Didactic Elements In Group Dynamics

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Summary

Information exchange is inherent at a fundamental level in human relationships generally, and in all therapeutic processes in particular. At every point in each human encounter, the participants are either receiving information of some kind, or else they are re-organizing (working through) the store of information that they already have from whatever their current perspective might be. The interpretation of any but the most basic stimulus is always *made in the light of previous experience, a phenomenon which is referred to in psychology as "transference", but which actually runs much deeper than that term generally seems to suppose. The settings in which human encounters take place and the presumptions that are associated with them profoundly effect the interpretation of information or suggestions that are received, as well as the resistance or receptivity to them.*

The dynamics of interaction in groups is significantly different from dyadic formats along all of these dimensions. My original intent in the title of this essay was to examine the role of formal didactic presentation in groups from as many perspectives as possible. In the course of our considerations of therapeutic factors during August, and in the associated discussions, it became clear to me that the instructional and suggestive transfer of information is a pervasive process that takes place at multiple levels throughout the clinical encounter. I will frame these didactic processes in terms of:

1. *A strong interpretation of transference*
2. *Cultural transference and its relation to resistance and suggestion in groups*
3. *Explicit and implicit didactic communication*

Transference: A Strong Interpretation

Transference is not simply a client's unconscious confusion of a therapist with someone else during consultation, or even simply distortion in interpersonal relationships generally; it is central to all human knowledge and perception (Minsky, 1986). Transference is just as fundamental to accurate perceptions as it is to distorted ones. Transference is therefore central to all communication and consequently to all instruction and suggestion. The context in which therapy takes place is crucial to the effects of transference and consequently colors all of the content of the communications that take place within it; thus the fundamental relevance of transference to group dynamics. Bear with me for a bit as I draw this connection.

The pervasive nature of transference becomes apparent when we examine the source of the information involved in the perception of even the simplest objects. The only information that is actually present to the senses at any point in time are very basic patterns of visual, auditory, tactile, and olfactory stimulation (Pinker, 1998). From the moment of birth, we begin to memorize these patterns and to associate them with one another, as well as with the circumstances that regularly precede and follow them. With repetition, we develop our concepts of the various categories of object and action by building these associations on top of one another in hierarchies. When we perceive anything at all the vast bulk of the information that is attached to the perception is invariably drawn, by association, from our past experience of every element in the entire hierarchy, not from the immediate reality that is in front of us at the moment of perception. What we perceive at the level of social and psychological elements is drawn almost exclusively from the past, and from many distinct sources, even though we associate all of this with the object that stands before us. Strictly speaking, we perceive very little directly; what we are actually doing is *re-cognizing* things that we have come to know in the past by tiny increments. All perception is *fundamentally* transferential.

For example, how do we recognize chairs and determine what to do with them? Chairs have no single physical property in common. When we gaze at an object that we have never seen before and perceive it as a chair, we are transferring a huge amount of information onto what might turn out to be an art object or a shopping cart. However, our ability to properly identify and utilize chairs is quite good and so we come to take our perception of their properties as immediate facts. We come to perceive chairs as having independent existence *as chairs*, even though we may never have seen anything like the one before us. In a bar fight we might perceive the same object as a weapon and transfer an entirely different set of knowledge onto it for the duration, following which we might find it convenient to perceive it as a chair once more. After many repetitions, when we perceive a chair we assume that we are garnering our knowledge of it directly, but we are not (Dennett & Weiner, 1991).

Dependence upon transference naturally increases with elevation in the ontological hierarchy. The proportional contribution of this strong definition of transference to a conception of God is much greater than it is to an immediate experience of pain, which I locate at the two extremes of the transferential spectrum. We have absolutely no direct information regarding God (or at least I don't) so our perception of Her is entirely transferential, but we have complete and immediate information about a sensation of physical pain, so our perception of that is not at all transferential. At the intermediate level of psychoanalysis this becomes *"The Transference"* (Langs, 1984), which I maintain is a weak version of the principle illustrated here.

I would pick another word for this phenomenon[1], except that a problem that I see with the use of the term "transference" as it appears in psychological discourse is in its focus on distortion rather than on its role in what we would call accurate perception. The assumption seems to be that *accurate* perceptions are somehow directly communicated in the here-and-now of an experience so complex as a human interaction, and that it is only the distortions that draw upon prior experience rather than immediate reality. Naturally, there are many active and independent psychological motives for distortion and some of these involve the willful and inappropriate (if unconscious) transfer of properties from past figures to present ones. The limitation of using the word transference for this phenomenon alone is the implication that there is some alternate and immediate method of perception that does not depend upon previously established categories at a very deep level, which there is not.

Can you doubt that whatever accurate knowledge you have of even your closest friends and relatives draws heavily on what you have learned in the past about others? Framed in this way the point seems obvious, but the implications of this insight seem to be generally disregarded in most psychological perspectives, as the ordinary use of the term "transference" illustrates.

Cultural transference and its relation to resistance and suggestion in groups

Getting finally to my first actual point regarding group dynamics, the meaning and significance of any message received is dramatically effected by the source from which its meaning is transferred and this is determined, at least in part, by the context in which the communication takes place. In group formats, an important element of the transference involved in any communication is an automatic association with social norms that stems directly from the communal setting in which the message is received. In other words, in a group format, what the client hears in any given content is more likely to be interpreted as a message from *society* rather than simply from an individual *speaker*.

I believe it is likely that messages interpreted as representing social norms operate at a special (higher) level of influence solely on the basis of fundamental predispositions for social conformity that have resulted from our history of adaptive evolution by natural

[1] As I am certain that David would prefer! I can practically hear his Lacanian teeth grinding as I write this!

selection (Bandura & National Inst of Mental Health, 1986; Cosmides & Tooby, 1995; Darwin, 1866; Dawkins, 1995). In this sense, suggestions and instructions received either explicitly or implicitly in group contexts are more potent than equivalent messages received in dyads. This effect is probably offset in many actual situations by the greater ease with which confidence can be established on an individual basis (reducing resistance), and also by the greater precision with which messages can be targeted to individual needs (increasing relevance). Nevertheless I propose that, trust and relevance being held equivalent, messages received in a group format are more potent. In order words, resistance is effectively mitigated and suggestibility is enhanced by cultural transference.

Furthermore, there are almost always more messages received in group formats than in individual encounters simply because the client does less talking and more listening as a consequence of simple arithmetic division. This leaves more time *in situ* during group encounters for working through, and possibly internalizing, the messages that are received through whatever resistance might be present. Which brings us to the didactic mechanisms themselves.

Explicit and implicit didactic communication

"Calm down… take a deep breath… OK, tell me about it."

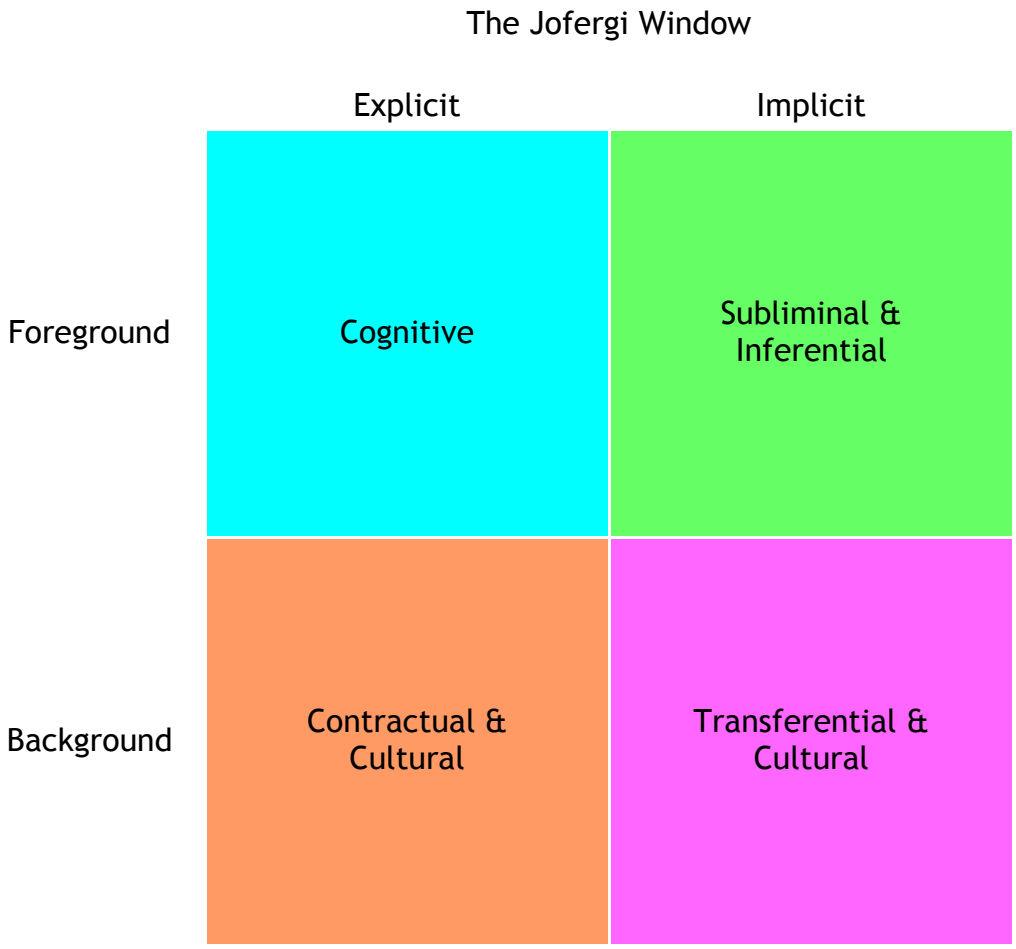
Didactic (i.e. instructional and suggestive) communication is intrinsic to every therapeutic encounter, the non-directive protestations of some clinicians notwithstanding. There are *always* directed psychotherapeutic forces brought to bear on every client in every active clinical situation, which are designed to move the client in the direction desired by the therapist[2]. These forces may be more or less explicit, which is what allows the claim of non-directedness to appear credible. This inevitable directedness of clinical interaction should not be mistaken for the degree to which any particular therapist or therapeutic approach has what might be commonly taken as conservative authoritarian objectives. The direction of influence can be quite liberal; a category of agenda that occasionally claims not to be one.

The simplistic encounter represented by the sentence above can be used to illustrate these points in a general way. Each of the three phrases in the sentence represents an instruction, and the ideal expectation is that the client (assuming that it *is* the client who is upset rather than the therapist!) will respond to each phrase by following the suggestion given, *as intended*. Depending upon the context, a functionally identical exchange might take place implicitly without the utterance of even these suggestive phrases. Furthermore, the context in which these instructions are delivered (either explicitly or implicitly) largely determines their interpretation and effect.

[2] It may be that there are certain (allegedly) clinical formats constructed in such a way that no influence is, in fact, exerted on the client. However, this would require that therapist and clinic somehow contrive to be literally absent, so these formats would be therapeutic in name only and not in fact. This amounts to the thesis that no influence is better than any!

For example, if the therapeutic relationship has already been well established by the time this encounter takes place, many expectations regarding the proper approach to communication, stressful situations, the therapeutic process, etc., will already have been negotiated and accepted. All that is needed at that point to invoke complex patterns of instructions are a few key words, or none at all. The word count is no longer a proper measure of didactic content because the communication has simply been reduced to shorthand. This is simply a matter of linguistic efficiency (Chomsky, ????). There is no less instructional content in this sort of exchange than there is in, say, a domestic abuse rehabilitation group where prepared overhead slides are used to convey suggested methods for recognizing escalating anger and mitigating it before it escalates to the point of violence.

The small amount of psychological literature that I have read thus far and the various descriptions of therapeutic style that I have heard from experienced clinicians have led me to formulate the following model to clarify my own thinking about therapeutic influence; originally tongue-in-cheek (thus the whimsical title), but then quite seriously.



Directional pressure (didactic influence) can be exerted on an individual via any or all of the four modalities of communication illustrated above, separately or in combination. I will maintain here that all four modes can be equally influential under appropriate circumstances and I will defer any judgment about their relative merits to another occasion following further contemplation. My intuition is that an ongoing examination of therapeutic factors in the light of this model will be very profitable for me going forward, but I have not yet fleshed out my understanding of this perspective. I will content myself here with a short discussion of each term in this illustration.

Foreground & Background: The foreground consists of whatever messages are being communicated at any moment in the here-and-now of the clinical encounter, whether the communication is explicit (cognitive) or implicit (subliminal & inferential). The background consists of the various conditions and presumptions that influence the perspective from which the client engages the encounter, and the light in which foreground messages are interpreted. The background can also be either explicit (contractual & cultural) or implicit (transferential & cultural). I have included the term "cultural" in both categories as a catch-all for social norms and understandings of various kinds, some of which are explicit and some of which are not.

Explicit & Implicit: Explicit messages, presumptions, and environmental conditions are those that can be readily recognized and articulated on a conscious level in the normal course of events. As I have argued in my strong interpretation of transference, above, the vast bulk of the information content in any perception is always derived from implicit sources. In addition, current (here-and-now) signals and messages are often communicated subliminally or by inference, and received or interpreted unconsciously. This is familiar ground for psychologists, advertising executives, and con men.

Cognitive: This is the material that is ordinarily regarded as didactic. It consists of communications that have the intention of representing their whole content in explicit symbolic form. The domestic violence groups that I will be facilitating next year as a Fielding practicum utilize a CBT approach that employs a workbook with specific presentation material that is intended to equip the client with a conscious understanding of the cycle that leads to violence, and to provide instruction in specific techniques that can be employed to break the cycle. In psychoanalysis, the therapist periodically provides interpretations of some kind, which are intended to bring certain material to conscious awareness (cognizance). The cognitive sector is the one that non-directive therapists try to avoid.

Subliminal & Inferential: This material may or may not be consciously recognized by the recipient, but constitutes communication in the here-and-now. Subliminal[3] messages are those that are communicated without the conscious awareness of the recipient and inferential messages are those in which the content is indirect (e.g. in a facial expression or a raised fist).

Contractual & Cultural: This material represents the explicit agreements that are made about the assumptions to be taken, the rules of engagement to be adhered to, the methods of interpretation to be utilized, the posture to be taken, and other condition of encounter and exchange that are agreed upon, both within the context of a specific clinical relationship and also within the context of a larger therapeutic, social, or cultural context.

Transferential & Cultural: Consistent with my strong interpretation of transference above, I will maintain that most of the content of *any* communication actually derives from this sector, which is almost entirely unconscious. This is not to say that the influence of these factors cannot be conscious, but simply that their effects are only the tip of the proverbial iceberg. The hierarchies of association (and therefore transference) that result in even the most rudimentary knowledge and perception are so deep that they *can* only become conscious in a very summary form.

All of these modalities taken together provide a rich array of didactic devices that can be utilized in various combinations to deliver a wide range of messages. The various therapeutic schools draw upon them in characteristic ways to get their respective messages across. Group formats include more didactic exchange than is possible in individual therapy, simply because of the logistics of the group setup. Also, I believe that there is a strong (background implicit) social convention that tends to proscribe (foreground explicit) "teaching" in individual encounters but allows it in groups.

Yalom is refreshingly clear about the role of explicit cognitive material in both individual and group therapy. He believes that in order to produce lasting effects it is necessary to experience the target behavior, phenomenon, or process, and also to develop a conscious understanding of it. He recommends and utilizes a wide variety of interpretive feedback techniques, including written commentaries between group meetings, all of which are intended to be as explicit and direct about the processes taking place as possible. Yalom prefers his cards to be on the table (Yalom, 1995). My early understanding is that the CBT School takes this stance with even greater vigor (Clark & Fairburn, 1997). That certainly sounds good to me!

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[3] I realize that my use of the term "subliminal" here is technically incorrect, but I cannot come up with a better one. I think that my meaning is clear and I would welcome suggestions for a more appropriate term.

Conclusion

As I sit down to write the conclusion to this essay I am stranded in Amsterdam along with many other Americans waiting for flights back to the US in the wake of the terrorist attacks in New York and Washington last Tuesday. I have just accompanied my 16-year-old son to Madrid, where he will be studying this Fall. All of my family and my closest friends are safe, but it is certain that I will eventually learn of people that I knew who died in the World Trade Towers, as we all will.

When the attack took place I had just completed the body of this essay and all that remained was to fold the points that I have made above into a crisp and penetrating conclusion, which I cannot bring myself to do under these circumstances. The conclusions are simple; whenever people engage, they invariably exert influence on one another via a range of signals that go far deeper than their speech. This is the case regardless of their intent, and is no less true of psychotherapists than of anyone else. On examination, it is clear that the vast bulk of what we take to be perception in the here-and-now is, in fact, recognition and recollection. Transference is a process that runs much deeper than is commonly supposed. In this essay I have been struggling to come to grips with that reality as another small step toward practical service to suffering people.

For me, psychotherapy is an urgent process that begs to be addressed as directly as possible, and in terms that are as near as possible to the human suffering that is its target. I am on guard against regression into sterile academic speculation about the deep roots of psychology, yet I know that deep insight must have deep roots. Yet how far what I have written seems from practical psychotherapy. How far are the crushing poverty, oppression, and misery from the violence that has been released upon the world this week?

The world has a psychosis with an ultimately human heart. The monstrous violence and hatred that have found their expression in the tragedies of this past week have their roots in overwhelming human misery. Our society must and will respond first to the disease itself, with instruments as blunt as necessary and with emotions as heated as the suffering at their source. The far more difficult task in the wake of the coming storm will be to untangle the roots of antagonism and inequity that are the source of the present madness. Some of these roots run deep and some do not. If the world is to be healed we will have to open ourselves both to understanding and to sacrifice, but understanding is pointless without engagement and action.

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