

## **The Suboptimal Group**

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*The suboptimal group is the group we can find ourselves conducting when trying to establish an analytic small group in the Foulkesian mould. I propose external and internal determinants and discuss some of the dynamics of this particularly challenging area of our work as group psychotherapists. I describe the suboptimal contexts of three groups. I suggest that the suboptimal group is psychotherapy straddling a variety of forms, calling on the full range of our skills and one which when persisted with can have therapeutic value for those involved..*

*Key words: Suboptimal, Foulkesian idealism, incomplete family, incomplete self, unstable equilibrium*

There are times when it is extremely difficult to talk about our experience as psychotherapists. In particular, incompetence, embarrassment and shame do not make for easy listening or reading. It feels uncomfortable exposing our shortcomings amongst our peers. So, like many of our clients, we keep quiet or steer discussion in a comfortable direction. I am of course talking about myself, but prefer the collective pronoun because I believe myself to be talking for some of you.

I once considered that the things, of which I am to talk were teething problems, vicissitudes of the training or newly qualified psychotherapist. Perhaps to a degree they are. However, they have not gone away, nor indeed do they show any signs of doing so.

To give you some indication of what I mean. Since first starting my training group some seven years ago, during which time I have started five slow open psychotherapy groups, the occasions when I have been conducting an optimally balanced group of seven or eight members have been extremely infrequent and, more distressingly, those occasions have tended to precipitate a terrible blood letting, as if being whole and together, those oft touted therapeutic goals, could not be borne.

### **What it is**

I once attended, over a period of two years, a large group which numerically, at least, never once achieved more than twenty members present and was, as

such, a median group. However, I would now describe it as having been a suboptimal large group. An experience no less profound for myself, in particular, as a constant theme was the relationship between hopes and expectations and the reality we were a part of. I always remember the disappointment at the start of the day that my desire to be part of a large group was again to be dashed.

The suboptimal group exists in similar relation to the Foulkesian small group. It is the group which persistently exists on or below the Foulkesian breadline of five members, for which selection and composition represent distant ideals and, at its other extreme, it is psychotherapy on the cusp bordering individual and group. It can have as few as two active members and is precariously close to being something else, be it individual psychotherapy or inexistence and, as such, survival and annihilation are key themes - which I will come to later.

The suboptimal group is the group that many of us work with while attempting to set up and conduct analytic small groups. It is not the group we hoped we were setting up but is the one we all too often find ourselves working with.

My experience in the field, being trained within an NHS department largely devoted to providing group psychotherapy, working for two analytically oriented voluntary organisations and in setting up a private group practice, along with my formal and informal contacts with a fair number of colleagues and practitioners, suggests to me that it would not be unreasonable to conclude, albeit unscientifically, that the suboptimal group, without being the norm, is commonplace. This awareness is reassuring because the bulk of my experience as a group psychotherapist working with 'patient' groups has been one of working with suboptimal groups. This paper seeks to give substance to and to contextualise my suboptimal experiences, by rendering them less marginal and giving them a place in the wider field that can be talked about.

Before I continue, I would like to note two products of this experience: on the one hand, a somewhat chastened belief in the therapeutic potential of what I practice, although I have no doubts of the potential for some; and on the other a pressing wish to conduct a well functioning psychotherapeutic group in optimal conditions, which pays well.

### **Foulkesian Idealism**

The ideal number for an intensive group such as the analytical one is 7 members ... A group below 5 is too small to work with ... In a well-conducted group which is regular it rarely happens that more than one or two persons are absent in any particular one session.  
(S. H. Foulkes, 1975: 85)

I have rarely (in a slow/open client group context) worked with the ideal number and the latter level of absence has not always been my experience. However, I have learnt that a group below five, unwished for though it may be, is not too small to work with.

I am much in sympathy with and very grateful for Morris Nitsun's anti-group. Nitsun offered what became for me a soothing possible means of understanding my experiences as a practitioner. Without ever fully understanding what Nitsun was getting at and with my groups constantly seeming to be living close to the edge, I began to believe that I was held in thrall by the anti-group. A punishing and painful experience was suddenly a real and respectable phenomenon, supplanting the prior belief that my ambivalence, inexperience and incompetence were the cause of my groups' apparent inability to sustain themselves at an optimum level. Here was a concept that was beginning to describe my experience and so, at least initially, I took refuge. Not only did it challenge the hegemony of Foulkes' model and ideas, omnipresent, omniscient and paid homage to in every paper of *Group Analysis*, but it explained away some of my anxieties about being less than the required standard. I could now press ahead and be respectably suboptimal.

Foulkes optimistically invites us to "trust the group". He implies that from the cut and thrust of group life an innate capacity for healthy well-adjusted development will inevitably hold sway. His optimism would seem to be based on an idealised model of a group where the optimum conditions prevail and where the group is "well-conducted". On the other hand I do see the value in striving to trust the group. I have found that as a group therapeutic attitude it has provided an antidote to any messianic tendencies that I have carried into groups. While this is perhaps something of what Foulkes intended, it is of little help when the conditions are suboptimal. Nitsun (1996: 30) writes:

My own experience of trusting the group is that in a carefully composed group with fairly sound intellectual and emotional resources, meeting in a controlled, protected setting, the maxim 'trust the group' is certainly supportable and that the group usually fulfils the belief in its intrinsic potential. But many group therapists run groups in less than perfect situations, in which they are not able to select patients according to established principles: the membership of the group may be highly disturbed, volatile, and prone to acting out; there is a large degree of ambivalence about attending group therapy; and the setting itself is unpredictable, even hostile, such as in some out-patient clinics or hospital departments. Regrettably, this is often the reality we work in, and we may ask: which is the true test of the power of group-analytic psychotherapy –

the problematic or ideal setting? If the former, there are serious questions to be asked about the application of the model with more disturbed populations, what modifications in theory and technique may be required in these circumstances, and whether a theory is sufficient if it relates to only a segment of the population.

## **The Suboptimal**

### *Conditions*

The conditions that are likely to promote suboptimal groups are:

- 1) an insufficient supply of clients;
- 2) a hostile or incompatible sponsoring agency;
- 3) a sponsoring agency for whom group therapy is marginal to the core activity.

### *Therapists*

I have to ask myself, what is it about me that means I tend to run suboptimal groups? During my training I regularly had the feeling that my group was grappling with my issues. Perhaps also I was narcissistically preoccupied with the need for mine to be a good group, in fact the best - I have a vocal super-ego demanding no less. But does this mean that I am a suboptimal group psychotherapist? Not only is this my private suspicion but it is also official, in that although I am let loose on clients by two publicly respected organisations, I am not yet registered with the UKCP. It seems that, for the time being, it has been decided no doubt quite properly that my training falls short of required standards. Consequently, I am driven by a covetous desire for membership, I envy those who have what I want and am murderously angry with those who exclude me. Non membership restricts my professional movement and, although I am not clear as to how, shapes my work.

Group psychotherapy is a stratified and divided world. There are high and low church forms. Foulkesian group analysis is the dominant mode against which all forms are seemingly measured. While it is important no doubt to set and maintain standards, I sense an idealising drive towards homogenising experience - the suboptimal therapist is in this respect an inevitable outcome.

### *Clients*

The suboptimal group is more likely to attract suboptimal clients. Therapists feel under pressure when the group is short of members to adopt a less discerning approach to client selection and group composition, to grasp at potential group clients when they come along, to, as it were, 'pack them in' regardless of suitability in the spirit of there being 'nothing to lose'. The destructive potential of this dynamic is partially off-set when there is a number

of groups to which the client could be referred, i.e., particular therapists and particular groups seem to do better with certain categories of more difficult clients. However, when there is just one group, as is so often the case in private practice or small organisations, the pressure to include can be great. Group composition begins to be experienced as a distant and burdensome ideal.

I would add what I see as the problematic nature of applying a clear set of 'inclusion and exclusion criteria'. There is a risk that what we strive for is not a microcosm of the world out there but a rarefied form of group which has excluded and split off the more destructive parts of our world. As I said, under suboptimal conditions there is pressure to broaden one's boundaries and to become more inclusive. This I think contributes to the particular atmosphere of the suboptimal group as being somehow close to the edge.

## **Background Factors**

### *The post-modern condition*

It is a symptom of the diminishing role of group psychotherapy in the rapidly expanding field of 'talking cures' and 'alternative therapies'. With the recent dramatic growth in the number of counselling courses, psychotherapy trainings and alternatives to mainstream medicine, there are simply not enough patients to go around. This is particularly damaging to the group therapist. There is a competitive market and perhaps we sell ourselves less well than our competitors. What I would conclude though at this point is that to a degree it is the inevitable post-modern condition for group therapists, in that, in a wide range of working conditions we are in less of a position to rely on a sufficient and regular supply of 'positively indicated patients to sustain long-term optimally balanced slow/open groups.

### *The Incomplete Family*

With the decline of the larger extended family, the concomitant growth of the nuclear, single-parent and reconstituted forms of family, it is possible that the suboptimal group is symptomatic of these growing family forms, in particular when one considers their relation to the cultural ideal of the family - a minority form and increasingly maligned as a place to grow up. The heterogeneous Foulkesian small group of 7 or 8 members begins to resemble some cultural ideal of family life - mum, dad, kids and extended family. On entering the group each individual seeks to allay the inevitable anxieties of the experience by resorting to hitherto preferred ways of behaving, enabling in the current context but likely to be restrictive in the long run, which unconsciously put pressure on the group to be familiar, to be like their own primary family group. The suboptimal group, usually in some discernible way or other, begins to resemble the family groups of origin of each individual member, so often

fragmented and incomplete. It is for this reason that it can survive. The very familiarity of having grown up in families somehow short of the cultural ideal enables surviving group members to persist.

### *The Incomplete Self*

On entering psychotherapy client feels fragmented and incomplete in relation to their ego ideals and are likely to feel similarly in relation to the psychotherapist. They have sought help to become “more the person I am” or “to become more whole” or something along these lines. The suboptimal group which emerges from these incomplete selves can I think be thought of as symbolising this sense of incompleteness. As a mirror it reflects back the incompleteness of each member - there is something very familiar about it. There should be no surprise that groups so redolent with incompleteness become themselves incomplete.

## **Psychodynamics of the Suboptimal Group**

### *Annihilation and survival*

The suboptimal group has often felt like the unwished for child, depleted and struggling it feels organically damaged and chronically at risk, and I am unable to escape my disappointment. I feel awash with doom and existential anxiety and much less able to adopt an air of analytic detachment. Professional survival, my livelihood and the group’s survival begin to feel too intricately bound up. The struggle to survive becomes uppermost and a profound sense of loss pervades. Each session is prefaced by anxieties, sometimes persecutory, concerning who will and will not be there. I remember sessions starting with just myself, one in particular when I firmly believed that this was it - annihilation. I overcompensate for what feels like an insufficient libido by becoming too present - and of course with fewer people about this cannot be avoided.

### *Present and absent groups*

Members stay away, stop leaving messages, leave, seem to show less interest in each other and collude with each other’s more familiar defensive, regressive or destructive behaviour. I think as a defence against loss, i.e., “I am not going to risk getting to know you because I’m too worried you might leave me, as all the others have.” Under such conditions absence begins to take on a permanent and gnawing presence, the empty chairs frequently outnumbering those filled, and those present gradually become more absent. Over time the group begins to feel split between discernible absent and present groups. Much more work is done outside the group usually in relation to the absent group, through writing letters, seeing people individually as a way of hopefully bringing them back into the group, worrying about absent members and discussing them in

supervision. As a therapist I feel under much greater pressure to look after or shelter those that attend, I become more supportive, less interpretative, less likely to challenge or confront, more likely to nurture links between those present and to steer the group away from conflict. The present group becomes a supportive sub-group taking shelter from the lost or absent group.

### *The wish for individual therapy*

Nitsun places this at the core of the anti-group process. The struggling “bad breast” group catalyses fantasies of a “good breast” therapy, where the complications inherent in group are absent, a place where “I can talk about what is really bothering me” and “where my needs *will be met*”. As each member leaves, the group feels closer to being the wished for object and furthermore, the optimal larger group is increasingly fantasised as the bad unwished for object.

### *Individuals and groups*

When is an individual a group? Intrapersonal and phenomenological approaches blur the conceptual boundaries of individualness and groupness. Foulkes’ (1948: 10) earlier radical voice helps here:

Each individual - itself an artificial, though plausible abstraction - is centrally and basically determined, inevitably, by the world in which he lives, by the community, the group of which he forms a part. The focus of the group therapist, and this is quite probably a defining attribute of the group therapist, is the groupness of experience.

Angela Molnos (1995: 440), an individual and group therapist, argues that in any given moment the group analyst sees the individual in the context of a group and tries to help him to solve his problems within and through the group.

I have conducted a number of group sessions where there was only one group member present and many others where only two or three members were in attendance. At these times I strive to hold on to a group focus, the inner groups, the absent group and so on, despite the inevitable and (often) painful sense that there is no group. In this sense group psychotherapy is not just a therapeutic approach involving a collection of individuals, it is also a method for working with individuals.

### *Not good enough parents*

The group with few members, seemingly unable to take in new members and with permanently empty chairs, is at an unconscious level the unreliable, unpredictable, narcissistically wounded and not good enough parent whom the

member may feel increasingly inclined to look after *or* get away from. Attendance may stabilise about the parenting children, the co-dependent, the psychotically fused, those for whom the group is replicating a familiar dynamic.

*On the difficulty of introducing new members*

Intrinsic to the suboptimal experience is that new members are urgently needed. Equally intrinsic is the pressure to introduce them as soon as they become available, neither at the optimal moment (with sufficient settling-in time before a break) nor with optimal preparation including time for the group to prepare.

The new member enters the group and immediately encounters a struggling group, one in grave need of his/her presence and, paradoxically and frustratingly, a too obvious and acute sense of the group's despair and ambivalence. The new member will be either severely tested and/or closely checked out. A few examples: some or all of the group will be absent; there will be nobody there for the start of the group; the new member will be pressurised to disclose too much of him/herself. Another possibility is that the new member encounters a small but extremely intimate dyad, triad and so on, where s/he feels too excluded or too intrusive and immediately withdraws. This feeling is part and parcel of the experience of joining any group, however there is an amplification within the suboptimal frame, a sense of too much too soon pervades and early drop out is more likely.

*A view based on research*

Research conducted by Fulkerson, Hawkins and Alden, as outlined by Yalom (1985: 283), looked at 5 groups, from a clinic with 19, that met for 6 months or more with four or fewer members and identified 5 "striking characteristics":

- 1) limited member-to-member interaction (the group interaction occurred primarily between patients and therapists);
- 2) passivity (group direction, sharing of time, and the nature of problem solving were all determined by the therapist);
- 3) a negative group "image," (members regarded the group as a "loser's group");
- 4) good attendance (because of a sense of obligation rather than of true alliance);
- 5) poor group development (inhibited, competitive, uninvolved groups).

Yalom's (1985: 284) preferred solution to the suboptimal group is to meld two small groups rather than to continue meeting with insufficient membership.



## Technique

One approach, as an anti-group process sets in or as referrals dry up, is to refuse to collude with the suboptimal group. Sessions below a certain level of attendance are cancelled *or* the group is suspended until new membership is acquired *or* the group is terminated and possibly merged with another. While these responses may be understandable in the search for job satisfaction and the basic need to earn a living, they may also be suggestive of an unwillingness to work with some of the more primitive elements within the group. It is very tempting to give up on what is often an extremely bad experience.

I have an uncomfortable commitment to staying with the group while it is suboptimal. The group which becomes an individual session I bring to an end at 50 minutes, usually with some reluctance, drawing some sort of symbolic line. With two members I am actively engaging each, and if they know each other well, it can feel as if they are a couple. As much as I can - and I am aware how pressurised I feel to steer away from this - I refer material to the here and now experience of the group and encourage reflection on "how we got to this point". Avoidance of the here and now is perhaps a key feature of suboptimal groups. I find myself struggling to contain and bring back the lost or absent group into the here and now and am usually having to remind myself that even though this is not how I would have it, *this is, nonetheless, the group.*

## Psychotherapy in Equilibrium

In my experience the group usually, though not always, survives. A curious thing can occur to the group caught up in what feels like an English cricket team's middle order collapse and for whom the end seems not far off. Surprisingly the rot stops and surviving members begin to settle down. An unexpected and much wished for, albeit unstable, sense of equilibrium is experienced. People stop leaving and those that stay, begin to attend more regularly, often to develop a much more secure attachment than previously seemed possible. While on the one hand there is much talk of this as not the experience they entered the group for, at the same time the group begins to feel more and more like the wished for therapeutic experience, closer to (but at the same time not) individual therapy and smaller than the Foulkesian optimum - which begins to be talked of as too big and threatening. An equilibrium is arrived at while striving to do something else, occurring in the course of group therapy and which, while difficult to break away from, in my experience can have substantial therapeutic value for those involved. What was set up as an analytic group becomes something else, a hybrid, encompassing the occasional individual session, interspersed with sessions of two (couple counselling?), three or four (family therapy?). What emerges I believe is psychotherapy

which straddles a range of forms. It is not what it set out to be, nor is it couple, family or individual therapy. However, it is constantly insinuating these forms. I imagine an aphorism: 'Life is what happens while you are trying to do something else.' Similarly, with psychotherapy in suboptimal groups. And anyway, as we all know, the individual and the group are two ways of saying the same thing.

While the optimal analytic small group is grounded in good sense and sound therapeutic values, it is nevertheless also an abstraction can prove unworkable when conducted in conjunction with certain inevitable realities. What I am suggesting is that the suboptimal psychotherapy group - the unwanted group, the antithesis of the abstract ideal, the group that we often find ourselves conducting - can be worked with. We are faced with little choice if we are to practice group psychotherapy on the front line.

### **Three Suboptimal Groups**

*Group A: An NHS out-patient training group in a predominantly group based service, terminated after 4 years by myself.* Group psychotherapy and a much smaller amount of weekly individual psychotherapy, largely conducted by trainee group analysts, formed the main body of the psychotherapy service offered by this large inner city training hospital. Upwards of 150 patients a year were treated by the service based in a much larger department of psychology, within which psychiatrists and psychologists had their names on the doors - as such their higher status within the institution was clear. The service was managed by a part-time Consultant, the only paid psychotherapist within the department, who was justly proud of what the service offered and achieved despite its scarce means. However, no funds were available to enable groups to continue post-training - at which point they were usually terminated and as such, when one considers the effort required to establish a single slow/open long term group, squandered. A psychotherapy service which is based almost exclusively on the work of unpaid trainees is an extremely economical service for the NHS to provide. Within the hierarchy of state services, in relation to, say, psychiatry or teaching, group psychotherapy is very much a suboptimal profession. Although conditions within the department were generally very favourable to the workings of the analytic model, I could never escape from the difficult feelings arising in me as a result of my position within the institution and relatively poor conditions as a worker, feelings that shaped my work and formed the backdrop for my group.

The group itself lasted for four years and survived with a core of three members who lasted the full course. Over eighty percent of sessions took place with five or less members. The very rare occasions when all members attended (17 out of 174) seemed to bring about only a succession of months fraught with poor attendance. To session 106 I introduced James and Liz, two clients I had been seeing individually for over three years. After three years and with resentment setting in over all the unpaid labour I was having to do, I was bringing my individual work to an end, thus liberating an evening of my tired life. The group would now have 9 members. Only Jimmy, a borderline ex-prisoner, failed to attend - he was the group's least regular attender (less than 40% of sessions). After an hour a familiar conflict erupted between Harry and Jane. Jane, a Crohns sufferer, walked out angry and in tears, leaving the remainder in a state of shock. The following week only two people attended. James and Jane did not return. Liz and Harry missed the next two months.

*Group B: A group in an individual psychotherapy service for young (18-25) people - died after 29 months.*

The service needed to diversify and so introduced a psychotherapy group. The following conditions were insisted upon:

The group should meet at a time when no individual work took place - this could only be Friday mid-afternoon; Assessment should be conducted within the group to create a clear distinction between one to one and group - this was successfully resisted ; I, as the therapist, should attend individual and not group supervision. At the same time I was disallowed from attending the organisation's clinical meeting, except to occasionally present the group. In other words I was the only therapist denied access to a group; The group should have its own distinct referral route and that only people specifically requesting group during first contact with the agency should be assessed for group. For some years now there has been a substantial waiting-list alongside a group with suboptimal numbers; all clients are offered a maximum of 2 years in group to keep in line with the general practice of the agency.

*Group C: A young people's group in a large organisation with many groups, still surviving after 4 years.*

This is a large psychodynamic counselling and psychotherapy service offering a wide range of more or less subsidised treatments and trainings. There is a large demand for training clients and as a result there are usually too few clients to sustain the number of live groups. Additionally there are perennial financial pressures to fill each group. The regular issues concern the too few counsellors recommending group at the assessment level and the dearth of 'good' men for groups. The pay is poor.

## Conclusion

There are socio-cultural, economic, institutional and intrapsychic pressures at the root of the suboptimal group, an unintended and unwished for form of group psychotherapy which when persisted with operates at the boundaries of individual, couple and group psychotherapies, treading a fine line between annihilation and survival. An unsteady equilibrium can establish itself, one I suggest can be worked with. It is very painful to conduct and there are pressures to avoid it, however my experience would suggest, contrary to Foulkesian idealism, that where certain conditions prevail and group psychotherapy is to be offered, we are faced with little alternative.

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