group members to come to notice and use their own countertransference—to discover that their own subjective responses to the nuances in each others' speech, posture, gestures, and facial expressions may provide useful information as to the state of mind of the other. In time, the use some members come to make of their countertransference can be highly sophisticated, in that the feelings are registered, held on to, thought about, and finally made use of in the form of a comment.

The therapist also needs to be aware of the importance of timing. Premature knowing by the therapist usually delays understanding in the patient. Listening, waiting, and thinking are often more important than uttering. The longer the therapist can bear to wait, particularly as time goes on, the more work may be done by the group members themselves. Group therapists often come to find that, if they can bear to hold on to the interpretation for a while, it gets made by one of the members.

### *Group therapy offers certain specific advantages*

It is important for the therapist to be clear about the value of group therapy as a treatment modality with advantages of its own over and above its obvious cost-effectiveness. Patients offered group treatment may at first feel they are being fobbed off with something second-best. A therapist offering a group can be seen as pushing bucket-shop modes of treatment, and in the state of intense need experienced by patients at the outset, the anxiety is often that having to "share" a therapist with

six or seven others may aggravate an existing sense of deprivation. If the therapist is aware and confident of the value of group treatment, patients' fears can be contained by the therapist's own knowledge of the eventual considerable benefits to be had. These can be several.:

1. The existence of other patients in the room diminishes the sense of isolation, failure, and shame that can attach to the need for treatment. Although this same sense of failure can make individuals initially reluctant to accept a group as the treatment of choice, since they fear revealing these feelings in public, once in the group it becomes a different matter. An expressed and shared vulnerability can become a source of comfort and hence strength.
2. Having more than one patient in the room means that the inevitable attempt to externalize and make manifest each individual's internal object relations will ensure that incongruities and discrepancies between one individual's view and another's becomes material for discussion and understanding. Jo's wish for Dora to be her granny was at odds with another member's dislike of Dora's carping complaints about the way he swore. Spelling out these differences offers vital food for thought.
3. Dependence upon the therapist alone is diminished because of the existence not only of fellow patients, but of "the group" itself. Dependence on "the group" can often be tolerated, whereas dependence on the therapist is resented and denied and may lead to an envious rejection of the therapist's understanding and point of view. Group patients are strikingly able to bear plain speaking from fellow members better than they can from a therapist. Moreover, fellow patients often put things more directly and bluntly than a therapist could risk. As Dora's group said to her, "Well, stop moaning about us then." This may not rate as a psychologically sophisticated interpretation but was both fair and effective in the particular circumstances.
4. Patients without a particular interest in or capacity for psychological insight may nevertheless gain a great deal from the internalization of others' curiosity about motive, impulse, and feeling. Over the course of time, a distaste for psychological insight can diminish to reveal a real sensitivity, often defended against for years. Patients may discover in themselves considerable talent for understanding others' difficulties. The process of objectification—discovering what is in oneself through first seeing and understanding it as it

takes place between others—is immensely helpful when it comes to helping patients see what part they play in their own difficulties. Often that work is done by patients in relation to each other and does not require specialist therapist intervention. Dora became a woman who could grasp other's difficulties as well as her own. She came to have a helpful perspective on others' troubles and they turned to her for some aspects of the comfort that was missing in their own families. When valued, Dora became genuinely valuable. In order to love, one needs to be loved.

5. The group offers a particular structure in which each member is not only a patient, but is also part of others' treatments, and is in this sense also capable of coming to function as the therapist does. In psychoanalytic terms, this acts to reduce the envy of the breast as the provider of all goodness, since each patient is both baby and *also* part of the breast that nourishes and supports the other babies. Psychic nourishment is easier to take in when one may also be capable of providing it for others.
6. The capacity to see what is going on between others leads to an increased sensitivity to others' difficulties and an increased ability to respond flexibly to others' needs. This increase in flexibility is both the outcome of a reduced tendency to project unwanted aspects of the mind and personality, and also in turn a cause of further re-introjection of split-off aspects of the self. As in all forms of analytic treatment, the re-introjection of lost parts of the mind leads both to a greater mental capacity to tolerate pain and distress and to a fuller and more integrated personality. Unappreciated emotional intelligence is discovered and used. This can lead to some quite unexpected side-benefits, apart from the amelioration of object relations in general—the patient may discover new interests in the external world, such as an increased appetite for the job or for literature, music, or physical or social activities.

It was possible to see this happening in the group described earlier, in which group therapy enabled the older woman, Dora, to develop an increased interest and capacity in her relationships with other people, rather than simply in those she had had with her cats. It diminished her narcissistic withdrawal from the world of others and enabled her to go and find some part-time work in a charity shop, which brought her into contact with people from many different cultures and socio-economic backgrounds.

*Specifically age-related issues in therapy groups*

One of the most painful features of growing old is that one can be shamed by one's own body, including the brain. The inability to perform some task that used to be taken for granted—for example, walking, or to remember what one went to the shops to buy—can be deeply upsetting. Sometimes this will be pointed out by others even before it has been recognized by the ageing individual. A young woman told her mother that she felt her mother was no longer a safe-enough driver, in terms of eyesight and speed of response, to be driving the grandchildren around. The younger woman felt she was pointing out something both obvious and natural, but it came as a deeply painful shock for the grandmother to realize that in her daughter's eyes she was no longer competent. The shame is not only the loss of function, it is that it is simply a product of age. The mother felt discriminated against on grounds of age alone; it took her some months to come to terms with the realities of what ageing means in practice. Often, old people do not recognize or feel they are old until they are told as much by the young. Children, too, feel the shame of ageing parents. These are the kinds of issues that it is difficult but profoundly helpful to have raised in groups specifically designed to be therapeutic.

This point underlines the value of multigenerational groups. However, clearly sometimes it is not possible to form a mixed-age group. Care homes tend to have populations within a limited age range; the population of the Emma Lazarus home in Alan Isler's novel were all over 70. Yet even with a restricted choice in terms of population, it is possible to create working groups: perhaps a reading of a Terence Rattigan or a Noel Coward play, popular a couple of generations ago, with some rehearsing of individual parts beforehand; perhaps a "music hall evening", in which anyone who is capable performs a little song, reads a poem, or talks about what in the day's news has irritated or pleased them most, while others form an audience. This audience may or may not be appreciative. The point is not to do such things well, but to *do them at all*. Passivity is the curse of old age, and it is easy for family and staff to collude with it: it makes "managing" the old person an easier job. Yet the silent resentment of old age itself can communicate itself both consciously and unconsciously to everyone within range, leading to an equally silent resentment at having to shoulder the burdens of caring. Better to struggle with an ambitious project and fail than give up and wait for death—one's own or someone else's. This, for all concerned, is soul-destroying. Of course, groups may be created for

many different purposes—such as occupational therapy, staff support, family groups—and each is capable of being productive in a different way.

### *Closing comments*

Ideally, as in the case of Dora, many old people who are still mobile are best treated in therapy groups that span two or three generations. In this country, the large extended family is now a relative rarity and, distressingly often, old people are hived off from the life of the larger group and warehoused in enclaves specifically designed for the old. For those from other, perhaps less urbanized countries, this is a puzzling phenomenon. A young woman from China described the situation in her own home.

“We are not a nuclear family. We are a big family—there are three or four generations living together at one time. The old always sit in the middle when we are taking a picture, and there is a form just like a tree, like the old are the roots and it spreads out on all sides. And although there are more and more nuclear families these days we all manage to meet together every week, the generations together, my family and my children with my parents and with theirs. We sometimes think about why. It goes deeper than culture—it is *what we do*. It is *what we are*.”

In this kind of setting, the family—actors in the drama that is every family’s life—have “their exits and their entrances, / And one man in his time plays many parts”.<sup>2</sup> In terms of large-group phenomena in society and small-group phenomena in the extended family, we need to reconsider why it is, since all of us will be old one day, we deprive ourselves of that chance to live out the last of our allotted ages as a part of the great tree of the family: its roots.

### *Notes*

1. The quotation in the chapter title is from Shakespeare, *Hamlet* (II, ii), in which the players are describing the kinds of scenes they can perform.

2. Shakespeare, *As You Like It* (II, vii). Jaques is describing the seven ages of man.