LUCIE CORCORAN

THE TRANSPARENT LEADER: EXPLORING THE ETHICS AND IMPLICATIONS OF GROUP THERAPIST SELF-DISCLOSURE.

THESIS SUBMIITED IN PARTIAL FULFILMENT OF THE REQUIREMENTS OF THE HIGHER DIPLOMA IN COUNSELLING AND PSYCHOTHERAPY.

SUPERVISOR: STEPHEN MCCOY

MAY 2020

CONTENTS

ACKNOWLEDGEMENTS

I wish to thank my supervisor Stephen McCoy for his guidance and generous support in the development of this Thesis. The work was much more interesting, enjoyable, and rewarding because of Stephen's input.

I am grateful to Dr Gráinne Donohue for her clear and helpful guidance on the process of the research and the writing of the Thesis.

My thanks also to my classmates and lecturers / trainers / facilitators who have offered so much of themselves and made the Higher Diploma a hugely rewarding experience.

Finally, thanks to my parents and to Peter who give unwavering support.

ABSTRACT

This dissertation focused on therapist self-disclosure in a group therapy setting. Therapist self-disclosure refers to any action on the part of the therapist which reveals personal information about him / herself. It has been suggested that the group therapist frequently comes under pressure to provide personal information or admissions of error. However, perspectives vary with regard to the need for, and appropriateness of, therapist self-disclosure. Moreover, there is a paucity of literature pertaining to *group* therapist self-disclosure. Where guidelines have been provided, there is a tendency to be vague. In order to explore this issue, the current dissertation examined ethical and theoretical perspectives (particularly relating to psychoanalysis) which have greatly influenced group work (e.g., that of Bion and Foulkes). Ultimately it has been argued that to engage in therapist self-disclosure is to obstruct the group's growth and potential for autonomy and self-cure. Therefore, striving for therapist anonymity, neutrality, and abstinence are recommended.

PROLOGUE: THE PROXIMITY OF THE OTHER

> Before I can speak, I am affected by the other, I am accused by the other. Before I can
>
> choose to be ethical or unethical, I am chosen, by virtue of being human, by virtue of
>
> belonging. There is no escape! (Weatherill, 2011, p. 68)

Weatherill (2011) considers the contribution of Levinas to the ethics of practice. He describes

the theory that fraternity or solidarity exists between being (things, beings that disclose), and

nothingness (a void). Humanity occupies this space but is welcomed nowhere. Levinas

addressed Cain's question *Am I my brother's keeper?* and concluded that yes indeed, each

person is his brother's keeper and must take responsibility. However, according to Weatherill

(2011), Levinas does not consider this a question of how to practice; that is techniques and

approaches (e.g., psychoanalytic, Rogerian), nor does it compel the practitioner to comfort his

client. Rather, the details of technique (Foulkes gave extensive guidance as to the details of

group work) spare the analyst and the client the intolerable closeness, because the client is no

longer Levinas' *other*. Instead, the ethical pertains to the discourse which is exposing and

allows absolute proximity to the other. Weatherill (2011) claims that resistance to the other is

an unavoidable failure of ethics. This raises the question as to whether Therapist Self

Disclosure (TSD) is a form of resistance. Does it create a *sense* of connection whilst in fact it

prevents proximity to suffering? Weatherill (2011) also discusses and contrasts the radical

perspectives of Lacan and Laing. Lacan recognised the unconscious at play and famously

described how the speaking being is always divided (to be discussed further below). With

respect to Laing, Weatherill (2011) describes his capacity for proximity to the other. For

example, he would spend time in a padded cell with a patient who was in a psychotic state, or

replicate the disturbing behaviour of a patient until she began to communicate. He reported on

the efficacy of these experimental methods and his approach was regarded as "… an ethical

move towards "being-for-the-other", a refusal to objectify the other in a system" (Wetherill,

2011, p. 70). By contrast, Weatherill (2011) suggests that in many disciplines, there is a lack of real recognition and engagement with suffering despite the arguments about technical differences. These rules and techniques only serve to defend against persecutory proximity. This makes it difficult to develop an approach regarding TSD because either way it seems a breach of ethics is inevitable.

CHAPTER 1: INTRODUCTION.

1.1. The Current Dissertation.

The word 'disclose' has its origins in the late 14th Century as *disclosen*, which means "to uncover and expose to view, open to the knowledge of others. It comes from the from Old French *desclos* "open, exposed, plain, explicit," which is a past participle of *desclore* (Modern French *déclore*) "open, break open, unlock, reveal," from des- "opposite of" and clore "to close" (Online Etymology Dictionary, n.d.). It would seem that disclosure is an essential and desirable part of the therapeutic process. So, if the client is compelled to self-disclose, is it only right and ethical that the therapist / analyst should also self-disclose? Moreover, in a group setting where a number of clients are required to self-disclose, there may be an even greater demand for the therapist to participate similarly so as to set the process in motion and place him / herself on an equal footing with the group members. The current dissertation focuses on TSD in a group setting. Therapist "Self-disclosure can be defined as any behavior or verbalization that reveals personal information to the patient about the clinician" (Psychopathology Committee of the Group for the Advancement of Psychiatry: PCGAP, 2001, p. 1489). Cohen and Schermer (2001) recognise that in group therapy, there is often pressure from the group for TSD regarding personal experience or even recognition of one's error. According to Cohen and Schermer, (2001)

> When, how, and under what circumstances psychotherapists should disclose … are questions which touch upon the essential nature of the therapeutic enterprise, the therapist's role in the process, social norms and expectations, psychotherapeutic ideology, and the interplay of transference and countertransference phenomena. (p. 42)

They suggest that study of the effects of TSD in a group setting had been neglected whilst Frost (2005) claims there is an absence of practical directions for group therapists regarding TSD.

There are contradictory views on this phenomenon; with some perspectives regarding openness and transparency as facilitative of group therapy, and others suggesting it detracts from a group's development of capacity for self-expression and agency. It has also been argued that complete avoidance of self-disclosure is impossible (PCGAP, 2001). It is important to consider what drives TSD, and how it may impact the therapeutic encounter. This is an important undertaking given the paucity of relevant literature. Currently, there remains ambiguity regarding the appropriateness of TSD. Therefore, the aim of this Thesis is to explore the theoretical and ethical roots of this issue. The objectives of the research are as follows:

- To examine the ethics and assumptions that underpin the psychoanalytic perspective on TSD in group therapy;

- To review the implications of TSD;

- To consider the perspective that the group therapist should maintain anonymity, neutrality, and abstinence.

Given the constraints of the current brief, this Thesis will focus almost entirely on the Psychoanalytic perspective. Furthermore, as this is a library-based study, no data will be collected. Throughout the dissertation, the practitioner role will be referred to using different terms including: therapist, analyst, conductor, group therapist, facilitator, and leader. Different forms of group work will be referred to using terms including group therapy, group psychotherapy, analytic group, and group analytic psychotherapy. To begin, the motivation for TSD will be considered.

CHAPTER 2: ETHICS AND TECHNIQUES OF GOOD PRACTICE.

2.1. The Self in Relation to the Other.

The work of Lacan raises a question as to whether narcissism is at the core of self-disclosure or even the client's desire for TSD? Lacan (1938) wrote 'Family Complexes in the Formation of the Individual', in which he described the Weaning Complex, the Intrusion Complex, and the Oedipal Complex. These events are considered by Lacan to be organisers of psychical development and each is characterised by a different imago (an unconscious representation which determines us and provides a stereotype such as mother, or sibling). With each complex there is a loss and a consolation. In the first stage, weaning leads the infant to lose intimacy with the mother, but also allows for the possibility of forming a 'me'. Lacan was influenced by others such as Wallon, Hegel, and Kojève (Nobus, 2017). The Intrusion Complex is often marked by recognition that one has a sibling. Lacan (1938) proposes that jealousy is not the result of biological competitions, rather it is an indication of mental identification. The sibling imago represents a rival. Nobus (2017) describes how Lacan believed the mirror image (recognising one's own reflection) prompts jealousy, rivalry, self-consciousness, and narcissism. "The ego is constructed at the same time as the other while the drama of jealousy is being acted out" (Lacan, 1938, p.32). The recognition of oneself in the mirror was proposed to be an important and bolstering experience; a consolation for the severance with the mother than occurs via weaning. This mirror image suggests wholeness and mastery; an illusion given the level of dependence on the caregiver at this stage. Nobus (2017) proposes that the mirror image creates in the child a rival other. Lacan (1938) suggested that it is the gestalt in the mirror who forms the psyche of the child, rather than the child forming the gestalt. For Lacan, the ego is an imaginary construction. This has important implications for therapy / analysis, as he argued that the building of the ego in ego psychology / psychotherapy only serves to cause further alienation and more hostility. It is important to consider these ideas regarding sense of

self, and relation to the other when attempting to understand what motivates TSD and the effect it might have.

One's own sense of self, according to Lacan, seems to be inextricably tied to recognition of the other. His reference to mental identifications being reflected in aggressivity and jealousy may be extended to empathy and compassion. So, it could be argued that these feelings of identification and connection with the client(s) are ultimately narcissistic. When the therapist engages in self-disclosure to build intimacy and model appropriate behaviour for the group, does this in fact keep the encounter at the level of the imaginary and defend against the unbearable proximity to the other as per Levinas' perspective. This avoidance of proximity to the other may also represent avoidance of meeting parts of oneself and real engagement with suffering. To further examine the implications, it is important to consider the fundamental technique of psychoanalysis, the concept of the ego, and the importance of transference.

2.2. The Psychoanalytic Perspective on Practitioners' Self-Disclosure.

In '*Recommendations to Physicians practicing Psychoanalysis*' Freud (1912/2001) proposed the methods for the technique of psychoanalysis. A core assumption of psychoanalysis is that there is mental life that is not conscious. Psychoanalysis sets out to allow communication which is Subject-to-Subject; whereby the unconscious of the analyst is receptive to the unconscious of the patient (Freud, 1912/2001). The analyst "… must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient" (Freud, 1912/2001, p. 115). This distinguishes psychoanalysis from 'Ego' Psychotherapy which focuses largely on self and experience at a conscious level. As stated previously, according to Lacan (1955/1988) the ego is an imaginary construction. This would imply that forms of psychotherapy which focus on conscious life (Ego-orientated) operate at a level which is illusory. According to the Schema L, the ego has specular homogeneous others (*o'*). Dor

(1997) suggests that "Because it is a projected image consisting of the subject's multiple representatives, the ego can attain the status of imaginary representation only through the other and in relation to the other" (p. 159). Therefore, it seems that these psychical phenomena must be at play in the group therapy setting. Furthermore, Schema L identifies different planes of communication; namely 'ego-to-ego' communication (imaginary axis), and Subject to genuine Other (unconscious or symbolic axis). It seems that a task for the analyst, or indeed group therapist, is to facilitate true speech and to conduct him / herself in a manner so that his ego is not present. Rather he / she acts as an empty mirror for the patient which has implications for the transference. This would certainly indicate that TSD would serve to hamper communication at a symbolic level, and perhaps interfere with transference and countertransference.

Laplanche and Pontalis (1973) highlight the challenge of defining the term 'transference' given how it has been extended and stretched since its origins. However, in psychoanalysis, "Classically, the transference is acknowledged to be the terrain on which all the basic problems of a given analysis play themselves out: the establishment, modalities, interpretations and resolution of in fact what define the cure" (Laplanche & Pontalis, 1973, p. 455). Freud (1905) discusses how in the transference, a "series of psychological experiences are revived, not as belonging to the past, but as applying to the person of the physician at the present moment" (p. 116). Furthermore, he suggests that it cannot be evaded. Ellman (1991) describes how Freud's conceptualisation of transference evolved over time. He was confronted with it in his early work with, for example, Anna O confessing her love for Breuer. It also had an important part in his own work with Dora, and in fact he has been criticised greatly for his mishandling of it in that case. He did not consider her acceptance of the treatment when he continually presented her with interpretations. In fact the treatment dynamic was reflecting her relations with the two central adult males in her life at that time. Over time he came to see the

transference as a central and essential part of the work. Lacan (1955/1988) suggested that psychoanalysis can allow the patient to realise his / her relations to the Others (his / her interlocuters) as opposed to a conscious relation to the psychoanalyst. This would seem to be very pertinent to group psychotherapy also, wherein the group dynamics can be explored. Freud (1912/2001) recommended that an analyst should *not* share personal experiences and difficulties with a patient. As stated above, he suggested the analyst was to remain opaque, similar to a mirror reflecting content.

According to Fink (1997), for the patient, the analyst represents "a subject supposed to know" (p. 29). However, he also suggested that it is the patient's unconscious which holds the authority in the setting and this can be revealed in manifestations such as slips. So, the analyst becomes a sort of representative of such unconscious manifestations frequently disowned by the patient. Therefore, TSD would move the communication towards the imaginary axis and interfere with the patient's unconscious projections; hindering the transference and the symbolic axis of communication. Since the period in which Freud was developing his ideas, many other forms of practice have emerged which place the practitioner in different roles with different styles of interaction. Central to Person-Centred Therapy is the concept of an 'authentic self' which can be realised at a conscious level (O'Farrell, 2004). Whilst Freud (1912/2001) believed that intimacy would disrupt transference, Person-Centred Therapy privileges the therapeutic relationship which requires trust, empathy, and positive regard. It is clear that early on, group therapy was influenced by the psychoanalytic perspectives (e.g., Bion, Foulkes), but over time has shown some parallels with the humanistic perspective (e.g., Yalom). The core conditions of the person-centred approach raise questions, already discussed, regarding conscious and unconscious psychical life, as well as concepts of self and narcissism.

Regarding Lacan's work on the desire of the analyst, Libbrecht (2017) considers the theme / question as to what an analyst wants in the treatment. Referring to Kojève's reading of

Hegel, Libbrecht describes how one person's desire is always related to that of an other. From the Hegelian perspective then, human desire at its core is a desire to be recognised. According to Libbrecht (2017), Lacan proposed that,

> the analyst has to refrain from filling in his or her position for the analysand, in order to create the possibility that the analysand realizes his/her own desire, with the restriction that this desire is inevitably marked by the Other. (p. 81)

Thus far, the position seems clear – TSD is not justified. This call for the analyst to refrain (proposed by both Freud and Lacan) has clear application in the work of Wilfred Bion; one of the early contributors to group work. The next section will illustrate how the principles outlined above have an important legacy in group therapy.

CHAPTER 3: APPLICATION OF ETHICS AND TECHNIQUES TO THE GROUP THERAPIST ROLE.

3.1. A Brief History of Therapeutic Groups.

Wilfred Bion (1961) described how group therapy can include treating "… a number of individuals assembled for special therapeutic sessions, or it can refer to a planned endeavour to develop in a group the forces that lead to smoothly running co-operative activity" (p. 11). In his early work, Bion used leaderless groups; partly to assess how each person related to others in stressful scenarios (Hume, 2010). This had some bearing on his later work with therapeutic groups. An important assumption of his work was that each individual's neurosis could manifest as a problem in the group. When working with soldiers in a psychiatric setting, Bion (1961) experimented with the use of small groups to allow for assessment and also to allow for development of relationships. When in groups, the men would frequently approach him, requiring a solution for group problems such as loafing. When he did not provide a 'cure', he found that those complaining began to treat their jobs more seriously and scientifically. He reflected on the changes amongst the men during the experiment and drew parallels with an army being led by a trusted commander whose plans are not fully understood. This perspective certainly seems to have implications for the level of disclosure that is appropriate for working with groups in a therapeutic setting; in that less is more. Furthermore, he recognised the capacity of the group to reach a point where "…the full force of its energy could be released in self-cure" (Bion, 1961, p. 22). The concept of self-cure seems to place the therapist in more of a facilitative role as opposed to a healer position. Regarding his interaction as leader of therapeutic groups in the Tavistock Clinic, Bion (1961) discussed the expectations of him and hostility directed at him. The members felt there was a lack of direction and his interpretations

were not welcomed. This brings to mind Lacan's comment (reviewed above) which suggests that the analyst should avoid 'filling in' his or her position.

Stokoe (2010) described Bion's perspective on the group's unconscious (Basic Assumptions functioning) and conscious (Work Group functioning). The group unconscious was thought to be related to the members' anxieties when given the opportunity to form a group. He recognised three modes of basic-assumption functioning; becoming dependent on one member thought to know best (BaDependency: BaD), becoming either aggressive or timid (BaFight/Flight: BaF/F), or forming an alliance (BaPairing: BaP). Bion believed that members could reduce symptoms through group insights, including recognition of basic-assumptions patterns. Transference must play a key role in these modes of functioning. For instance, BaD might emerge when the therapist is elevated to the position of healer / leader. It is important to consider how differently the process of the group would unfold if the therapist was to disclose at the outset that he / she held no such power.

Contrasting with Bion, Foulkes gave extensive practical guidance regarding the leading of groups. He defined group-analytic psychotherapy as "… a form of psychotherapy *by* the group, *of* the group, including its conductor" (Foulkes, 1986, p. 3). Similar to Bion, he recognised the potential for agency in the group. Hume (2010) describes how, like Bion, Foulkes was influenced by the psychoanalytic perspective, but also by the Gestalt perspective. He believed that individuals' unique responses to different issues reflected the unconscious; a phenomenon he called 'resonance'. He saw value in what he called the mirror reaction (seeing one's psychopathology in others) which seems relevant to Lacan's (1955/1988) emphasis on the importance of the other and Freud's positioning of the practitioner as an opaque mirror. Foulkes also recognised a collective unconscious. He considered deeply the role of the conductor and suggested that he / she could present interpretations but stated that these could

also come from the group members over time. Foulkes believed that transference towards the conductor and the other members had an important place in the group.

Foulkes (1986) describes at length the details to be considered when selecting group members, organising groups, managing the groups etc. He developed core principles in the group-analytic situation including; Conditions Set (e.g., guidance about meeting with strangers), Principles of Conduct Required (e.g., being discreet), and Culture Promoted (i.e., conductor to facilitate the prevailing atmosphere). His intention was to maximise the effectiveness of the group work. He believed that paying attention to details could illuminate conscious and unconscious communications. Foulkes (1986) described an example in which a member was consistently late. The group challenged the aggressive way in which he continued this lateness. This allowed for personal insights regarding what the latent sense of this behaviour might be. This in a way indicates how self-disclosure occurs anyway in one's speech *or* behaviour whether at a conscious or unconscious level. So, perhaps total avoidance of TSD is impossible as suggested by PCGAP (2001).

Foulkes (1986) stated that the conductor must become a member of the group, and the group must be "... the active agency for change" (p. 107). The conductor's position is difficult because it requires him / her to be part of the group, experience its permeating currents, and try to make interpretations, whilst maintaining an analytic attitude (acknowledging transference, resistance, unconscious processes etc.). In fact, he suggested that the conductor should be a psychoanalyst. Foulkes (1986) believed that change in group members manifests as being ready for learning, improved understanding of oneself and others, as well as enhanced communication. The conductor needs to move from the manifest to latent content and by taking a background position, he / she can interpret the group projections whilst allowing more group self-reliance. Furthermore, Foulkes (1986) also recommended that the conductor only offer interpretation when the group is at an impasse, paying attention to resistances (e.g.,

transference). Certainly, the Foulksian perspective does not seem to advocate for liberal TSD. Early group therapy approaches had clear roots in the psychoanalytic perspective, and this has implications for the role of the therapist.

By contrast, addressing the concept of therapist transparency, Yalom (1995) suggested that the excessively concealed leader will contribute to an atmosphere of caution and guarded behaviour. However, the therapist who is "…one of the gang … is unlikely to work fruitfully on important transference issues" (Yalom, 1995, p. 118). This suggests the therapist must strike a certain balance, and he further argues that TSD models behaviour, allows for reality-testing of feelings towards the therapist, and can facilitate openness and cohesion in the group. Yalom (1995) suggested that the question of appropriateness of TSD rests largely on how the transference is regarded and worked with. He claimed that transference towards the therapist is inevitable due the assumption of a leader position, and therefore, maintaining a neutral and anonymous position is unnecessary. Moreover, he argued that increased therapist transparency can in fact facilitate resolution of transferences. Yalom (1995) emphasises the need for a therapist to balance freedom of self-disclosure with responsibility, and to assess the value of TSD in the context of the group's current situation. Yalom's position is starkly contrasting with those of Foulkes or Bion, but fails to offer concrete guidance as to how one might implement TSD. Burman (2012) considers both the psychoanalytic and humanistic influences in group therapy.

3.2. Group Acts – An Examination of Foulkes and Lacan.

Burman (2012) distinguishes between group analysts (Foulksian) and Lacanians, and she contrasts the esoteric nature of Lacanian psychoanalysis with the naivety and perhaps less forensic detail of group analysis. Whilst she recognises the impact of Anglophone psychiatry and psychoanalysis on group analysis, she also identifies a humanist influence which

'fetishises' the face-to face aspect of the meeting. With respect to this, she also highlights the imaginary axis proposed by Lacan. Burman (2012) recognises overlap in the Lacanian and group analytic perspectives, and she identifies "acts" as a means for change. Similar to Lacanian analysis (but not necessarily all schools of psychoanalysis), group analysis relies to some degree on the action of the group. The group is the creator and the identifier of change as has been highlighted in the previous section. Foulkes (1990) stressed that the group achieves insight because change has occurred; not before change *can* occur. He also emphasised the importance of the dynamic unconscious at play in this process. Burman (2012) links this with the Lacanian principle that one works in the transference, as opposed to interpreting it.

Burman (2012) describes how the group facilitates a sort of mirror effect which again relates to Lacan's proposition of the imaginary and symbolic axes. At the level of the ego, a person comes to know his / herself through seeing his / her impact on the group, and experiencing their impressions of him / her. Part of this process requires disillusionment with oneself (Foulkes, as cited in Burman, 2012). Foulkes encouraged members to participate in the open and spontaneous discussion which was the group equivalent of free-association. An objective of the work was to facilitate the individual in moving from a position of autonomy to heteronomy. This could be achieved by examining what underlies the difficulty for the individual in relating to groups. Like Bion's reflections on his work with groups, Burman's observations also seem to support the position proposed by Lacan; that is the analyst / group therapist should not seek to fill in his / her position for the client(s), so as to allow each person realise his / her own desire.

Burman (2012) describes how the analyst is required to continue thinking and feeling (as Foulkes put it [stated above]; experience the permeating currents, maintain the analytic attitude, make interpretations). Reviewing some of the challenges reported by group analysts, she describes a scenario in which there is a dilemma as to whether the group should be allowed

to eat mince pies which were brought to the group before the Christmas break. She concludes that joining in with this activity and then asking members to discuss the function of the activity had been deemed appropriate. Although this example does not illustrate an act of TSD, it certainly demonstrates a departure from Freud's (1912/2001) paper on the technique of psychoanalysis. However, she comments that to moralise or censor in response to this mince pie 'opportunity' could hamper or supress the work of the group which seeks to hear the symptom 'mumbling' as Foulkes and Anthony (1957) described it. As is evident from the Foulksian (1986) definition of group analytic psychotherapy provided earlier, Foulkes clearly considered the conductor to be a participating member of the group. Therefore, he / she has the dilemma of how to act. When considering how best to achieve change and insight, it is important to closely examine the position of the therapist leading a group, and the acts they engage in; TSD constituting a type of act.

3.3. The Position of the Practitioner in Group Therapy.

Whilst there is a paucity of literature on the ethics of TSD in group therapy, Cohen, Ettin and Fidler (1998) offer their perspective which is in line with the ethics of psychoanalysis. They suggested (much like Fink) that early in the life of a group, members see the role of the conductor as healer and leader, and he / she is the only one who can occupy this position. However, over time, this capacity for healing and leadership can also be experienced by the members who begin to recognise both their responsibilities and abilities to be self-supporting. Cohen et al. (1998) describe how members arrive at therapy with the desire to secure nurturance (solve their problems), protection (find an ally), and representation (a symbol of hope for the future). In response, the therapist's analytic position should adhere to anonymity (limited self-disclosure which enables freedom of expression among members), neutrality (especially in relation to conflict among members which allows the members to declare their own positions),

and abstinence (tempering one's interactions with members so as to facilitate group interactions). Cohen et al. (1998) suggest that this is not aimed at denying members protection, nurturance, and representation. Rather this position enables members to devise these resources themselves. More specifically, anonymity allows the group to provide a holding function, whilst neutrality permits the members to provide a containing function, and abstinence allows the group to supply a transforming function. It seems that Cohen et al. (1998) recommend that a therapist inhibits their tendency to intervene too often in general. Moreover, the position of the therapist facilitates the group's development of autonomy. This perspective on the group as the change agent is in keeping with both Bion and Foulkes in that the group has the capacity for self-healing and the therapist's interventions can potentially block this development.

The literature reviewed so far seems to advocate for non-disclosure from practitioners and the ethics and rationale have been examined.   Overall, it seems that to intervene too often and to engage in TSD would undermine the group's capacity for autonomy and growth. But when the therapist achieves anonymity, abstinence, and neutrality, what is left but the opaque mirror and how does this position function in a group setting? It seems that this position 'leaves a space' (not necessarily a welcome space) which allows the group to rise to the challenge of becoming self-supporting and transformative. As Foulkes (1964) suggested, a task of the conductor is to (symbolically) dig his / her own grave! In other words, over time, the leader / healer should become the group's instrument.

CHAPTER 4: CONCLUSIONS.

This Thesis set out to:

- Examine the ethics and assumptions that underpin the psychoanalytic perspective on TSD in group therapy;

- Review the implications of TSD;

- Consider the perspective that the group therapist should maintain anonymity, neutrality, and abstinence.

This work has been limited by the fact that it focused almost exclusively on a psychoanalytic perspective, and therefore did not engage with those perspectives argued by psychodynamic or humanistic practitioners. Future research could extend the current offering by broadening the scope in this way. Alternatively, further study could also provide a deeper understanding of the philosophical and theoretical differences underpinning the work of, for example, Bion, Foulkes, and Freud and Lacan. It is important to get to the root of these different perspectives when discussing technical aspects. However, the current study has allowed for some tentative conclusions to be reached.

Considering Weatherill's (2011) review of the work of Levinas, one is presented with the question as to whether ethics are doomed to be breached, not least by the implementation of techniques. Furthermore, considering Lacan's work on identification and the development of the ego, it seems that TSD may in fact act as a narcissistic form of resistance which disrupts the possibility for proximity to the other's suffering. It could be argued that TSD operates at the level of the imaginary, thereby avoiding the type of discourse Levinas refers to. So, the practitioner does not have to fully engage with the suffering of the other. TSD seems only to hamper true speech and interfere with a group's development of agency. The group's capacity for self-cure was highlighted by both Foulkes and Bion who recognised the importance of the unconscious, and the collective unconscious. Unlike Yalom, they did not emphasise a need for

transparency (a concept Lacan might consider to be at the level of imaginary communication). The therapist's analytic attitude not only allows for the transferences towards him / her to develop, but further allows the group to interact with one another in a different way. The unconscious at work in the group can allow insights which could not be achieved by ego-to-ego communication. Burman (2012) describes how the group creates a mirror effect which relates to Lacan's proposition of the imaginary and symbolic axes. This also brings to mind the division Bion recognised between the Work Group functioning and Basic Assumptions functioning. Whilst, at the level of the ego, a person has insights about his / her effect on others, at the level of the unconscious, the symptoms 'mumble'.

Cohen et al. (1998) also argue that the analytic position is the most effective, as anonymity, neutrality, and abstinence can allow the group to find resources within themselves to provide a holding function, a containing function, and a transforming function. Whilst they advocate limited self-disclosure, one might ask, how much disclosure is implied by 'limited self-disclosure'? Some? Or none? For application in a therapeutic setting, this might be considered vague. Yalom (1995) is similarly vague; suggesting the therapist should not be overly guarded but neither should he / she become 'part of the gang'. Truly, practical guidelines are lacking for those who favour TSD. Those who advocate for TSD tend to portray their work as more authentic, respectful, and inviting (Frost, 2005), and this implies that the non-self-disclosing practitioner is emotionally distant. However, it can be argued from the perspective outlined in this Thesis that TSD may be a narcissistic form of defence which will undermine the group's potential for agency and self-transformation. Therefore, it would seem that to engage in any TSD that is avoidable would be ethically wrong and practically counter-productive.

REFERENCES

Burman, E. (2012). Group acts and missed encounter: Lacan and Foulkes. *Lacanian Journal of Psychoanalysis, 1*(2), 23-42.

Bion, W. R. (1961). *Experiences in groups and other papers.* London: Routledge.

Cohen, B. D., Ettin, M. F., & Fidler, J. W. (1998). Conceptions of leadership: The "analytic stance" of the group psychotherapist. *Group Dynamics: Theory, Research, and Practice, 2*(2), 118–131. https://doi.org/10.1037/1089-2699.2.2.118

Cohen, B. D. & Schermer, V. L. (2001). Therapist self disclosure in group psychotherapy from an intersubjective and self psychological standpoint. *Group, 25*(1-2), 41-57. https://doi.org/10.1023/A:1011068623404

Dor, J. (1997). *Introduction to reading of Lacan*. London: Jason Aronson Inc.

Ellman, S. J. (1991). *Freud's technique papers: A contemporary perspective*. Northvale, N.J: Aronson.

Fink, B. (1997). *A clinical introduction to Lacanian psychoanalysis: Theory and technique*. Cambridge, MA: Harvard University Press.

Foulkes, S. H. (1964/1984). *Therapeutic group analysis*. London: Allen and Unwin. (Reprinted 1984, London: Karnac Books Ltd).

Foulkes, S. H. (1986). *Group analytical psychotherapy: methods and principles*. London: Karnac Books Ltd.

Foulkes, S. H. (1990). *Selected papers: Psychoanalysis and group analysis*. London: Karnac Books Ltd.

Foulkes, S. H. & Anthony, E. (1957). *Group psychotherapy: The psychoanalytic approach*. Harmondsworth: Pelican.

Freud, S. (2001). Postscript. In J. Strachey (Ed. and Trans.), The standard edition of the complete psychological works of Sigmund Freud (Vol. 7, pp. 112-122). London: Vintage. (Original work published 1905)

Freud, S. (2001). Recommendations to Physicians practicing Psychoanalysis. In J. Strachey (Ed. and Trans.), The standard edition of the complete psychological works of Sigmund Freud (Vol. 12, pp. 109-120). London: Vintage. (Original work published 1912)

Frost, J. C. (2005). How far should I go? In L. Motherwell & J. J. Shay (Eds.) *Complex Dilemmas in Group Therapy: Pathways to Resolution* (pp. 195-204). New York: Brunner-Routledge.

Hume, F. (2010). Bion and group psychotherapy: Bion and Foulkes at the Tavistock. C. Garland (Ed.). *The groups book: psychoanalytic group therapy, principles and practice including the groups manual - a treatment manual, with clinical vignettes* (pp. 101-128). London: Karnac Books.

Lacan, J. (1938). Family complexes in the formation of the individual. Jacque Lacan in Ireland **http://www.lacaninireland.com/web/wp-content/uploads/2010/06/FAMILY-COMPLEXES-IN-THE-FORMATION-OF-THE-INDIVIDUAL2.pdf**

Lacan, J. (1988). The circuit. *The Seminar of Jacques Lacan, Book II: The ego in Freud's theory and in the technique of psychoanalysis, 1954-1955*. (ed. J-A Miller) London: W.W. Norton & Co. pp. 77-90.

Lacan, J. (1988). Introduction of the big Other. *The Seminar of Jacques Lacan, Book II: The ego in Freud's theory and in the technique of psychoanalysis, 1954-1955*. (ed. J-A Miller) London: W.W. Norton & Co. pp. 235-247.

Laplanche, J., & Pontalis, J. -B. (1973). *The language of psychoanalysis*. London: Karnak.

Libbrecht, K. (2017). The original sun of psychoanalysis: On the desire of the analyst. In D.

 Nobus. (Ed.) *Key concepts of Lacanian psychoanalysis* (pp. 75-99). London:

 Karnac Books Ltd.

Nobus, D. (2017). Life and death in the glass: A new look at the mirror stage. In D. Nobus

 (Ed.) *Key concepts of Lacanian psychoanalysis* (pp. 101-138). London: Karnac

 Books Ltd.

Online Etymology Dictionary. (n.d.). Disclose. In etymonline.com. Retrieved April 24, 2020

 from **https://www.etymonline.com/search?q=disclose**

O'Farrell, U. (2004). *Consider counselling: The person-centred approach*. Dublin: Veritas.

Psychopathology Committee of the Group for the Advancement of Psychiatry: PCGAP.

 (2001). Reexamination of therapist self-disclosure. *Psychiatric Services, 52*(11),

 1489-1493. doi: 10.1176/appi.ps.52.11.1489

Stokoe, P. (2010). The theory and practice of the group relations conference. C. Garland (Ed.).

 The groups book: psychoanalytic group therapy, principles and practice including

 the groups manual - a treatment manual, with clinical vignettes (pp. 152-172).

 Location: Karnac Books.

Weatherill, R. (2011). *Forgetting Freud: Is psychoanalysis in retreat?* CA: Academica Press.

Yalom, I. D. (1995). *The Theory and Practice of Group Psychotherapy*. New York: Basic

 Books.