

## Re-experiencing the Family Constellation in Group Psychotherapy<sup>1</sup>

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To those of us who share the Adlerian heritage, the concept of the *family constellation* as a cornerstone and key to human growth and development is basic. However, frequently such basic insights must be rediscovered in a new context to grant us a full realization of their depth and significance. Group psychotherapy affords us a special opportunity to observe the significance and validity of the concept of the family constellation in its developmental and therapeutic implications.

In a therapeutic group where anywhere from eight to ten individuals meet and try to work out their problems, the re-experience by each individual of his own entire network of relationships in the group becomes an inescapable fact. Even therapists of different theoretical persuasions feel forced to explain the behavior and feeling of their patients in terms of the original household rather than in terms of the traditional two-way relationship between parent and child (3). In individual therapeutic sessions the presence of only two persons, therapist and patient, limits the patient's reactions; the presence of numerous people in the group, peers and elders, male and female, makes more feasible the re-experience in each person of his first group—his own family.

Three significant aspects of the group psychotherapeutic process will now be selected in an attempt to show how individuals reveal and re-experience their own family group climate:

- 1) Already in the beginning phase, just prior to and immediately after the individual enters the group, the patient's role in his family becomes manifest.
- 2) This manifestation of family role can be best understood if we examine the total network of his group relationships, both in the historical and contemporary group.
- 3) The network of relationships as they are revealed in the therapeutic group are not merely diagnosed and observed but are re-experienced by the group member and are therefore of great therapeutic import.

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### *Manifestation of the Patient's Family Constellation in Group Therapy*

Prior to his entrance into the group, the reactions and anticipations of the prospective group member tend to reflect the role he assumed in his own family unit; these anticipations also frequently reflect the role the new member typically displays in all his group relationships. One patient questioned the value of the group in this manner: "I know so much about psychotherapy; I am not naive; naive people bore me; I need someone to challenge me who is not on a primitive level." This man acted much like an older sibling whose responsibility it was to protect and attempt to control the younger ones. This was borne out by the patient's history which indicated that he had always considered his family a burden; and he responded to it with a domineering, arrogant attitude.

Another patient stated, "I cannot talk in a group; I don't know what to say. I'm too dumb to ask questions and I get panicky when others criticize me." In terms of her own family relations, this comment reflects the attitude of the youngest who felt she could never "get in" and be part of an intimate older group.

Then there is the patient who voices the objection that he would like to work with the therapist alone: "I'd like to get to the bottom of my problems, to concentrate on my problem, not on those of other people. I don't see how a group of people can reach my conflicts as deeply." Similarly, many patients respond with: "How is it possible for you to have time for me? I really need your help. You will have six or seven other people to pay attention to." These comments express the desire for the sole possession of a parent. A person who makes this exclusive demand is often one who was able to relate strongly only to one or to neither parent and he craves a completion of the relationship which he feels inadequate to attain. He may be an only child, yet have never established an intense one-to-one relationship; or he may be a child of a larger family. Under either condition he feels he has not received his share of attention.

These attitudes, consistent with earlier family roles, were expressed prior to entering the group. This attitude also shows up in myriad ways, verbal and non-verbal, after entering the group. For example, the patient who fears close contact with a group, will move his chair and by moving near the wall may physically remove himself. One young man struggled with and fought his middle sibling position. He was unable to reconcile the conflicting roles of being both the younger

and the older and actually refused to sit between two group members. He felt impelled to get out of that seating arrangement on a number of occasions. Another group member tried to secure the attention of the new family. She immediately plunged into a protracted quarrel. This had been her only device to reach her family. Clearly, the possibilities whereby the patient's own family role becomes evident in his group role are too numerous to outline.

The foregoing remarks were intended to show that the reactions of patients to the group furnish important diagnostic clues about their conception of and experience in their own families. However, the major theme of this paper goes further. It is proposed next that a significant element in the patient's development, both in early life as well as in the contemporary group, is a total network and climate of relationships.

### *The Family Constellation—The Sociogram of the Group*

The most significant aspect of Adler's concept of the early family experience is the notion of constellation signifying pattern, *Gestalt*, an entire network of relationships (2). Therefore, we are guilty of oversimplification if in describing a person's family group we merely give an itemized statement of attitudes to either brothers or sisters, older or younger siblings. The family constellation connotes a total climate, a sociogram of the family which is manifested by any particular relationship between members. This climate, rather than any particular set of reactions, is re-aroused in the group. I believe these manifestations provide us with new depths to Adler's brilliant insight.

The total fiber in the group is well illustrated by the reaction which the addition of a new member evokes in a well established group. The intrusion represents the threat to "the established order." The reception given to a new sibling varies. Some members may be vaguely dismayed over the new peer, for he represents another person, another important member of the household who will draw the limelight from himself or take up time to get the therapist's (parental) attention. For others the addition of a new group member can be deeply threatening and result in a rather intense expression of panic, anxiety reaction, including somatization. Besides these individual reactions, the intrusion results in a realignment of loyalties and a shift of dominance and leadership, involving all people, including the therapist.

The inter-relationships operating in the group constellation are illustrated in the following case:

Leonard, a 29 year old Ph.D. in mathematics, initially responded to the group with aloofness and indifference. He sat at a distance from the other members, smoked his pipe and hardly spoke. He did relate one of his early dreams which reflected his role of being an outsider: "The boys were playing in the street and I was standing aside—there was a policeman who was watching." Some of the more specific attitudes toward group members which he projected onto two girls, Martha and Sophie, gradually emerged. Martha was a solidly built, strong girl, much like Leonard's older sister whom he regarded with suspicion and resentment for having exploited him; Sophie, a petite, fragile girl of definitely feminine movement, seemed to remind Leonard of his younger sister and he regarded her with greater affection as requiring his tender protection. Leonard became hostile toward Martha and accused her of ingratiating herself with the therapist—a mother figure. He felt impelled to fight Martha. However, he was extremely protective and warm toward Sophie, revealing here for the first time feelings of affection and kindness. Thus, it was a crucial shock to him when he became sensitive to an increasing closeness of Sophie and Martin, another group member. Martin was the male member whom Leonard had admired most strongly at the time. He was a combination of broad-shouldered maleness with a sense for the practical (Martin owned a tool chest as had Leonard's father); he was intellectually successful—a lawyer who appeared to have much status. Martin thus represented Leonard's idealized, unrealistic image of manhood. The increasing closeness between Sophie and Martin made Leonard re-experience his failure in a rivalry with a man. At this point, after having shown signs of progress, he seemed to give up the struggle, withdrew and his old symptoms reappeared.

This case demonstrates the concept of family constellation as it operates in the group. Leonard, like most patients in the group, apprehended his family situation swiftly, intuitively, as if he were actually re-living his original family milieu. In an uncanny manner, at every step he seemed to sense numerous changes in relationships. Thus his reactions to Sophie were continuously redefined and altered as a result of Sophie's reactions to Martin, because of Martin's reactions to Sophie and the therapist. No simple two-way analysis of brother and sister, older and younger, mother and son, etc., would make Leonard's experience and reaction meaningful. Leonard experienced and apprehended a genuine constellation to the extent that the relative position of all the members making up his group were simultaneously affected by any change befalling a single member.

## *Reliving the Family Constellation*

The re-living of the family constellation, as was indicated in Leonard's case, requires the elaboration of a theoretical point which has been implicit in the entire presentation. The close correspondence between reactions to group members and to those of the original historical family suggests that a process occurs in group therapy in which original attitudes are transferred to contemporary relationships and so also to the therapeutic group. This idea of transferring of attitudes may have undesirable connotations for many of us; it may suggest concepts, such as the transference of libido; these are not implied here. Transferring of attitudes is used here in an operational sense to describe a shift or generalization of attitudes and reactions from early life experience onto surrogates evoking similar attitudes at a later time. I feel that by explaining the ongoing dynamics, as they occur in the therapeutic group, as a transferred prototype of early experience, we can give the concept of the family constellation deep therapeutic meaning. Whereas the original family constellation was a cornerstone in the structuring of personality, the transferred family constellation in the group is a cornerstone in the re-structuring of personality.

The characteristics of transferred family attitudes emerging in group therapy can only be outlined here briefly:

1) The experience of transferred family reactions in the group does not necessarily correspond to the historical family in terms of overt objective criteria; i.e., age, sex and physical appearance may be distorted by the patient's private logic. Fraternal attitudes may be expressed toward women group members; parental attitudes may be expressed toward members of the same age.

2) The manner in which the patient selects cues which will elicit transferred attitudes is irrational and apparently quite arbitrary. The sound of another person's voice, the appearance of certain symptoms, headaches or gastric complaints, the emergence of certain types of fears, may be sufficient to set off a transfer reaction.

3) Though triggered off by slight manifestations, the transferred and often distorted reaction to group members is compulsive and repetitive.

The impelling repetitive quality of transferred reactions demands documentation. Debbie, a married woman in her late twenties, revealed incidents of asthmatic attacks the onset of which corresponded to the birth of her youngest sister when the patient was five years old. These attacks slowly subsided and the patient believes that by the age of eight

they had completely disappeared. However, after Debbie had been in the group for only a short while, she reacted to the entrance of a new member with acute anxiety attacks, heart palpitation and breathing difficulties which would end in asthma-like attacks. In her associations and recollections the patient was clearly aware of the connection between childhood symptoms and present reaction; yet the symptoms reappeared in an automatic and reflex-like manner whenever a new member was added to the group. Only with recurrence of the episode and as she was confronted with its meaning repeatedly, did these symptoms diminish in intensity.

This repetitive evocation brings to awareness the role, goal and *life style* (1) which the patient maintained in his earlier nuclear family and during most of his adult life, either in his marital or in his group relationships. However, there is one crucial difference in the revealing of his life style between childhood and marriage on the one hand and in the therapeutic group on the other. In the group he is confronted with his own transferred reactions again and again, not by one, but by several members.

The many simultaneous reactions of group members to his life style have a strong emotional effect on the group member and lead to a new conscious experience which he has not heretofore accepted. This is the working-through phase of group psychotherapy in which the transferred family attitude, elicited again and again and experienced again and again, makes the patient aware of his life style and those of his goals which interfered with more wholesome human relationships. By reducing the irrational, transferred attitudes to a relative minimum and by removing those blocks which lead to a biased perception of family prototypes, a new type of group awareness emerges and hence a social awareness results which may be described as an emergence of greater social feeling.

#### REFERENCES

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