Egypt. J. Psychiat. (1979), 2, 205—220

The Phenomenon of Dependency in Group Therapy

by Y.t. Rakhavry, A.R. Fawzy, E. Hamdi and E.R. Mahfouz.

ABSTRACT

A clinical study was carried out into the phenomenon of dependency in a psychotherapeutic Material which was tape recorded and evaluated by two participant observers and a third rater. The study came out with the following conclusions:

1. **Dependency is part and parcel of the interactive long psychotherapeutic group as much as it is part and parcel of human existence.**
2. **Dependency takes several forms all of which co-exist in the same group but gradually some forms preponderate with the aging of the group.**
3. **Pairing, group dependency, and therapist dependency are relatively early phases but are never disposed with.**
4. **Therapeutic group dependency is that when the individual comes to realize that his only means of securing his dependency is through achieving it from multiple sources, declaring it consciously on equal grounds and is able to free himself, at least temporarily from its harmful or handicapping effect whenever needed.**
5. **A longitudinal look at every individual should always be supported by a transverse look into his right for all forms of attachment to others.**

INTRODUCTION

The problem of dependency did not receive adequate emphasis in the literature on psychotherapy. Authors, who wrote directly about dependency as a recurring phenomenon in the psychotherapeutic group (Bion, 1974; Wolf, 1975), viewed it as a hazard that ought to be avoided.

Bion (1974) described the dependency assumption as the state in which the group members come to believe that the leader is the only purveyor of cure and the reliever from anguish and torment. How this is going to happen is, in the minds of the members, to come through a magical, easy way. The other two basic assumptions described by Bion might be regarded as different forms of dependency. Although Bion did not state that clearly, we might view that the fight-flight mechanism is another version of the dependent position of the group members, who come to depend on the idea of the existence of the group **per se** and not for a particular goal. Such dependency is symbolized in selecting the most paranoid member as the leader, i.e., protector of the group. A similar analogy can be understood from Bion's 3rd basic defensive assumption, viz. pairing. Dependency of the group, in this case, is upon a fantasy of being salvaged by a would be Messiah, thought to be the offspring of a peer pair from the group which they bless.

The first assumption of Bion thus becomes a dependency upon the therapist person, the second is upon the group itself and the third is upon a fantastic idea. All three are defensive side-roads in which the group indulges itself in order to avoid task oriented interaction.

Wolf (1975) is another author who spoke of the harmful aspects of dependency upon the therapist. He advocated the technique of the alternate session, in which the therapist regularly drops from attending, in order to facilitate weaning of the members from their dependency upon his person.

From another aspect, the transference phenomenon was given adequate stress in the literature about psychotherapy. It was regarded as an important curative factor in the group, whether it be towards the therapist or towards other members of the group (Corsini and Rosenberg 1955; Yalom, 1975).

However, both dependency and transference are closely allied phenomena. The emotional state that facilitates the process of ascribing to objects qualities that they actually do not possess is quite fairly des-

cribed as that occurring in a dependent situation. In both dependency and transference the object is fitted with qualities it does not actually possess; in both there is the fantasy of omnipotence of the father and the aggression stemming from the rivalry with him. It might be argued that transference might be a negative one, but here we remember Storr's explicit statement that dependency is always coupled with aggression stemming from the need for individuation and independence (Storr, 1968).

Such a description might make dependency and transference seem as two terms for the same phenomenon. Actually, we can think of dependency as the essential dynamic background while transference is the manifestation. Whenever there are objects, there are lines of tension and valencies, either repelling or attracting, stemming from our inherent need for protection and safety. This is a safe conclusion from the writings of Guntrip, Fairbairn, Kleine, Horney and Rank.

What might have now become evident is that dependency is probable or even necessary in a persistent group. Obviously, the most elected member for such relation is the therapist.

Facing dependency, might have been a driving force contributhing to the ideas of therapists, advocating the group as a whole approach, who do not want to sail in unfavourable waters.

The questions raised by this work are :

1. Does dependency actually exist in the therapeutic group ?
   If it exists :
2. What form or forms does it take ?
3. Is it therapeutic, or antitherapeutic, or irrelevant, or all combined ?
4. If a possible therapeutic dependency exists, what are its basic promoting and hampering conditions ?

The attempt to answer these questions is going to be collective, and as far as the reader allows we hope to elucidate our observation through a clinical interpretative approach.

MATERIAL AND METHOD

A long term therapy group was selected for studying the phenomenon of dependency among its members. The group had been going for about 2 years before the research started, giving an ample chance to study a deeper layer of relatedness of its members.

The group is closest to what Foulkes (1975) called a slow open group; being composed of 19 members with an average duration of attendance of one year.

Thirteen successive sessions were studied in two ways :

1. Tape recording of the sessions.

2. Attendance of two participant observes to complete the non-verbal picture of what was happening.

The material was further discussed with a third rater who did not attend the sessions in order to guard as much as possible against the subjective bias coming from personal involvement of the two participant observers.

The material was analyzed for :

1. Overt or covert statements of dependency.

2. Response of the therapist towards such dependency claims.

3. The general response of the group to dependency claims.

4. The relation of dependency to the particular patient and to his progress in therapy.

TABLE I

The Name, Age, Sex, Occupation and Marital State of the Members of the Group*

Name	Age	Occupation	Marital state
1. Aida	25 y	Engineer.	single
2. Ali	30 y	Government employee.	single
3. Amal	37 y	Government employee.	single
4. Atef	40 y	Engineer.	married
5. Ayman	23 y	Medical student.	married
6. Fayza	32 y	Physiotherapist	married
7. Hala	21 y	Medical student	single
8. Hoda	23 y	Medical student	single
9. Hassan	24 y	Dentistry student.	single
10. Ismail	21 y	Engineering student	single
11. Magda	21 y	Medical student	single
12. Nashed	27 y	Student in the faculty of sciences.	single
13. Nasser	27 y	Dentist.	single
14. Salwa	31 y	House-wife.	married
15. Waguih	37 y	Government employee.	married
16. Warda	30 y	Medical doctor.	married

* Members No. 17, 18 and 19 are trainees.

TABLE II

The Diagnosis and Family History of the Members of the Group.

Name	Diagnosis	Family history
1. Aida	Personality Pattern Disorder : schizoid fanatic personality (11.00)	* No family history of frank mental disorder
2. Ali	Schizophrenia : paranoid type 07.3)	* No family history of frank mental disorder (a creative father)
3. Amal	Chronic Delusional Paranoid State (08.1)	* Obessive Compulsive Neurosis * Suicide. * Paranoid State.
4. Atef	Manic Depressive Illness : depressive type (06.0)	* Manic Depressive Illness : manic type.

TABLE II (Cont.)*

Name	Diagnosis	Family history
5. Ayman	Schizophrenia : incipient type (07.1)	* No family history of frank mental disorder.
6. Fayza	Immature Personality : passive dependent personality (11.20)	* Epilepsy. * Paranoid State
7. Hala	Anxiety Neurosis (10.0) Personality Trait Disorder : dyssocial (11.13)	* Epilepsy.
8. Hoda	Personality Pattern Disorder : schizoid personality (11.00)	* Schizophrenia.
9. Hassan	Schizophrenia : pseudo-psychopathic type (07.9)	* Suicide * Personality Pattern Disorder : antisocial * Undifferentiated psychosis.
10. Ismail	Personality Pattern Disorder : schizoid personality (11.00)	* Eccentric religious traditions * Acute undifferentiated schizophrenia.
11. Magda	Schizophrenia : incipient (07.1)	* Manic Depressive Illness. * Suicide. * Obsessive Compulsive Neurosis
12. Nashed	Schizophrenia : residual type (07.8)	* Paranoid Illness. * Personality Pattern Disorder : antisocial
13. Nasser	Schizophrenia : incipient insiduous type (07.1)	* No family history of frank mental disorder
14. Salwa	No psychiatric disorder (16.1)	* Periodical psychosis. * Schizophrenia.
15. Waguih	Chronic Delusional Paranoid State (08.1) Personality Pattern Disorder : antisocial (11.04)	* Personality Pattern Disorder : antisocial.
16. Warda	Manic Depressive Illness : depressive type (06.0)	* No family history of frank mental disorder.

* Members No. 17, 18 and 19 are trainees.

RESULTS AND DISCUSSION

The pertinent informations concerning the members of the group are listed in Tables 1 and 2. Throughout the research, dependency, as a unique phenomenon, was found to recur again and again in the studied group. Sometimes, it was direct and discrete, and sometimes it was hidden and unconscious. Sometimes, it was useful and productive, and sometimes it was useless and handicapping. Mostly, it was directed toward the therapist in person, but sometimes it was an intermember event. The factors that need to be considered in this respect might be :

1) The technique used being an individual in the group approach rather than a group as a whole approach. Such an approach always came to the stage of the therapist as a person, an involved person, whose attitude, stand and point of view are important to examine, scrutinize, use or discard.

2) The personality of the therapist, which is difficult to describe, rather can be deduced from his attitude in the group. He is bold, with an opinion about life, empathic, non permissive, aggressive at times, emotional and, above all, gives the impression of responsibility and care. Such a picture, which is closer to that of a strong father, seems to have contributed to the emergence of the numerous dependency ties observed in the studied group.

3) The long life of the group, approximating 2 years, which is in itself a factor that suggests the presence of a dependency relation within any psychotherapeutic group.

If we now attempt a close look at the available material we can observe a number of relational forms all of which might be called dependency.

I. — Pairing Relations :

By pairing is meant a special inclination of two members of the group to come to rely upon each other, deriving mutual support and

emotional gratification. The term was used by Bion (1974). Bion described the attitude of the group towards such pairing relations to be encouraging or applauding (vide supra), but in the studied group such relation was almost always condemned or attacked bv the members for its defensive function and alienating effect.

Hossam and Hala were starting a pairing relation in one session. This relation attracted the attention of the group where all members became skeptical and reserved, each wanting to show the pair how the exclusion of others is at the expense of mutuality and sharing between both, defeating their own purpose from the relation.

A more important form of dependency that appeared in the studied group was that of marital dependency. The group has been attended with three marital couples. One couple came to the group complaining of their continuous struggles that culminated in divorce twice ; they had only their present chance of marital life. In the group, their relation was exposed. There was a strong contradiction in the stand of each. The husband was always expressing a reckless and hopeless attitude of his wife's ability to understand and relate to him, while at the same time he showed marked fear of her rejection. Such a discrepancy declared his unconscious dependency. The wife did the same; she repeatedly expressed her want for freedom and independence, but meanwhile it appeared at times that she was markedly insecure, and whenever she shouted out loud for independence it was at that time that she craved for dependence and protection. The relation was an example of frustrated dependency needs on both sides. The husband appears paranoid unable to identify his emotional needs from his wife, and the wife always reacting against her own needs.

The second marital pair seemed to be going successfully until their eldest son decompensated in an acute psychotic episode. Later, the husband presented with a picture of depression. Both joined the group, and in the group the problem of frustrated dependency again appeared. In one session the therapist suggested a statement that reveals the unesca-

pable need for dependency inherent in marital relations. In another session, again the wife responds to the therapist's inquiry by saying that her own security stems from maintaining her husband's fear of her rejection. Here, we can sense both the bribe and threat inherent in a dependency relation. The wife is telling the husband, "I am bearing your weight. It's only me who can feel you", and the husband becomes more secure by a similar attude. Bowen (1975) hypothetized that behind any need for togetherness between marital couples there is another inherent need for individuality. The release of such forces, as he states, leads to gradual self-differentiation and reorganization of the need for togetherness on a higher level of adaptation. We will try to explore later how the group dealt with such situations and how the therapist in particular, managed his way through them. Here we can say that the need for individuality described by Bowen, might be the inner protest against an insecure relation, viz. dependency.

II. — **Group Dependency :**

In this context, we mean by group dependency, the dependency of one or some group members upon the idea of protecting the group and regarding it as the only vehicle of salvation or cure. Such an attitude evident in session No. IV, when Hossam attacked another member (Salwa) for wanting to leave the group. He said "what chances do you have outside here". Again it revealed itself in the attitude of one member (Waguih) who stated that he was going to attend the group for ever.

We should not take it for granted, however, that clinging to the group is harmful. Yalom (1975) stated that members of a successful group come to realize their group experience as the most important event in their lives. Thus what we might regard as the positive aspect of group dependency, group cohesiveness, is actually indispensible for successful therapy. It is the emotional matrix upon which are based the roots of empathy and identification, and which renders tolerable the acquisition of painful insight into self. It is impregnated in the mere fact of a number of persons regularly gathering for the purpose of their well-being and success. It appeared in the studied group to be running

on regularly and as stated by one member "If I want to feel with myself, I know that I should feel with others".

III. — **Dependency upon the Therapist:**

This is the most difficult type of dependency. It is difficult to assess, or separate from an actually therapeutic relation. From a first impression, dependency upon the therapist, is regarded as a harmful hazard, for which nullifying forces ought to be engendered. However, in this context, we hope to be able to pose such phenomenon as a necessary stage in the process of therapy. Actually speaking, from what we have observed in the studied group, we found that all members were dependent upon the therapist, but we ought to say that in every case, dependency took a different form. To give inclusive illustrations we find Hoda in one session, accusing her fellew member Hala of wanting to be petted by the therapist, evidencing her claim by saying that Hala always sat beside the therapist. This evident projection is clear. In another session, Ayman asks the therapist to help him see his way to responsibility and sharing all through a feeling of omnipotence of the therapist. The same process of idealization is evident in Ali's blind conformity to the therapist's invitation for his attendance without internal conviction. Another example of idealization at the expense of personal involvement or frustration, appears in Hossam's statement in session X, that he is getting along with the therapist's school or "Tarika".*

Such statements and attitudes, if taken at face value, represent resistances in the sense that they form a distorted image of the therapist. However, we should not forget that dependency and idealization are both out growths of an ongoing relation between the therapist and his patients. They mean that something is going on instead of a static negative stand. In this respect, we recall how transference is so important in psycho-analysis, its utilization and analysis forming the backbone of therapy.

---

* An arabic word used by the Sophi groups.

To complete the picture, we have to go a step further to examine the counter phenomenon which is dynamically equivalent to dependency, i.e. aggression. We noticed that it presented regularly throughout the studied group. It is the aggression so concomittant with dependency, that might have made Storr (1968) states "the more dependent a person is upon the love of another to sustain him, the more will he feel threatened and therefore hostile if this love is withdrawn".

In the group, it was evident that when the therapist does not accept dependency, aggression would appear. This was the case in many of the above mentioned incidences. When Hoda accused Hala of wanting to be petted by the therapist; the therapist hinted to her projection. Hoda became immediately aggressive towards the therapist accusing him of wanting to be dependent like her, but incapable of it. In one session, Ayman asked the therapist to help him, the therapist reminded him that what he is, is what he chooses, and that the therapist is only a fellow who gets pleased when someone strides along the same path. At that point, Ayman suddenly turned against him saying "You can do nothing for me, you don't feel with me".

A more direct example is seen in another session, in the case of Essam who is a trainee, and who attacked the therapist, after the latter invited him to be initiative in the group.

Essam attacked the therapist unrealistically accusing him of wanting to jail the members to follow rigid ideals or standards of living, and to follow fanatic goals.

It is evident from the above mentioned interactions that every member settles upon an idea of being nurtured, favoured and protected by the therapist. Whenever the therapist frustrates this need, aggression is bound to appear stemming out of the immense feelings of rejection.

Up till now we have scarcely discussed what happens when the group becomes confronted with one or another form of dependency. We have only mentioned how pairing as a phenomenon appeared in this

group inspite of its long life, and how the reaction of the group was not an applause in any sense, on the contrary, some were reserved, and others were enthusiastic at demonstrating to the pair that the exclusion of others is an escape from the pain of relatedness. What was noticed in marital pairs was nearly the same. The group seemed sensitive to signs of covert dependency between marital couples. However, the reaction differed from member to member to therapist. One member, like Waguih (a married member), would seem to condemn any sense of care and protection between couples, which was at one time (session VIII) interpreted as a reaction formation to hide his own dependency on his wife. Another member, Essam (also married), invited Fayza (another married member), to see and accept her dependency needs upon her husband. The therapist, on the other hand, would direct the interaction. At one time, he spoke to Atef and Salwa, after the latter declared her dependency needs upon her husband, "Now your interdependency became a fact, a choice, a deliberate choice, and no more, a complaint or an attitude of a sacrifycing hero".

Group dependency, as presented in the fight-flight assumption of Bion, was a self defeating argument in the studied group. Whenever it was raised it appeared odd and was attacked by the whole group. This signifies one thing that therapy in this group was not an easy endeavour by its members. It did not mean to them a superficial escape from reality to a closed commune, but rather it represented a painful assimilation of the facts of reality into a still humane tautological existence.

We have mentioned before why we thought that dependency is a prominent phenomenon in the studied group. But we have not mentioned how the therapist manages such dependency claims. From what we have found we can say that each one member can be seen to pass through successive stages of dependency, each with its characteristics and effects on his personal growth and adaptation. We cannot help to assume that the ultimate solution for the basic infantile dependency need which we all possess, is not what Perls (1972, 1974) called "The transition from environmental support to self-support". This has not been that simple

throughout the studied group. It would be fallacious to assume that a human being, and not God, can face a threatening world, in which survival is for the fittest, without some sort of environmental support. But the essence of the group in this studied approach is to render such need for protection, or in other words dependency, more conscious and mutual, more humble and securable by its representation in a number of persons instead of being monopolized by one. Sometimes, this conscious interdependency was acted out in the group and called the honest bargain. Such a solutior is an attempt to by-pass the unavoidable insecurity inherent in any dyadic relation.

To achieve such ends, we have found that members of the group start their therapy by a strong inclination to repeat their extra group efforts through pairing. When this is tried in the atmosphere of the group, it fails gradually and is superceded by the next phase of dependency upon the therapist. The later solution is also beaten both ways. First, the therapist himself has passed the stage of investing his own needs in his patients, and second the member himself is never really satisfied. Through a slow process of friction, frustration and continuity, the need becomes attached step by step to other meaningful persons in the group, who act as supports or buttresses for the individual in his daily life, a sort of healthy group dependence. The final stage, comes through the ability of the member to create for himself multiple relations in his outside world from which he can derive acknowledgement and satisfy his recognition hunger, as Berne (1966) used to call it. Moreover, the type of dependency that is allowed and reinforced, stage after another, does permit a flexible volitional in-and-out relation to replace the threatening unconscious in and out-program (Gruntrip, 1974).

If we take a practical look into what actually happened, we can see that these stages are neither discrete nor absolute. We can see an individual passing successively through the stage of pairing but surrendering a bit of his needs to the therapist and then to the group. He does not lose his longing for a dyadic attachment, but every time he "passes into fire" (Perls, 1974) he surpasses part of his needs to a greater

scope of relatdness to others. It is a continuous process that does not end. But every time we look cross-sectionally, we find islets of pairing, islets of dependency upon significant figures, and islets of attachment to a broader group. The latter enlarges at the expense of the former.

Such a look allows us to do justice to human potentialities but more to its limitations. The latter stand giving us safe distance from fanatic claims of self support or complete independence or individuality.

REFERENCES

Berne, E. (1966) ***Principles of Group Treatment.*** New York : Grove Press, Inc.

Bion, W. R. (1974) ***Experiences in Groups and other papers.*** New York : Ballantine Books.

Bowen, M. (1975) Family Therapy after twenty years. In Arieti, S. (ed.) ***American Handbook of Psychiatry.*** 2nd ed. Vol. 5. New York : Basic Books.

Corsini, R.J. and Rosenberg, B. (1975) Mechanisms of group psychotherapy : process and dynamics. In Rosenbaum, M. and Berger M. M. (eds.) ***Group Psychotherapy and Group Function*** New York : Basic Books.

Foulkes, A. (1975) On Group Analytic Psychotherapy. In Rosenbaum. M., and Berger M.M. (eds.) ***Group Psychotherapy and Group Function.*** New York : Basic Books.

Guntrip, H. (1974) ***Schizoid Phenomena : Object - Relations and the Self.*** London : The Hogarth Press.

Perls, F.S. (1972) ***In and Out of the Garbage Pail.*** New York : Bantam Books.

Perls, F.S. (1974) ***Gestalt Therapy Verbatim.*** New York : Bantam Books.

Storr, A. (1968) ***Human Aggression.*** New York : Bantam Books.

Wolf, A., (1975) ***Psychoanalysis in groups.*** In Rosenbaum M., and Berger, M.M. (eds.) ***Group Psychotherapy and Group function.*** Revised Ed. New York : Basic Books.

Yalom, I. D. (1975) ***The Theory and Practice of Group Psychotherapy.*** 2nd (Ed.) New York : Basic Books.

AUTHORS

Y.T. El-Rakhawy, M.D., M.R.C. Psych., D.P.M. and N., D.M., Professor of Psychiatry, Cairo University, Egypt.

A.R. Fawzy, M.D., D.P.M. and N., D.M., Professor and Head of Psychiatric Department, Mansoura University.

E. Hamdi, M. Sc. (Psychiat.), Assistant Lecturer in Psychiatry, Cairo University.

R. Mahfouz, M. Sc. (Psychiat.), D.M., Director, Dar El-Mokattam Hospital For Mental Health.

الملـــوجز

« ظاهرة الاعتمادية فى مجموعة علاجية »

أجريت هذه الدراسة لبحث ظاهرة الاعتمادية فى مجموعة تمـــارس العلاج النفسى الجمعى · وقد سجلت مادة البحث على شرائط تسجيلية وقيمت باثنين من المشاركين فى المجموعة وثالث خارج المجموعة · وقد خلص البحث الى النتائج الآتية : ـ

١ ـ تعتبر الاعتمادية جزء هام ونتيجة للتفـاعل الطويل فى مجموعة العلاج النفسى كما هى على النحو الأشمل جزء ونتيجة لوجود الانسان ذاته ·

٢ ـ تأخذ ظاهرة الاعتمادية أشكالا عـــديدة وجميعها تتعايش فى المجموعة الواحدة ولكنها فى النهاية تتبلور فى بعض الأشكال المحددة وذلك اذا أخذت المجموعة وقتا طويلا ·

٣ ـ تعتبر الثنائية والاعتماد على المعالج النفسى مراحل مبتدئة نسبيا فى المجموعة العلاجية ولكن لا يستغنى عنها بالمرة مع مرور الوقت

٤ ـ تعتبر الاعتمادية فى المجموعة علاجية حين يتحقق الفرد من أنه يستطيع أن يحصل على رغبته من مصادر متعددة ويعلن عنهـا بدرجات متساوية وحين يستطيع أن يحرر نفسه ولو بصفة مؤقتة من آثارها الضارة والمقوقعة حين تدعو الضرورة لذلك ·

٥ ـ يجب باستمرار أن تقترن النظرة الطولية الى أى انسان بنظرة مستعرضة تدعم حقه فى الحصول على جميع أنواع الاتصـــال بالآخرين ·

ABSTRAIT

Le Phénomène de la dépendence dans la Thérapie du Groupe

Une étude clinique du phénomène de la dépendence dans un groupe psychotherapeutique a été faite. Le matériel a été enregistré et evalué par deux participants et un troisième observateur. Les auteurs en ont déduit les conclusions suivantes :

1) La dépendence fait partie du processus psychotherapeutique du groupe comme elle fait partie de l'existence humaine.

2) La dépendence peut prendre differentes formes et celles-ci peuvent exister en même temps dans le même groupe mais peu à peu certaines formes deviennent plus prépondérantes avec le vieillissement du groupe.

3) L'accouplement, la dépendence sur le groupe et la dépendence sur le thérapeute sont des phases prématurées mais on ne peut pas s'en disposer.

4) La dépendence est dite psychotherapeutique quand l'individu arrive à réaliser que le seul moyen de rassurer sa dépendence à travers différentes sources, la déclaration conscience de cette dépendence et la capacité de pouvoir s'en libérer, au moins temporairement de son effet nuisible.

5) Une perspective longitudinale de chaque individu doit être continuellement supportée par une vue transversale considérant son droit dans toutes les formes d'attachement aux autres.