Anatomy of a Casualty

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INTRODUCTION

After facilitating hundreds of groups across two decades, a staff the authors knew well experienced its first "casualty." After trying to make sense of the incident, the staff realized they were not asking what they could learn from this event because they had fallen into a defensive mode. They asked the authors to examine what occurred, the ramifications of the event, how it might have been avoided, and provide some greater perspective.

The authors did a thorough review of the group dynamics literature to find what is known about casualties and were shocked by the minimal attention the theme of casualties ("adverse effects" as it is called) has received. Some research began in the 1960s and continued until the early 1980s but since then it has been rarely discussed. Why has this topic not been adequately researched and debated in our scholarly literature? Have we all gone underground with our concerns? Are there no casualties any more?[1]

We began with a concern about a casualty in a specific group but soon realized there was a bigger issue. Every day we hear of the human carnage created by contemporary organizational practices: for example, people getting crushed during mergers and acquisitions, individuals being scapegoated by work groups, children having their creative potential squashed by classroom dynamics, and children shooting children in schools. Human systems create casualties every day. What we understand about casualties in experiential groups could be of great value to the larger world if we can discover what it takes to foster healthy dynamics in groups and organizations in everyday life.

The casualty concept needs reformulation. Most of the literature has been framed at an individual level and as a quest to work out "how to avoid casualties." We now know that much of group life is driven by the dynamics cascading into them from the social, organizational, and cultural settings within which they are embedded. The task ahead is to grasp the impact of collective dynamics on individual health and to discover what interventions contribute to healthier group and organizational dynamics.

This chapter begins with a review of the literature on group casualties and then recounts a particular casualty, analyzing it from individual, group-as-a-whole, intergroup, and systemic perspectives. The authors then illustrate how the insights gleaned from this analysis were recently applied in the same setting and a potential problem was handled very differently. They conclude by arguing why the "group casualty" concept needs to be reframed.

Review of "Casualty" Literature

The "group movement" in the U.S. began with the interpersonal learning model conceptualized by Lewin and his followers shortly after WWII and developed by the National Training Laboratories (NTL). These groups helped people learn about their own behavior through personal feedback, the sharing of interpersonal observations, and analysis of the evolving group dynamics when there was no directive leader and an ambiguous authority structure (Benne, Bradford, Gibb, & Lippitt, 1975). The movement was influenced by the Group Relations work done at the Tavistock Institute (U.K.) in the 1950s. The Tavistock model was based on theory similar to NTL's, but by the time it was established in the U.S., the focus was on group-as-a-whole, intergroup and systemic dynamics, and how they affect and are affected by the institutions within which they are embedded (Rioch, 1975). Both Tavistock and the NTL insured that facilitators were professionally trained and were guided by norms of appropriate behavior.

Groups in a Turbulent Time

As the group movement spread, group practices became more diverse and less anchored in institutions. During the 1960s and 1970s, a range of methodologies appeared. For example, encounter groups worked to break down "limiting inhibitions" so relationships could deepen and self-awareness grow; The 24-48 hour marathon group was designed to increase both the intensity of the experience and the arousal of members so they would "drop defenses and be more open and honest" while confronting themselves and each other; Synanon groups used games to aggressively put individuals on the spot so members would "confront their weaknesses and be helped to grow stronger"; Gestalt groups focused on "the personal issues" of members who took turns in "the hot seat" and worked on a problem under the guidance of the facilitator; EST, working with 200+ participants for up to 15 hours at a time in an authoritarian manner, promoted personal change via group exercises, individual disclosures, confrontations with leaders and didactic sessions on a range of psychologies and philosophies (Glass, Kirsch, & Paris, 1977).[2]

Given the context out of which these groups emerged, it is understandable why they evoked scrutiny. News articles spoke about their potential harmfulness, their anti-intellectualism, and their ability to be commercially exploitative (Time, November 9, 1970). These concerns prompted researchers to ask: Is the t-group (or broadly, the human potential movement) dangerous and if so, how dangerous? This research used small samples and had little clarity about the nature of the groups under study. Few studies employed control groups. There was no agreement on the meaning of "adverse effects," no independent observers, no preassessments, and no other benchmarks of sound research (Bratten, 1979; Smith, 1975; Schutz, 1975).

First Findings

The best review of the period (Smith, 1975) reported that the clinical observations about adverse effects were startling. Smith cited Gottschalk and Pattison (1969), who observed three groups (with a total of 31 members) and found 11 "acute pathological reactions" (psychotic responses, anxiety, isolation and withdrawal, depressive reactions, sadistic/exhibitionist behavior) but gave few details about the behavior upon which those judgments were made. Though dubious, Gottschalk and Pattison's results were cited widely and caused alarm. In contrast, a study by Lubin and Zuckerman (1969) of a five-day residential laboratory using the Multiple Affect Adjective Check List found few adverse effects, yet received virtually no attention.

In another study, B. Lubin and A.W. Lubin (1971), using analysis of co-variance, compared pre and post measures of (1) anxiety, (2) depression, and (3) hostility, between the most stressful session of each of seven t-groups and the stress caused by college exams. They concluded that students found exams more stressful than their t-groups and that there was no evidence suggesting the emotions stirred by t-groups were more extreme than those evoked by normal experiences of student life.[3] Despite these findings, this was an era when experiential groups were under attack, and no other research was being done on the broader risks of college life in general, or the impact of stressful classes or exams. There were however clinical reports that raised grave concerns about the dangers of experiential groups.

Several therapists reported that patients became psychotic after being in encounter groups (Crawshaw, 1969; Glass & Kirsch, 1977; Glass, Kirsch, & Paris, 1977; Jaffe & Scherl, 1969) and described such groups in extreme pejorative terms (e.g., brainwashing, sedition, commercial exploitation, perverted group therapy, and anti-intellectualism) (Braaton, 1979). Crawshaw launched an attack based on three individual cases. Using emotional language, he described t-groups as being similar to the Nazi medical experiments but offered no evidence to support his assertions. While we do not know what was real in the cases cited by clinicians, certainly passions were running high and many helping professionals were deeply distressed about the situation.

Despite their anxieties, epidemiological studies revealed a low casualty rate. Ross, Kligfeld, and Whitman (1971) surveyed psychiatrists about patients described as "acutely disorganized" due to t-group experiences. By estimating the number of people who participated in groups from which there were reported "casualties," Ross et al. derived an adverse effect rate of 1.2%. Smith, citing comparable data from other studies, pegged the rate at .3% (Batchelder & Hardy, 1968; Roger, 1970). Bunker (1965) and Moscow (1971), using follow-up surveys, also reported low casualty rates.

Smith (1975) reviewed two studies with control groups. Cooper (1972a, 1972b) compared scores on the 16PF personality inventory and on rates of visits to campus health services during exam period of 36 students in a t-group with a comparable control group of 19. While finding no differences between the "experimental and control" groups on the personality

test, he discovered t-group members reported less stress (both during exams and 18 months later) than those in the control group. A. B. Posthuma & B. W. Posthuma (1973) compared 24 church members in an encounter group with members of two other groups (a didactic course on human relations and one on a totally different subject). Participants completed the authors' "Behavioral Change Index" at the end of the course and six months later. There were no significant differences among the three groups on the BCI's "adverse behavioral change index." The clearest feature of the early casualty studies was how the research was framed: What creates adverse effects, who is to blame, and who should be held accountable for what. Taken as a whole, this research indicated how concerned everyone was about experiential groups, but revealed little about what "adverse reactions" actually were or what caused them.

The Benchmark Study

Braaton (1979) argued that Lieberman, Yalom, and Miles (1973) offered the best work on group casualties, although Smith (1975), Schutz (1975), and Erickson (1987) heavily critiqued their research. Lieberman, et al. organized 212 Stanford students into 17 groups: one psychoanalytic, one Esalen, one Rogerian marathon, one eclectic marathon, one Synanon, two Gestalt, two psychodrama, two transactional analysis, two personal growth, two led by tape-recorded instructions, and two NTL type t-groups. Eight criteria were used to identify possible casualties such as needing psychiatric help, entering therapy, lowered self-esteem, etc. To be deemed a casualty, a participant had to have undergone a sustained psychological decompensation attributable to the group.[4]

After eight months, 104 students were categorized as potential casualties. They were interviewed to determine long-term negative effects. The authors found that 9.1% of participants suffered consequences that could be linked directly to their group. They provided a description of each casualty and attributed a proximate cause. They found six types of causes: (1) attacks on individuals by members or the leader; (2) rejection by the group or leader; (3) coercive group or leader expectations; (4) over stimulation; (5) attacks on the individual's personal values; and (6) failure to achieve "unrealistic" personal goals."

While the study of Lieberman, et al. (1973) is still used as a benchmark, it was seriously criticized. Smith (1975) praised the authors for the detail they provided but pointed out they had failed to use their control groups. Smith argued that the hazards of being in an experiential group might not have differed from those of merely being a student at Stanford. A. B. Posthuma & B. W. Posthuma (1973) argued that defining as casualties all who self reported being in distress without independent assessment, as well as failing to compare them to control group members, seriously biased the study.

Schutz (1975) dismissed the conclusions of Lieberman et al. (1973) because (1) nine of the 17 groups were not encounter groups;[5] (2) comparisons among "participants" and "controls," half of whom had self-selected out of the

groups, represented a powerful selection bias; (3) there was no equivalency;[6] (4) the groups could not be meaningfully compared because they varied in size, race of leader, experience, pattern and purpose of sessions, location, and even number of leaders (further two leaders, who accounted for 5 of the 16 casualties, had been banned by Esalen for misconduct); (5) the authors mixed up regular and ipsative factor analysis, which meant that to accept how leaders were characterized, one had to believe that what a leader did in one session was independent of the next; and (6) there were no independent evaluations of participants' emotional status prior to the study. Erickson (1987) reached a similar conclusion, applying to the Stanford research the criteria he developed for assessing casualties in inpatient small group psychotherapy.

Berman (1982) tried to explain the Lieberman et al. (1973) casualties using Singer's (1965) view of "rational authority" (defined as democratic and based on competence, empathy, listening, understanding, and honest feedback) and "irrational authority" (defined as rooted in power, fear and intimidation and based on inequality and differential statuses). He argued that four of the leaders in the Lieberman et al. study used "irrational authority" and noted that eight of the 16 casualties came from those four groups. Berman claimed that leaders who made vague interpretations divorced from data, and mystifying interventions that elevated the leader's status and diminished the members' standing, had a strong negative impact. He argued that casualties occur when leaders are authoritarian, when participants feel overwhelming pressures to conform, and when members identify with the aggressor. Galinsky and Schopler (1977) came to a similar conclusion: Groups run by untrained, charismatic leaders without the ability to diagnose problems are dangerous; Effective groups need clear norms and expectations, problem-solving capabilities, appropriate rules and boundaries, and a high level of peer control.

What is most striking about all of this research and its critique was its exclusive focus on the individual (member or leader). Except for one mention of scapegoating, the group-as-a-whole and intergroup dynamics were ignored. For example, in the Lieberman et al. (1973) study, a Latino was attacked for the way he spoke, but the authors described him as "overly sensitive" and expecting "rejection." In another case, a young White woman's group accused her of provoking a bitter personal attack when she spoke of "her sexual relations with Black men." The researchers entirely ignored the racial and gender dynamics operative in most groups. Although the writers did allude to racial tensions on campus that kept many students of color from registering, they did not relate this, or any other contextual dynamics, to what was going on in the groups. They explained the casualties solely in individual terms (e.g., "she was a paranoid person," "the leader had an aggressive, intrusive style," "he had no friends, had hoped to make friends in the group and was disappointed").

Alternative Discoveries

Smith conducted a careful review of the research in 1975. He could find only five studies (Cooper, 1972 a, b; A. B. Posthuma & B. W. Posthuma, 1973; Bramlette and Tucker, 1981; Kaplan, Obert, &Van Buskirk, 1980) that

were methodologically adequate. Kaplan et al. and Bramlette and Tucker replicated, with modifications, the Lieberman et al. study using parallel outcome measures, while Cooper used a standardized psychological instrument and A. B. Posthuma and B. W. Posthuma used a self-administered, behavioral rating measure. The groups varied across studies (undergrads, church members, MBA students) but were consistent in terms of leader style,[7] philosophy, methods, numbers of participants, and institutional aegis. Under these clear but varied circumstances, the "negative effects" ranged from 4% (Bramlette & Tucker) to <2%. In the studies with control groups, there were no significant differences between the experimental and control groups.[8]

Kaplan et al. (1980) offered a group dynamic view of casualties. They argued that a casualty is analogous to the fate of a deviant in any social system. Harm occurs when a leader with unduly high expectations allows a vulnerable, needy, fragile, and socially unskilled person to become the object of focus and then of attack, which usually occurs when there is no group cohesion, no group-based methods for managing conflict, and members have unequal power. They claimed that when a low powered individual questions authority, asks to be excused from a group norm, or attracts negative attention, the group tries to change the person by sweet-talk, pressures to conform, outright attack, or extrusion from the group. In this model, injury results from a mishandled conflict.

Summary

Most of the research on harmful group effects responded to strong, widely held negative views of encounter groups. This work made few distinctions among types of groups. While clinical case studies made the strongest claims about the dangers of groups and the extent of the casualties, the Lieberman, et al. (1973) study had the most profound impact and suggested a more modest, but still relatively high, incident rate. Critical examinations of their study raised questions about its validity. While Lieberman et al. noted the social and institutional context of the Stanford study, they ignored the relationship of group, inter-group, and system-level conditions on adverse effects. Kaplan et al. (1980) conducted the only study to move the discourse about casualties to the group level.

While groups in the NTL and Tavistock traditions are probably no more dangerous than any stressful life event (which can also produce positive results), people can have negative experiences in experiential groups. While this rightly deserved the attention of researchers the extreme position that experiential groups should be banned was not warranted. After all, such critics did not argue to ban philosophy courses or dorms when casualties occurred in those locations.

Nevertheless, experiential groups are likely to be criticized seriously whenever anyone appears harmed. This has led writers to suggest ways to prevent casualties (Berman, 1982; Galinsky & Schopler, 1977; Kaplan, Obert, & Van Buskirk, 1980; Lieberman et al., 1973; Obert & Van Buskirk, 1980; R.C. Mitchell & R.R. Mitchell, 1984).

The following concrete suggestions for group facilitators are cited in the literature to group facilitators to help prevent casualties:

1. do not encourage or lead unexamined attacks on individuals;
2. publicly examine any act that rejects individuals;
3. do not use, or encourage members to use, coercion;
4. create realistic expectations about what will occur in the group;
5. ensure informed consent of participants;
6. do not over-stimulate or over-stress members;
7. accept responsibility for what happens in the group (do not merely ask the members to shoulder the responsibilities);
8. build an environment where members make informed choices about what risks to take;
9. ask participants if they want and are ready to receive feedback;
10. screen out individuals who are psychologically vulnerable;
11. build conflict management procedures into the group;
12. model the values being espoused;
13. model the communication modes being encouraged;
14. educate participants about their attributional processes; and
15. help members embrace their differences and the frames they use to understand self and other.

This same literature suggests five ways participants can act to help create a safe environment. Participants should

1. interrogate former members about their experiences, especially things that had a negative impact;
2. develop realistic expectations;
3. do not seek major personal change, peak experiences, and magical outcomes;
4. upon feeling "marginal" or "out of it," act to become more central by saying things like "I am feeling out of it and would like to be more a part of the group"; and
5. continue sifting the meaning of the group experience once the group is over.

These suggestions to leaders and participants may be useful, but they are focused on the leader's and the participant's individual behavior. While it does suggest leaders take an active role informing people, creating contracts, and preventing scapegoating, it largely ignores group-as-a-whole and intergroup dynamics as well as the powerful impact of system level forces. In the following vignette, the staff had internalized, appreciated, and used most of this advice, but the problem they encountered demanded a radically different kind of thinking than that fostered by the casualty literature.

Glenn: The Story of a Group Casualty

The following account of a casualty occurred in a group dynamics course in the Psychology Department at Ivy University. Psychology 501 had been in existence for 15 years, directed since its inception by a senior professor, Dr. Weiss.[9] The course, known for being intense and compelling, was

open to students from any graduate program in the university. It met from 9 a.m. to 7 p.m. for four consecutive days. There were multiple sections, and Dr. Weiss both directed the course and taught one section. Dr. Weiss allowed an advanced graduate student, Ms. Breyer, to co-facilitate. Ms. Breyer was introduced as a consultant-in-training, but Dr. Weiss made it clear to the group that she shared responsibility for interpreting the group's dynamics and for grading course papers. Dr. Weber, a graduate of this program, taught a second section. Present also were a group of students who had previously taken 501 and were enrolled in 601, "Advanced Group Process." This course occurred simultaneously with 501, so 601 students could observe the dynamics in 501 and write a paper based on their observations.

Psychology 501 was a modified version of a Tavistock conference. There were two parallel groups, each with 15 students. The work task was "to identify the unconscious dynamics around authority, leadership, and responsibility as they are occurring in the group." The role of the consultants was to offer interpretations about the group's dynamics in the here-and-now. The consultants did not speak other than for this purpose, and they predominantly used the third person, focusing on group-as-a-whole interpretations. If and when a group rebellion occurred, they moved to a more interpersonal mode and operated more in the NTL tradition as per the model of group development offered in Bennis and Shepard (1956).

In this section of the course, a Ph.D. student, Ms. Holland, was also present, collecting data for her dissertation, which focused on interpersonal power in small groups. Ms. Holland was conducting a group ethnography, administering questionnaires, and doing post-course interviews with participants. All had signed appropriate "informed consent" forms in compliance with the university's Review Board requirements.

The following participants were members of this section of 501.

Amy	White	Non-religious	Female	M.Ed. Student
Bob	White	Catholic	Male	M.Ed. Student
Elizabeth	White	Jewish	Female	Education Ph.D. student
Fran	White	Catholic	Female	M.Ed. student
Glenn	Korean	Catholic	Male	MBA student
Grace	White	Jewish	Female	MBA student
Jennifer	White	Jewish	Female	MBA student
Katie	White	Catholic	Married female	Undergraduate MBA student
Manjula	Indian	Hindu	Female	MBA student
Mike	White	Jewish	Male	MBA student
Naomi	White	Anglo-Saxon Protestant	Older female	MBA student
Phillip	White	Mormon	Engaged Male	Medical student
Sharon	Taiwanese	Agnostic	Female	Undergraduate MBA engineering student
Uma	Indian	Hindu	Married Female	Education Ph.D. student
Vanessa	Filipino	Catholic	Female	MBA student

Staff

Dr. Weiss	White	Jewish	Male	Tenured professor and senior consultant
Ms.Breyer	White	Jewish	Female	Ph.D. student and co-consultant
Ms. Holland	Black	Protestant	Female	Ph.D. student and researcher

The Pivotal Events

Psychology 501 began with a formal introduction to the nature of experiential learning, the course structure, and philosophy. There was an open and full discussion of Ms. Holland's dissertation research. All students were preassigned to the group; Ms. Holland would study consenting members and one member of the second section asked to be switched into the research section. This request was granted. Students left this orientation session and headed to their own group room where they would meet over the next four days.

DAY ONE. Students filed into a room with chairs and a video camera arranged in a circle. At the designated time, Dr. Weiss and Ms. Breyer entered, took seats in the circle, restated the task of the group ("to study the behavior of the group in the here-and-now"), and then were silent. Upon realizing Weiss and Breyer were not going to speak further, participants introduced themselves, referring to their fields of study, why they were in the course, their previous group experience, and marital status. A conflict emerged right away between Bob (White, Catholic, graduate education student) and Sharon (Taiwanese, agnostic, business-engineering undergraduate), who said she'd taken a group course previously with Ms. Breyer and another senior, White, male consultant. Sharon used words like "opportunity costs," at which Bob railed, accusing her of using language lacking in humanity. Sharon apologized and attempted to explain her word usage. Bob rejected her apology and explanation, describing it as a "cop-out," and called her a "bitch." Sharon replied that she did not like being told how to talk. The exchange ended quickly, but the tension between these two participants was still alive.

The rest of the first morning participants continued sitting in the circle as they struggled to find a common purpose and modus operandi. The consultants occasionally interjected observations about the group's actions designed to reveal aspects of the group formation process seemingly not in the members' awareness. When asked questions, the consultants were silent.

In the afternoon, frustrated by the group's seeming lack of movement, Phillip (White, Mormon, medical school student) suggested they all get up and do ten jumping jacks. The group discussed the idea at length but only four members (Phillip, Glenn, Vanessa, and Elizabeth) joined in. The others looked on. Vanessa (Filipino, Catholic, MBA student) stopped after six

jumps. She said she felt caught betwixt the wish to be part of the jumping jack ritual and feeling judged by those not participating. The consultants later referred to this event as an initiation, and the group started to call non-jumpers "jumping jack virgins."

During the last session of the day, Bob suggested that the group engage in a group hug. After some discussion, all but two group members (Sharon and Elizabeth) and the consultants stood and held hands. This morphed into a series of individual hugs. Dr. Weiss described this activity as "a false joining ritual," and one that left him feeling embarrassed.

DAY TWO. Ms. Breyer began by standing outside the circle and announced that Dr. Weiss would be absent for the first session. (Weiss had told staff he needed to see his therapist that morning. Breyer had been anxious about this, but reluctantly accepted his decision.) That morning the group elected to talk abstractly about power, race, and gender, but when Ms. Breyer made interventions designed to bring them into the here-and-now, some members accused her of trying to lead them into a discussion of race and gender.

Dr. Weiss arrived by the beginning of the second morning session but no one commented about his absence or return. Members continued to discuss racial differences superficially and began to relate the topic to their own group. Conflicts fleetingly emerged. For example, Amy (White, non-religious, M.Ed. student) said she never looked at anybody's differences, triggering Manjula, (Indian, Hindu, MBA student) to retort, "that's a very White thing to say." Vanessa said she saw "a line shatter across the floor" when that statement was made. The group chastised Manjula for making such a "harsh comment." Another conflict was building around Sharon who repetitively gave the group instructions about how they should act based on what she had learned from her previous group dynamics course. Members increasingly told her to stop talking about her former group. Sometimes Glenn (Korean, Catholic, MBA student) spoke in Sharon's defense.

The conversation drifted to the importance of expertise to Asians as a source of power. Later, the members expanded that grouping to include Jews. Gender proceeded to become a focus, and Mike (White, Jewish, MBA student) told the group he had once been the only male in a women's issues class. Several of the women in this group seemed enamored of him from that point on. At Fran's (White, Catholic, M.Ed. student) request, some group members began saying publicly how they felt about each other.

In the late afternoon, the group discussed how Sharon had been treated in the morning. Several continued to criticize her way of speaking and expressed dismay that she claimed special expertise based on one prior group dynamics course. Sharon would not back down, despite a rising tide against her. Elizabeth (White, Jewish, Education Ph.D. student) spoke in support of Sharon's suggestions for how the group should work, and Glenn said he felt the group was being excessively harsh with her. All other members either criticized her or remained silent. Glenn then shared a personal story about a time when a large group to which he belonged had told him he had been too aggressive.

The day ended with group members discussing whom they saw as their emergent leaders, naming Manjula, Vanessa, and Phillip.

DAY THREE. This day began with the more vocal members discussing why some of the group were quiet and how to get the "silent ones more involved." Some of the quiet members spoke about their fears of judging others and being judged by them. This discussion quickly turned to two Asian women, Sharon and Manjula, who said openly that they did not trust each other, but soon the group was once again engaged in a lengthy discussion about Sharon and their wish that she not be so aggressive. This led every Asian member of the group to tell a childhood story in which he or she had been instructed not to be aggressive. For example, Vanessa described being hated by other kids for being "precocious and unattractive," and Uma (Indian, Hindu, Ph.D. student) said she was considered aggressive by Indian standards and that this was not valued by her family.

During the lunch break, the consultants, observers, and researcher met in the observation room with the door slightly ajar. They were unaware that Glenn had returned to the group room with a take-out lunch and was sitting just out of their view. A disagreement ensued among the staff that Glenn overheard. It was not until the meeting ended and the staff left the observation room that Glenn's presence was noticed. They did not talk at that moment about this discovery although they noted the significant boundary breach.

During the afternoon, Glenn's behavior changed considerably. He began to interrupt others' comments. He would speak, and after the group turned its attention to him, ask the members not to focus on him. For example, if he said something and there was no immediate response, he would laugh and say "never mind." At one point he interrupted Ms. Breyer who asked him to hold his comment until she was finished, but Glenn insisted on continuing.

Sharon suddenly turned to Ms. Breyer and apologized to her for giving more credence to Dr. Weiss. Ms. Breyer responded, "Apology not accepted." This retort seemed to upset Glenn who became agitated and told the group the contents of the staff discussion he had overheard at lunch time, using this to argue that Ms. Breyer was treating Sharon in an unjust way. Glenn revealed that he had heard the staff discuss who was "more authoritative," Ms. Breyer or Dr. Weiss, and exclaimed "the parents are fighting, so they take it out on the kid."

Leaving Glenn's statement dangling for a moment, Ms. Breyer continued talking with Sharon, saying, "I have not felt hurt by anything you've done, so no apology is necessary, especially since you have worked hard to process the things I've said in the group. However you might like to work on your own pain about treating a woman authority figure's contributions as less significant than a man's." When Sharon and Ms. Breyer had finished, one member asked Glenn if he felt Ms. Breyer had been unfair with Sharon. He said, "I'm no longer sure!"

In the late afternoon, members revealed the tests they used to judge the behavior of the opposite sex. For example, Elizabeth wanted to know if Mike hugged or shook hands with his father and, depending on his answer, would judge his sensitivity. Bob tested women by seeing if they opened doors for him or waited for him to open the door for them. The day ended on a somber note, with Phillip speaking of his disappointment in not being able to connect with Ms. Breyer, and Glenn expressing his fear that Dr.

Weiss and Ms. Breyer would not protect them, and the outcome might be as in "Lord of the Flies."[10]

The staff struggled that night to understand the troubling group dynamics that were being expressed through Glenn.

DAY FOUR. The morning began with a discussion of the course film, "Twelve Angry Men," viewed the previous evening. After a while, more than one group member invited Glenn into the conversation by saying he was like the "old man" in the movie. Glenn responded that he no longer wished to be the focus of attention. He had begun, however, to behave in an unusual manner. After entering the group late, he walked among the chairs as if searching for his seat, meanwhile mumbling "hmm" while members were speaking, triggering the expectation that he was about to say something. When he did speak, it was slow and labored.

Despite his stated wish to cease being an object of focus, several members pointed out that Glenn kept putting himself back in the spotlight. When Glenn made no comments and the subject did change, however, it was a group member who always brought the topic back to Glenn's behavior. Dr. Weiss intervened and tried to focus the group's attention away from Glenn but was unsuccessful. After 20 minutes, Glenn said he had to leave to avoid the attention and walked out.

In his absence, members continued to talk about Glenn. Ms. Breyer invited members to examine their own behavior. The staff hypothesized that Glenn had become filled with the group's anxiety and was carrying it on behalf of everyone.

For awhile, Mike became the focus of the group while some explained that they no longer bought his "sensitive man" persona because at lunch he hung out with two "frat boys" from the other section who were seen as hostile to women. During the rest of the session, Naomi (White, Anglo-Saxon Protestant, older, MBA student) invited the group's focus by seeking insight about how to use her emotions to inform her behavior.

After the first morning break, Glenn returned. He was told that if he sought the group's attention by making a statement, he needed to allow the group to respond instead of withdrawing and refusing to discuss it. Glenn reported feeling "hyper-attenuated to everyone," especially Mike whom he perceived acted like his younger brother. Glenn had previously told the group he was an older brother and that his parents had expected him to take responsibility for his younger brothers, including disciplining them, and that this had destroyed his relationship with his favorite sibling. Glenn explained that during session breaks he had learned Mike needed to "feel fulfilled by this group" and hence was raising Mike's desire publicly. Mike initially responded that this was false, but ultimately acknowledged the truth of what Glenn had said. This encouraged Glenn to advocate for anyone whom he thought was not expressing his or her true feelings. It looked like Glenn had started to confuse the group with his family.

The staff grew increasingly concerned and during the next break, Dr. Weiss met with Glenn privately. Glenn acknowledged that his behavior appeared bizarre, but indicated that he felt that he could regain some control

of himself if he didn't feel drawn in by the group. Dr. Weiss suggested Glenn sit quietly for a while and just listen, and then they would meet at the next break and evaluate if that change had helped. Dr. Weiss informed the group of Glenn's plan to remain quiet during the session and asked members not to draw him into the discussion. He also explained that Glenn was feeling anxious and that members could help by dealing with their own anxiety.

During the early afternoon, the group finished sorting through their reactions to Mike, and the group energy changed to a state of euphoria. Manjula catalyzed this when she suggested that they discuss sexual fantasies. The euphoria was manifest by loud laughter, joking, giggling, and coyness when it came to actually acknowledging attractions.

At the next break, Weiss checked in with Glenn who, said he felt fine.

In the next session, Phillip started a discussion on how his attempts to connect with others distanced them from him. He illustrated by acknowledging that though he tried to connect with Ms. Breyer by always speaking immediately after her interventions, she responded by being even more distant with him. Ms. Breyer explained that she experienced his comments as off-hand challenges, not connections. Phillip was asked how it felt to be pushed away when he was trying to connect. "Painful," he said. At that moment, Glenn began to cry, mumbling about the tremendous pain that he felt. He began to hallucinate about God and regressed to childlike behavior.

As Glenn decompensated, Ms. Breyer spontaneously took all of the students into another room. Dr. Weiss and Manjula, a self-appointed caretaker, attended to Glenn. Manjula enlisted Phillip to help too, perhaps because he was a medical student and she viewed Glenn as being in medical crisis. The three soothed Glenn until arrangements could be made to receive him at the university hospital. They walked him over to the hospital and then returned to the group.

Meanwhile the other group members talked about feeling guilty for not having rescued Glenn earlier and also blamed the staff for their poor management of the situation. When Dr. Weiss, Manjula, and Phillip returned, details of the helpers' experience were shared. All members were invited to ask about or say anything they needed to, for as long as they needed. Since this was the last group session, some wanted to schedule an additional group session so that they could gain closure but this was rejected because, as Grace (White, Jewish, MBA student) said, "Life is full of unfinished business." The course ended.

Glenn remained in the hospital for several days. Dr. Weiss followed his care until Glenn was released. Glenn managed to complete his the school year without further psychiatric problems and then moved on to take a job. Glenn was the only student who did not participate in a post-group interview with the researcher. Most of the students asked about Glenn during that interview and generally reported they were doing well and had found the class interesting and worthwhile. Only one student spoke of feeling responsible for Glenn's break. In her final paper (p. 16-17) she wrote:

> My stereotype of Glenn [that he was] on a much higher intellectual plain than I and because our ethnic backgrounds were so different, broke down

when he shared his unpleasant experience from another group session. I thought to myself that his person really was human after all. He too feels pain. What perplexes me most is how much the group may have contributed, or wanted to see how disturbed Glenn would get in order to see the stereotype of him wash away…. Did I want to see him break in order to feel superior to him?

Understanding Glenn's Story: A Multi-frame Analysis; So how might this casualty be understood?

An Individualistic Frame: Did Glenn Collude in His Own Collapse?

It is easy to see Glenn as an individual who should never have been admitted to this course. He had a history of psychiatric problems and had been taking lithium for over a year to combat his manic depression. Further, he had not revealed that he was under psychiatric care. Nor had he spoken to his psychiatrist about the wisdom of enrolling in such an experiential course despite the clear requirement that students do so.[11] Then several days prior to the experience, he went off his medication and did not begin taking it again until after he was hospitalized. This information about Glenn was sufficient to explain his becoming a casualty. (1) The screening methods were at fault because they failed to identify him as an inappropriate candidate for the course; (2) the manager of Glenn's psychiatric care was at fault for not keeping better track of him and steering him away from this course; and (3) Glenn was at fault for not taking his medications and for not heeding the warning in the course syllabus. If all, or even any of these things had occurred, there would have been no casualty. Case closed.

Given that Glenn did decompensate during the course, however, the actions the staff took must be scrutinized. Once his symptoms were obvious, the course director, an experienced clinician, paid Glenn special attention, planning with him a strategy for managing the remainder of the course. When those efforts failed and Glenn became distressed, he was quickly given the medical care he needed. Within days, his therapy was restored, his medications titrated to therapeutic range, and his condition normalized. After two weeks, he went on about life as usual. Case closed.

Despite Glenn's quick recovery, we must still ask, did the facilitators do any of the things described above that are known to contribute to casualties in experiential groups? The facilitators were not authoritarian; Members had been fully briefed and signed an informed consent document regarding both the stressful nature of the course and the research program; The facilitators did not say or encourage the expression of abusive things to participants; They intervened to give group members a choice about whether and when they would be given personal feedback by others, and conflicts in the group were addressed openly. None of the things our field views as sacrosanct had been violated. Case closed.

A Group and Inter-group Frame: Did the Group Dynamics Contribute to Glenn's Collapse?

From the point of view of the group-as-a-whole[12] and the intergroup,[13] the story is much more complicated than this first analysis suggests. There were significant group and intergroup forces at play, which may have contributed to the casualty. The facilitators may have missed these because they conceived the "problem" exclusively in individual terms. Glenn's decompensation represented more than his personal illness. His pre-existing psychiatric vulnerability may have been used unconsciously as a receptacle for numerous group and inter-group dynamics. Hence, the staff's individualistically based actions may have fuelled the very problems they were designed to overcome.

What was happening at the group level that could have contributed to Glenn's deterioration? It is unusual to have a researcher sitting in the room, videotaping every moment while at the same time being silent. Given the degree to which both silent members and silent authority figures can become the repository of others' projections, it is hard to imagine what the presence of the researcher contributed to the swirling dynamics. Also, as the only African-American person in the room, it seems reasonable to infer that Ms. Holland's presence evoked White-Black and Black-Asian projections that were not being processed with the researcher directly. At the very least, it seems likely that unexplored racial and gender issues were activated by the silent researcher.

The researcher was clearly paired with Dr. Weiss and Ms. Breyer. It was equally visible to participants that Weiss and Breyer were close.[14] While we cannot know what fantasies these pairings evoked in the group, they probably activated racial and gender dynamics that were not discussible because of the silence required of the researcher's role. Since she was off limits, thoughts about her would likely go underground. If so, they may have resurfaced covertly in the race and gender themes the group did take up.

Advanced graduate students, who had met the Psychology 501 members when they were shown the observation room, observed the group sessions through a one-way mirror. The observers were also silent about their observations. Members knew they were being watched by Weiss's graduate students who were feeding off the utterances, emotions, and behaviors of the group members for their own academic purposes. If any member had a tendency towards paranoid fantasies, this setting would activate them. It is not surprising that Glenn's behavior changed after he heard the staff's conflict, a conflict not meant for the ears of members. In the wake of Glenn's becoming aware of how many people were watching and of the nature of their discourse, the quality of his own psychological functioning diminished and his behavior in the group altered for the worse.

Splitting

This group exhibited considerable splitting during its early sessions.[15] The first and most visible split was structural: participants and non-participants of approximately equal numbers (two consultants, one researcher, and

several observers behind the mirror). Then, in the opening session, there was a split between a White, male, education student and an Asian, female, engineering/business student over the use of what he called "dehumanizing language." The unsuccessful attempt to get the consultants to answer a direct question made it evident there were different expectations for different people in the room. This was followed by the "jumping jack/jumping jack virgins" split (identifying who might mobilize as leaders), the hugging and the non-hugging split (identifying who might repair to a dependent state), and the debate over race (society's long-standing way of partitioning people). Soon discussions were pirouetting around Asians/non-Asians, Jews/non-Jews, wealthy/poor, and male/female themes. These splits were classic. They represented a spiraling of member-to-member fighting (i.e., Bion's flight from the feelings of dependency in a "temporary world" of massive unknowns) via pairings (e.g., the "heterosexual" connecting of Glenn, an Asian student, who took sides with and became the defender of Sharon, an Asian whom he thought was being treated badly, or Elizabeth, a Jewish student defending Sharon around the work task) to the creation of multiple, conflicting subgroups (Bennis & Shepard, 1956; Smith, 1989).

By the end of the morning of the second day, the 5 Asian participants had formed a solid subgroup and were fighting against being defined as an "out" group. Their behavior had been triggered by White participants' comments about the irrelevance of race. Once the Asian subgroup began to galvanize, the question became from whom would they differentiate and not be wiped out in the process? One option was to differentiate from the "White" subgroup of 10 participants. Since the study of power was figural (in part because of the researcher's agenda and in part because of the Asian students' wish to resist being defined by the Whites) however, the odds were low that 5 Asians would feel strong in the face of a white subgroup of 10 members. They might have employed gender, academic program, or religion, but these would have broken up their own subgroup. For example, if they used religion, the Asians would be partitioned into 2 Hindu, 2 Catholic, and 1 agnostic; The Whites would be partitioned into a Christian subgroup of 4 (3 Catholics and 1 Mormon), and a Jewish subgroup of 4, (plus 2 if Weiss and Breyer were included). If they used both race and religion, however, the partition would group Asians and Jewish Whites together totaling 9, and leaving 5 non-Jewish Whites. This partition did indeed develop when the group adopted the stereotyped notion that expertise (one of the researcher's variables along with power) was important to "Asians and Jews."

The Emergence of Scapegoating Energy

Three subgroups became figural in the conversations: the Asians, Jews, and non-Jewish Whites. For some time, group members seemed to be searching for a place to locate their confused and troublesome personal feelings. Many of these feelings were of a blaming nature. One of these subgroups might have become a convenient repository. The process of

blaming had begun at an interpersonal level (the very first event involved Bob, a White, Catholic male telling Sharon, an Asian, agnostic female to stop using dehumanizing language and then cursing at her). Blame was soon operating, however, at the intergroup (subgroup to subgroup) level. Because of the relatively equal power of the sub-groups blame predictably did not blossom into a full-blown fight.

Instead, towards the end of day two, an individual, Sharon, became the lightening rod attracting the group's scapegoating energy. As she resisted being pushed into this role, Glenn stepped forward to help her by telling of a painful time when he felt scapegoated by a large group. He related how he had only been able to survive by keeping his aggression in check. Once more, he had paired with Sharon (i.e., the only Asian man had stepped forward to defend an Asian female) and put himself in the path of the aggression being directed at her. In the process, he may have become a magnet for some of the other aggressive energies in the group.

During the third morning, the scapegoating theme emerged again, followed by a period when the Asian participants discussed what they, as children, had been taught to do with their aggressive feelings. Thus, they found another common bond: They had all been socialized by their cultures into silencing their aggressive feelings. They blamed their current condition on ingrained, self-protective responses passed onto them by their ancestors. While this conversation heightened their sense of Asian difference, it did not seem, however, to provide them with any form of emotional release.

It's Time to Fight

Intergroup theory (Coser, 1956; Smith, 1982) suggests that the Asian sub-group was moving towards a position of "outness" in the group-as-a-whole, and this in turn would heighten their wish to engage in a fight of some kind. If so, who would become their fight leader and who the target for their aggression? Because of his "outness" and "non-standard" Anglo-American masculinity, gender theory (Connell, 1995; Pleck, 1976; Wade, 1998) suggests that Glenn, as the sole Asian male in the group, would be a likely candidate for both roles. Another candidate would be the person most filled with the feelings of other subgroup members, again Glenn. As he had made himself the fulcrum of the conversation about how Asian socialization suppressed aggression, he was holding that negative aspect of Asian self-identity within the group.

What happened next? A catalyst for a fight occurred. It was not consciously planned and was viewed by the staff as a mistake. The door to the observation room where the staff were meeting had been left ajar, and Glenn overheard a conflict-filled conversation. This left him to conclude that many of the conflictual feelings in the group were a product of unresolved staff conflicts. He expressed this by telling the group that "the parents are fighting and taking it out on the kid." Glenn's use of the singular "kid" suggests he may have been referring to himself.

The Failed Revolt Against the Leadership

In the next group session, as if propelled by some invisible collective force, Glenn stepped forward as a fight leader (Bion, 1961). He may have earned some legitimacy as a potential fight leader for the Asian subgroup when the possibility of going into battle with the other participant subgroups arose. Glenn cast himself, however, as the fight leader for the whole class and took on the biggest of all battles: the revolt against the leadership (Slater, 1966). He thought the group's problem resulted from the leaders' incompetence and that the only hope for the membership was liberation from them. The group-as-a-whole had unfortunately not given Glenn a mandate to lead such a fight. In fact, the rest of the group had shown no signs they were ready for a revolt.

As he launched his attack, Glenn was so out of synch with his peers that they did not follow him. In virtually everyone's eyes, his reality was not "real." As often happens to those trying to lead without a mandate, his peers rapidly disenfranchised him.

That night participants watched "Twelve Angry Men," a movie about a man who saw reality differently from his peers and successfully persuaded them to accept his view. We imagine this movie must have stirred painful feelings in Glenn; Although it paralleled his situation, Glenn's efforts to persuade his peers failed unlike the hero's in the movie.

A Cure, Which Created the Illness

On the final day, Glenn seemed filled up with everyone's feelings. Soon, he was speaking in ways others saw as bizarre. Following his own intuitions, the staff encouraged him to get himself under control by being more silent. From an inter-group perspective, however, this meant resuming his "out" position. In hindsight, this was exactly how he had been taught to control his aggressive emotions in his childhood. In effect, the staff's attempts to help him invited him to regress. Glenn obliged, which only made him more of a sponge for others' emotions. He regressed and then decompensated.[16] Once that occurred, in an effort to help him, the staff further isolated him by escorting him to the hospital. This cut Glenn off from the forces that had triggered his collapse. This might have been the right therapeutic move, but in terms of group dynamics, it meant that there was no chance for others to reclaim any of the emotions Glenn was carrying on their behalf. When he exited, the emotions the group had been allowing him to carry left with him. In the process, the rest of the members lost the opportunity to take back a part of themselves they had put into him.

Had some other fight leader stepped forward when his premature revolt failed, Glenn may not have felt so alone. Had the consultants been able to help the group see what he was carrying on their behalf, he may not have been so emotionally isolated. Had they been tracking the group and intergroup forces and paying attention to the power dynamics, they might have made a set of interventions that would have helped the group see how its power dynamics were affected by the special circumstances of the course and the race and

gender composition of the group and staff. In turn, these interventions might have fostered a more positive outcome, enabling the group to take back much of the affect carried by Glenn.

So why did this not happen? Why was the staff so off base? By stepping back and examining the context of Glenn's story, some important, if painful, answers emerged.

Glenn's Group: The Story of a Disempowered Leader

For years, Psychology 501 was organized and run by the Psychology Department, which was dominated by humanistic psychologists. Dr. Weiss had previously held the department chair. After the contentiousness of the past year, a new group of behaviorally oriented faculty had been hired. An ugly battle led to a stalemate that only abated when Weiss resigned as chair. The new guard-old guard fight continued. By the time Psychology 501 began, several of Weiss's most valued colleagues had left Ivy University. It was clear the Dean favored the new direction of the department, and Weiss was feeling isolated and under much stress. He did not want to direct Psychology 501 anymore but went ahead that semester because of his commitment to the advanced graduate students and his doctoral student, the researcher.

By the beginning of this 4-day course, Dr. Weiss was feeling both stressed and depressed due to his loss of influence in his department. His disempowerment was heightened by a profound sadness about the imminent demise of the program he had spent his career building. To help manage his feelings, he arranged an appointment with a therapist, which caused him to miss a group session on the second day of the course. This helped him maintain his equilibrium but it did not relieve his feelings of loss, vulnerability, and impotence. It was within this context that a member of his own group became a casualty.

A Systemic Frame: How the System Colluded in Glenn's Collapse

Parallel Processes

This story of the "wounded and disenfranchised director" invites us to understand what happened to Glenn in a broader way. The leadership of this course and the future of experiential education at Ivy University were under attack. Dr. Weiss was feeling so vulnerable that he absented himself from a group session to care for his own emotional needs. Despite the fact that he had told the group about his planned absence and had Ms. Breyer cover the session, his leaving had to be construed as a violation of the group's boundaries (no participant was free to be absent). Then, on a second occasion, the staff conflict was so high no one noticed the door was ajar with Glenn listening. This was another breech of boundaries that does not happen when leadership is working well.

Contextualizing the course in this way enables us to make a much more powerful hypothesis about Glenn's decompensation. Although it is painful

to acknowledge, it was likely that the staff were caught in a parallel process (Alderfer, 1980; Smith, 1989; Smith & Zane, 1999; Smith, Timmons, & Thames, 1989; Smith, Holland, & Kaminstein, 2003) that it was unable to see. We hypothesize that the vulnerability being felt at the highest level of the conference system cascaded down into the members of the group and was enacted by the most psychologically vulnerable person at its lowest level. The director felt disempowered, as did Glenn. Weiss felt abandoned by the Dean as Glenn felt abandoned by the staff, and both Glenn and Weiss swallowed their rage.

We cannot claim these group-as-a-whole, inter-group, or systemic processes caused Glenn's collapse, but these levels of analysis certainly contribute to our understanding. We also do not discount Glenn's intrapsychic condition when he entered the group, his failure to heed the written course warning, or to take his medications faithfully, nor any dynamics in the non-research section that may have affected what was happening in the section under study here. Rather, we argue that adding group, inter-group, systemic, and parallel process thinking enables us to consider healthy groups in different terms. In fact, this same course recently drew upon the thinking elaborated in this chapter and dealt with a potential casualty in a radically different way, avoiding what could have become a severe disintegration.

Jeff's Group: The Story of an Empowered Leader

In the late fall of 1999, 60 students enrolled for Psychology 501 (the same course[17] in which Glenn had collapsed), requiring 4 sections. It seemed wise for the Director to focus solely on directing the whole course and not consult to a group. In the past, the department chair had budgeted a full-time Director when there were 3 or more groups. He had recently passed away, however, and the new chair, viewing the idea of a full-time Director as extravagant, disallowed it.

The current Director felt undermined by the new chair's decision and feared that his disempowerment would filter into the group sessions. He approached Dr. Weiss for help. The department chair stood fast so Weiss raised the issue with the Dean, explaining the experiential nature of the groups, illustrating the unique lessons available in this kind of course, spelling out how the focus often becomes issues of social identity and their impact on the exercise of authority and power. He argued that while many academics teach about the impact of gender, race, sexuality, and ethnicity, few examine these experientially. Hence, while other university departments were pleased that psychology had a course examining such issues, they would be quick to criticize the department should any student feel injured. The Dean agreed to offer this course in a responsible manner by having a director dedicated to overseeing the whole process.

The ensuing conference was successful but challenging, involving several issues that commanded the Director's full attention. One of these involved a potential casualty. As he rotated through the groups observing each of the four sections,[18] the Director noticed a student (Jeff) who looked

notably different from all others. He was unshaven, wearing a t-shirt (temperatures outside were below zero), and sat 3 feet outside the circle. The Director asked the consultant to pay special attention to Jeff's participation and to notify the Director if he appeared to be struggling. On day 3, the Director observed that Jeff was farther removed from the circle, sitting directly behind the consultant, playing with a toy ball. The Director believed Jeff was showing signs of regression.

The Director discussed his concerns with the group's consultant, who reported Jeff was an actor. Although he was different from other members, she believed he was emotionally stable. They both agreed, however, that Jeff's differences, together with how he was expressing them, made him a target for the displaced emotions of other group members. This discussion helped the consultant recognize that the group was slowly but systematically loading its anxieties onto Jeff, and she was colluding with this because it reduced the group-based aggression directed at her. The Director's perspective helped the consultant see the wisdom of inviting the other group members to voice their anxieties and to express directly to her the aggression they were feeling.

The consultant made these interventions and without ever being explicitly asked to do so, Jeff rejoined the circle, dropped his acting persona and stopped behaving in ways that might be labeled regressive. The remaining group sessions were typical. The consultant and Director concluded that her group-level interventions removed a potential problem previously expressed through the behavior of one individual member.

Drawing on the previous experience with Glenn, the 1999 Psychology 501 Director recognized the warning signs of systemic indifference and inadequate departmental fiscal support. Instead of persisting, as had Dr. Weiss in Glenn's case, he decided to proceed only if he had full institutional support and authorization. He ran the course feeling empowered. Because he did not have to consult to his own group, he could notice system wide dynamics and became aware of Jeff's behavior on the very first day. With the knowledge he had gained from Glenn's situation, he was able to screen Jeff from any negative feelings that might have emanated from systemic dynamics at the department level and to help the consultant reframe her understanding of the role Jeff was playing in the group. Her subsequent interventions prevented the group from scapegoating him.

Time for a New Approach

The cases of Glenn and Jeff suggest it is time to rethink several important issues implicated in the problem of promoting human welfare within groups and organizations.

1. *The literature on group casualties must be framed in collective terms* and not solely in individual terms. If Glenn's story were examined only at an individual level, deeply significant group and systemic dynamics could not be adequately understood.
2. If we care about the amount of human carnage found in contemporary organizations *we must vigorously study what leads to healthy outcomes*

and what leads to casualties. This will help us avoid injuries to the Glenns of the world in experiential courses, and even more broadly, it will help us learn to reverse some deeply destructive group, intergroup, and organizational patterns at work.

3. *It is time to affirm that a casualty happens to the whole system, not just the individual.* The suffering belongs to the collective, even when the symptoms of the suffering are expressed in the psyche and behavior of one person who, for group dynamic reasons, may get labeled the "victim."
4. *The symptoms of the "victim" are often used to mask other equally critical expressions of loss or injury,* which never get recognized because of the excessive attention given the "victim's" problems. In any human system, there are people who have been injured, however, only a small number of these end up being labeled casualties. Those called casualties may not even be the most injured. Because we shine a spotlight on casualties, however, the others are often neglected.
5. *What about the positives which come from the negatives?* When we only investigate what went wrong and how it can be avoided in the future, we fail to recognize the positives that can accrue. What about the possibility that Glenn might have learned something truly valuable and hence be able to avoid making such mistakes again, when the stakes for him are higher. For example, lessons like (a) It is folly to lead a revolt without being adequately authorized by one's potential followers; (b) It is easy to get filled up with other people's emotions and then take counterproductive actions to get rid of them; And (c) it is critical to take one's medication faithfully.
6. *The "what went wrong" paradigm blocks us from addressing what "goes right" in these experiential groups and prevents us from seeing the balance of "benefits" and "losses."* There is virtually no systematic outcome research on the benefits to individuals, groups, organizations, and society of either the learning or the curative potential of experiential groups. While the mental health profession assesses outcomes (such as how support groups help cancer patients, the impact of 12 step programs on recovery and the like), rarely is the experiential group work subjected to systematic outcome research. All of us have anectdotal knowledge of how many members have been helped, how pathologies have been overcome, and how lives have been transformed. This knowledge-in-practice has yet to be reflected in the formal literature of our field, however, in a way that moves beyond merely defending against the accusations that we are doing something risky.

An Application

The years since Glenn's story took place have been particularly painful and memorable for the marked increase in "rampage shootings" that have occurred in work and even more tragically, in school settings at the hands of young people (*New York Times,* April 9, 2000, pp. 28-29.) If we apply the multi-level systems thinking posited in this chapter, we might offer a different

perspective on these incidents than has been presented in the national media. The lessons we learned would urge us to consider the following points.

- There is likely more to these incidents of violence than the psychiatric problems, treated or untreated, in the children who did the shooting. As with Glenn, his psychiatric condition contributed to but did not fully account for the events leading to his decompensation.
- These children often have psychiatric problems (Fessenden, 2000), but they may be reflecting parallel pathology in the systems in which they are located: familial, educational, or spiritual. For example, Glenn's group level vulnerability paralleled Dr. Weiss's organizational vulnerability.
- The children who have perpetrated these horrific crimes are at once victimizers and victims. Those children who were injured or killed have been similarly viewed only as victims, but in fact may have played more active roles in the escalation of events. In the case of Glenn, one participant was later able to admit to her role in pushing Glenn into a psychotic state.
- These children, like Glenn, have enacted something on behalf of the whole system. Others in the system such as students, parents, teachers, and administrators may have loaded unwanted and repugnant emotions into these children who themselves possess a certain vulnerability, which they then proceed to discharge, heinously and callously. This leads us to see that the answers lie not only with those who shoot, but also with the whole system.
- Isolation precedes and may even predict these events. Glenn withdrew even as the group ostracized him. This enabled participants to use Glenn as a scapegoat for their unwanted emotional baggage. The shooters have often similarly been reclusive children who do not "fit in" with the larger student population, allowing the necessary psychological distance required for the scapegoating process to take place.
- With a more sophisticated understanding of group dynamics, schools and other systems might be able to ask potentially tragedy diverting questions. For example, what kind of interpersonal and group-level dynamics characterize this grade, school, or town? Who holds the vulnerability in the system? Where and how is aggression contained? How are differences viewed and held? Where are the splits? Are the boundaries functioning well? What is happening at the school leadership level? Answers to such questions can alert school officials to children at risk within the system.
- As co-participants in the groups and organizations in which we work, we have been missing critical warnings about the potential destructiveness located within us. In so doing, we miss what is right before us as members of multiple systems: the way we place our vulnerability onto anyone willing to assume it.

Where Do We Begin in Proposing a New Research Focus?

The organizational literature contains some insights about possible ways to reframe our research endeavor. Three studies seem particularly useful in pointing the way.

Trist and Bamforth's (1951) classic coal mining studies demonstrated how organizational structures and their associated group processes have a strong impact on the effectiveness and well being of organizational members. For decades, miners worked in highly interdependent and cohesive groups of 2 to 8 persons. Miners' emotional closeness aided their well-being. A technological innovation changed the method of mining coal. Clusters of 40-50 miners were assigned to one supervisor and interdependence among workers decreased. The expectation was productivity would increase and the vulnerability of workers would decrease. The opposite occurred. Workers reported feeling indifferent and alienated, and they no longer looked out for each other. They developed a lower productivity norm. Trist and Bamforth had discovered that changes in organization structures, technology, and work processes profoundly impacted both the effectiveness and well being of workers. The concept of socio-technical systems was born.

Four decades later, Smith, Kaminstein, and Makadok (1995) asked whether the amount of physical illness among employees was related to organizational dynamics at work. In a study of sixteen subsidiaries of a financial services corporation employing 14,000 people, they found a significant statistical relationship between organizational dynamics operative in the workplace and the number of health problems reported by employees. Those who said (a) that the organizational practices hindered their job effectiveness; (b) that they did not find what their supervisors said to be believable; and (c) that personnel policies were implemented in unequal and unfair ways, reported having a higher number of health problems than those who had no difficulties with "how work was structured," the "truthfulness of their supervisor," and "personnel injustice." In addition, 50% of African-American workers believed their career advancement was both actively and passively hindered by racial dynamics. Those who felt discriminated against reported a higher number of health problems than those who did not.

Leaf (1973, 1982) examined aging across populations. He located a number of indigenous communities where a large proportion of the populace lived to great ages and remained in excellent health up to their final days. As people aged, their blood pressure lowered, their heart rates decreased, and the vital capacity of their lungs improved. Leaf wanted to know what accounted for the longevity and wellness of these whole populations. Was it climate? Diet? Life style? What he learned was astonishing. The one thing these societies had in common was their collective perception that aging was not a degenerative but an enhancing process. As people aged they were seen as wiser and more useful. Youthfulness was not revered and mid-life was not seen as the beginning of decline. Leaf concluded that a culture's collective view that aging is an enhancing process makes the individual experience of aging different than it is for individuals in cultures where aging is collectively viewed as degenerative.

Taken together, these three studies provide a starting point for rethinking what affects health, well-being, illness, and casualties in groups and organizations. They suggest that the following questions should become central to research about groups. (1) What are the collective perceptions and attitudes of the people in the larger system within which the group is embedded? (2) What is the nature of the socio-technical system? (3) How much understanding, support, and truthfulness exist within the authority structure? (4) Is social-justice a priority? and (5) How much attention is paid to the most vulnerable members of the system as-a-whole? Framing studies in terms of these questions will revitalize the group research agenda. Such an agenda, in turn, will move us away from the defensive stance of the past and position us to do our best thinking about ways in which to promote human welfare within the emergent organizations of the new century.

REFERENCES

Alderfer, C. P. (1977). Group and intergroup relations. In J. R. Hackman & J. L. Suttle (Eds.), *Improving life at work* (pp. 227-296). Santa Monica, CA: Goodyear.

Alderfer, C. P. (1980). The methodology of organizational diagnosis. *Professional Psychology, 11*, 459-468.

Alderfer, C. P. (1986). An intergroup perspective on group dynamics. In J. Lorsch (Ed.), *Handbook of organizational behavior* (pp. 191-222). Englewood Cliffs, NJ: Prentice-Hall.

Asch, S. (1960). Effects of group pressure upon the modification and distortion of judgments. In E. E. Newcomb & T. M. Newcomb (Eds.), *Readings in social psychology* (pp. 174-183). New York: Holt.

Batchelder, R. L., & Hardy, J. M. (1968). *Using sensitivity training and the laboratory method: An organizational case study in the development of human resources*. New York: Association Press.

Bateson, G. (1936). *Naven*. Cambridge, England: Cambridge University Press.

Benne, K. D., Bradford, L. P., Gibb, J. R., & Lippitt, R. O. (1975). What is laboratory method? In K. D. Benne, L. P. Bradford, J. R. Gibb, & R. O. Lippitt (Eds.), *The laboratory method of changing and learning: Theory and application* (pp. 11-24). Palo Alto, CA: Science and Behavior Books.

Bennis, W. G. & Shepard, H. A. (1956). A theory of group development. *Human Relations, 9*, 415-457.

Berman, E. (1982). Authority and authoritarianism in group psychotherapy. *International Journal of Group Psychology, 32*, 189-200.

Bion, W. R. (1959). *Experiences in groups.* New York: Basic Books.

Braaten, L. I. (1979). Some ethical dilemmas in sensitivity training encounter groups and related activities. *Scandinavian Journal of Psychology, 20*, 81-91.

Bramlette, C. A., & Tucker, J. H. (1981). Encounter groups: Positive change or deterioration? More data and a partial replication. *Human Relations, 34*, 303-313.

Bunker, D. R. (1965). Individual applications of laboratory training. *Journal of Applied Behavioral Science, 1*, 131-148.

Cooper, C. L. (1972). An attempt to assess the psychologically disturbing effects of T-group training. *British Journal of Social Clinical Psychology, 11*, 342-345.

Cooper, C. L. (1975). How psychologically dangerous are T-groups and encounter groups? *Human Relations, 28*, 249-260.

Connell, R. W. (1995). *Masculinities*. Berkeley, CA: University of California Press.

Coser, L. A. (1956). *The Functions of social conflict.* New York: Free Press.

Crawshaw, R. (1969). How sensitive is sensitivity training? *American Journal of Psychiatry, 126*(6), 136-141.

Dentler, R. A., & Erikson, K. T. (1959). The functions of deviance in groups. *Social Problems, 7*, 98-107.
Erickson, R. C. (1987). The question of casualties in inpatient small group psychotherapy. *Small Group Research, 18*, 443-458.
Fessenden, F. (2000, April 9). Rampage killers: They threaten, seethe and unhinge, then kill in quantity. *The New York Times*, pp. 1, 28, 29.
Galinsky, M. J. & Schopler, J. H. (1977). Warning: Groups may be dangerous. *Social Work, 22*, 89-94.
Glass, L. L., Kirsch, M. A., & Paris, F. N. (1977). Psychiatric disturbances associated with Erhard Seminars Training: I. A report of cases. *American Journal of Psychiatry, 134*(3), 245-247.
Gottschalk, L. A. (1966). Psychoanalytic notes on T-groups at the human relations laboratory, Bethel Maine. *Comprehensive Psychiatry, 7*, 472-487.
Hartly, D., Roback, H. B., & Abramowitz, S. I. (1976). Deterioration effects in encounter groups. *American Psychologist, 31*, 247-255.
Howard, J. (1970). *Please touch: A guided tour of the human potential movement*. New York: McGraw Hill.
Jaffe, S. L. & Scherl, D. J. (1969). Acute psychosis precipitated by T-group experiences. *Archives of General Psychiatry, 21*, 443-448.
Kaplan, R. E., Obert, S. L., & Van Buskirk, W. R. (1980). The etiology of encounter group casualties: "Second facts." *Human Relations, 33*(2), 131-148.
Kirsch, M. K., & Glass, L. L. (1977). Psychiatric disturbances associated with Erhard Seminars Training: II. Additional cases and theoretical considerations. *American Journal of Psychiatry, 134*(11), 1254-1258.
Klein, M. (1959). Our adult world and its roots in infancy. *Human Relations, 12*, 291-303.
Laing, R. D. (1969). *The politics of the family.* New York: Vintage Books.
Lakin, M. (1969). Some ethical issues in sensitivity training. *American Psychologist, 24*, 923-928.
Leaf, A. (1973, January). "Every day is a gift when you are over 100." *National Geographic*, 93-119.
Leaf, A. (1982). Long-lived populations: Extreme old age. *American Geriatrics Society*, *30*(8), 485-487.
Lieberman, M. A., Yalom, I. D., & Miles, M. B. (1973). *Encounter groups: First facts.* New York: Basic Books.
Lubin, B. & Lubin, A. W. (1971). Laboratory training stress compared with college examination stress. *Journal of Applied Behavioral Science, 7*(4), 502-507.
Lubin, B. & Zuckerman, M. (1967). Affective and perceptual-cognitive patterns in sensitivity training groups. *Psychological Reports, 21*, 365-376.
Mitchell, R. C. & Mitchell, R. R. (1984). Constructive management of conflict in groups. *Journal for Specialists in Group Work, 9*(3), 137-144.
Moscow, D. (1971). T-group training in the Netherlands: An evaluation and cross-cultural comparison. *Journal of Applied Behavioral Science, 7*, 427-448.
Pleck, J. H. (1976). The male sex role: Definitions, problems, and sources of change. *Journal of Social Issues, 32*, 155-164.
Posthuma, A. B. & Posthuma, B. W. (1973). Some observations on encounter group casualties. *Journal of Applied Behavioral Science, 9*, 595-608.
Rice, A. K. (1969). Individual, group and intergroup processes. *Human Relations, 22*, 565-584.
Rioch, M. J. (1975). Group relations: Rationale and technique. In A. D. Coleman, & H. Bexton (Eds.), *Group relations reader 1*, (pp. 3-9). Washington, DC: A. K. Rice Institute.

Rogers, C. (1970). *On encounter groups.* New York: Harper & Row.
Ross, W. D., Kligfeld, M., & Whitman, R. W. (1971). Psychiatrists, patients and sensitivity groups. *Archives of General Psychiatry, 25*, 178-180.
Schutz, W. C. (1975). Not encounter and certainly not facts. *Journal of Humanistic Psychology, 15*(2), 7-18.
Singer, E. (1965). *Key concepts in psychotherapy.* New York: Random House.
Slater, P. E. (1966). *Microcosm.* New York: Wiley.
Smith, K. K. (1982). *Groups in conflict: Prisons in disguise.* Dubuque, IA: Kendall/Hunt.
Smith, K. K. (1989). The movement of conflict in organizations: The joint dynamics of splitting and triangulation. *Administrative Science Quarterly, 34*(1), 1-20.
Smith, K. K., & Berg, D. N. (1987). *Paradoxes of group life: Understanding conflict, paralysis and movement in group dynamics.* San Francisco: Jossey-Bass. Reissued with a new preface in (1997) by New Lexington Press (Classic Series).
Smith K. K. & Berg, D. N. (1995). A paradoxical approach to teaching group dynamics: First thoughts, first findings. *Journal of Applied Behavioral Science, 31*(4), 398-414.
Smith, K. K., Simmons, V. M., & Thames, T. B. (1989). "Fix the women:" An intervention into an organizational conflict based on parallel process thinking. *Journal of Applied Behavioral Science, 25*(1), 11-29.
Smith, K. K., Kaminstein, D., & Makadok, R. (1995). The health of the body corporate: Illness and organizational dynamics. *Journal of Applied Behavioral Science, 31*(3), 328-351.
Smith, K. K., Holland, R., & Kaminstein, C. (2003). Consultant as emotional container: Assisting organizational rebirth in Mandela's South Africa. In S. Cytrynbaum & D. A. Noumair (Eds.), *Group relations reader 3*. Jupiter, FL: A. K. Rice Institute.
Smith, K. K. & Zane, N. (1999). Organizational reflections: Parallel processes at work in a dual consultation. *Journal of Applied Behavioral Science, 35*(2), 145-162.
Smith, P. B. (1975). Are there adverse effects of sensitivity training? *Journal of Humanistic Psychology, 15*(2), 29-47.
Trist, E. L. & Bamforth, K. W. (1951). Some social and psychological consequences of the longwall method of coal getting. *Human Relations, 4*, 1-38.
Wade, J. C. (1998). Male reference group identity dependence: A theory of male identity. *The Counseling Psychologist, 26*, 349-383.
Wells, L., Jr. (1985). The Group-as-a-whole perspective and its theoretical roots. In A. D. Coleman & M. H. Geller (Eds.), *Group relations reader 2* (pp. 109-126). Washington DC: A. K. Rice Institute.
Wong, N. (1983). Failures, casualties, and hazards in-group psychotherapy. In L. R. Wolberg & M. L. Aronson (Eds.), *Group and family therapy 1983* (pp. XX-XX). New York: Brunner/Mazel.

ENDNOTES

1. For example, Berg and Smith (1995) created a system of group facilitation based on paradoxical interventions and explicitly wrote about the risks and the possibilities of casualties. They received many private responses to their piece but only one person ever discussed the issue of casualties with them. Their attempt to develop a public dialogue about groups and casualties triggered no public response.

2. Making EST anything but a small group experience.
3. B. Lubin and A.W. Lubin (1971) did find one group, however, that had many more cases of stress than others, indicating some groups can create a difficult environment for participants.
4. Hence a man who committed suicide after his group's second meeting was excluded because he was seen as "seriously disturbed" prior to entering group. Others with less dramatic problems were also not counted as casualties if they did not meet this criterion.
5. Schutz claimed that these included the study's two Gestalt, two Transactional Analysis and two psychodrama groups as well as its one Synanon and one Psychoanalytic group.
6. For example, participants were told being in a group might be stressful but control group members were not. When a member suicided, participants were encouraged to seek psychological help if distressed but control group members were not even informed of the death.
7. Bramlette and Tucker (1981) used a leaderless methodology with volunteer MBA students, but the groups did have a clear set of articulated goals.
8. And, even here, only 3% of the 4% experienced only "hurt" without compensating "gain."
9. We have used pseudonyms for all the people involved in the group experience. We have used first names for the students to distinguish them from consultants and the researcher.
10. This was an assigned reading for the course.
11. This caution, located prominently in the course syllabus, read: "A WORD OF CAUTION: This kind of course is often felt by members to be a strenuous and sometimes stressful experience. Individuals who are going through a period of unusual personal difficulty, who are in ill health, or who are in need of special emotional support should postpone attendance. The course is academic, using experience and a heavy set of readings to help people study group behavior. It is not designed to be of help in the solution of personal problems. If you have questions concerning the advisability of taking the course, please check with the course director." After Glenn's collapse, this warning was modified so the second to the last sentence read: "If you have questions concerning the advisability of taking the course or if you are taking any medication such as lithium, Prozac, or Chonaspur at this time, please check with someone whose opinion you value: your adviser, a close friend, the physician prescribing your medications, or, if you are currently in therapy, your therapist."
12. By group-as-a-whole, we mean the behavior of the group as a social system and the individual member's relationship to that system. This view implies that groups are more than the sum of their individual parts (Wells, 1985).
13. By intergroup, consistent with Alderfer (1977, 1986); and Rice (1969), we mean the relationship among all the sub-groups within the group and the conference. Thus, the group was made up of sub-groups of men and women, Asians and Whites, Asian women and White women, consultant, co-consultant, students, and advanced students, etc. In addition, the conference contained another group with a similar set of sub-groups.
14. As our late colleague, Dr. Leroy Wells, Jr. would have said, "Come on, these participants had to be wondering unconsciously if there were a lesbian relationship between the researcher and Ms. Breyer and if Weiss was 'into' both a Black and a White woman simultaneously. Was the researcher, in the imagoes of the

members, an authentic partner of the White, male director or was she a 'house Negro?'"
15. At a sociological level, Laing (1969) defined splitting as the partitioning of a set into two subsets. It is clinically defined by Klein (1959) as the breaking apart of ambivalences, such as the love/hate reactions of an infant towards its mother, and the projecting of them onto the parents by creating an inner world with a "good mommy" and a "bad daddy" (Wells, 1985). The person then treats the seemingly contradictory love/hate feelings as if they come from different places (Smith & Berg, 1987). Bateson (1936) provided an anthropological definition of splitting using tribal rituals where one part of a community takes on certain attributes on behalf of the whole, leaving another part free to adopt different attributes that also became enacted on behalf of the whole.
16. In concrete terms, Glenn started to mumble, declared he was Christ, and proceeded to tell people in a somewhat incoherent fashion that he would rescue them.
17. The conference director and this group course had moved to a new department, and the leadership of the conference had been placed in the hands of a new colleague.
18. The director undertook this practice at the request of two of the senior consultants, one of whom had been the co-consultant in Glenn's group. To balance the power of this intervention, all of the consultants in the conference had agreed that it would be wise for the director to observe each group equally. The director and consultants were well aware that this represented a daily, silent intervention on the part of the director, monitored its impact carefully, and discussed it during staff meetings.

CHAPTER 10

Behind and Beyond the Door: Implications of Leicester Conference Pairing for Organizational Work-pairs

Louisa Diana Brunner and Vincenzo Villari

INTRODUCTION

The Leicester Conference is a temporary social institution sponsored by the Tavistock Institute Group Relations Program and the Tavistock Clinic. It aims at studying authority, leadership, role, and organization processes by means of experiential learning and in-depth investigation of conscious and unconscious dynamics originating in the here-and-now during the conference. The co-authors took part in the 1999 conference, Vincenzo as a member of the Working Conference (WC) where "…the sole qualification for membership is the wish to learn…" (Leicester Conference brochure 1999) and Louisa as a member of the Training Group (TG) "…an advanced learning group…" with the possibility of "…taking up consulting roles within the Working Conference" (Leicester Conference brochure 1999). The co-authors are both Italian but live in different cities; Vincenzo is a psychiatrist in a large hospital in Turin and Louisa an organizational consultant in Milan. The co-authors first met at the Leicester Conference. The general purpose of this chapter is to identify and examine the conscious and unconscious dynamics in the parallel relatedness and processes that developed between the TG and WC, within the institutional boundaries of the conference and their impact on the co-authors' pairing during this conference. These experiences will set the stage for an analysis of the implications of conference pairing for organizational work-pairs.

The existing Group Relations literature contains little about the formal and informal dynamics that develop between individuals with different types of membership in conferences. This chapter will explore these issues and consider how participating in the Leicester Conference influenced the relationship between participants not only during the life of the conference, but also after it ended. The dynamics discussed provide an opportunity to explore the relatedness between and amongst groups with differing levels of authority and power, and therefore status. The chapter also attempts to examine post-conference experiences of separation and mourning in the absence of the formal conference boundaries. Finally, this chapter will also examine a seldom discussed issue in literature, but one which is widely