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Scapegoating in Group Psychotherapy

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ABSTRACT

The purpose of this paper is to describe and illuminate the phenomenon of scapegoating in group psychotherapy. Specifically, the role of projective identification–on both individual and group-wide bases–in the evolution of the deviant is delineated. Individual, interpersonal, and whole-group interventions are presented along with the technique of functional subgrouping, a relatively new and particularly potent group intervention. Several case vignettes are detailed for illustration.

> If people can be educated to see the lowly side of their own natures, it may be hoped that they will also learn to understand and to love their fellow men better.
>
> –*Carl Jung*

One of the more difficult tasks for psychotherapy (and other) group leaders is managing the scapegoat. Sometimes facilitators are tempted to collude with members in targeting and attacking "bad" patients (Rutan & Stone, 1993); other times leaders feel compelled to overprotect the object of group missives (Clark, 2002). Either way, the opportunity to explore and understand the deviant member, the subgroup, and the group-as-a-whole is compromised. Premature termination and poor cohesion may eventuate (Yalom, 1995), and neither the scapegoat, the leader, nor the rest of the group learn much from the experience (MacKenzie, 1990).

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Leader mismanagement of projection and projective identification is often responsible for the fate of the group and its scapegoat (Rutan & Stone, 1993). Although definitions of *projective identification* sometimes seem as varied and numerous as explanations of group work, there is some consensus that the process entails the externalization of unwanted or disowned self aspects onto others, followed by those contents being manipulated, controlled, or changed accordingly (Agazarian, 1992; Aron, 2003; Horwitz, 1983; Klein, 1992; MacKenzie, 1990; Malcus, 1995; Rutan & Stone, 1993). Projections by individuals, subgroups, or the group-as-a-whole interfere with members' ability to reclaim and examine forbidden self parts (Alonso, 1993), and receiving projections obscures other, healthier self features the scapegoat may less easily access (Clark, 2002). Either way, this unexamined exchange of externalizations limits the safety of the group, depth of the work, and individual (and group) opportunities for growth (Gemmill, 1989).

Clinicians need to recognize scapegoating, understand its causal mechanisms, and exploit its adaptive aspects in promoting group as well as individual development. In this paper, key principles are defined and explained, and useful techniques for managing the group and its scapegoat are discussed. Several clinical vignettes are included to illustrate scapegoating and how leaders can therapeutically manage the identification of group projections.

PROJECTIVE IDENTIFICATION AND SCAPEGOATING

Historically, the scapegoat originates from the biblical story of Aaron, who symbolically confessed the sins of Israel onto a goat. The animal was then banished to the wilderness and, presumably, the nation's ills expired with the beast (Rutan & Stone, 1993).

Clinically, this is called projective identification. Specifically, others act out or contain externalizations of unwanted self parts (Gabbard, 2005). In some cases, the sender may elicit in others that which is projected; in other cases, the sender may simply see

the forbidden in others and try to change or control them accordingly. In this way, the projected material is less toxic and easier to manage insofar as it is "not me."

Group members do something similar—they project unwanted self aspects onto another person, then attack the "deviant" in a way that limits, skews, or terminates the latter's participation. The immediate group affect is one of relief, but it is only a matter of time before forbidden thoughts, feelings, and impulses resurface. The group then searches for a new container in which to deposit and dispose of undesirable parts. Additionally, members feel guilty for what they have done to the scapegoat (Malcus, 1995) and frightened by the possibility they could be next (Skolnick, 1992).

Under such powerful unconscious forces, a negative and potentially fatal group cycle follows. Each member's inability to excavate, examine, contain, and possibly express psychic pain makes the group an increasingly unsafe place. Universality and cohesion, among other therapeutic factors, fail to materialize, and members' regressive tendencies to split the world into good/bad, either/or, right/wrong, and other dichotomies continue. The ability to differentiate between self and other also remains impaired, and the very feelings, fantasies, thoughts, and impulses that motivated the request for help go underground.

Clearly, scapegoating can be a "pernicious form of group acting out behavior" (Flapan & Fenchel, 1987, p. 181). As Cohen and Schermer (2002) noted, "To exile a scapegoat is to separate oneself from unacknowledged aspects of one's own self" (p. 107). Such a view, however, overlooks the adaptive, even desirable role the deviant plays in and for the group (MacKenzie, 1990). As Aron (2003) indicated, the scapegoat can promote differentiation among members, particularly during the conflict stage of development where attempts to individuate and manage engulfment anxiety are prominent. It has also been suggested that the scapegoat makes the group safer, albeit in a primitive, compartmentalizing fashion, as members maintain their goodness and the goodness of the group by lodging their faults in one specific person (Malcus, 1995; Toker, 1972). The scapegoat also may facilitate the reclama-

tion. acceptance, and integration of self parts heretofore seen only and despised in others.

Management of Projective Identification and Scapegoating

Leader Tasks. One task of the group therapist is to protect. By clarifying, confronting, and interpreting projective processes, the leader prevents the marginalized individual from absorbing and being overwhelmed by externalized affects and other contents (Skolnick, 1992). Although the group may consciously object to defending someone who, on the surface, is so objectionable, underneath it cultivates a collective sense of safety since, clearly, even the most unbecoming of members is welcome. In fact, a powerful antidote to individual fears of retaliation, ridicule, rejection, and other catastrophes is to see someone far more toxic benefit by remaining in the room. Defending the scapegoat also protects the integrity and work of the group, and opportunities increase to see what belongs to whom. This is particularly important early in group life, where members remain relative strangers and feedback is more likely the result of unexamined projection and transference.

A related leader task is to point out projections and how a member's impression of another may say more about the subject than the object (Alonso, 1993; Clark, 2002). In essence, the therapist needs to mark "Return to Sender" on many group curiosities, thereby increasing self awareness and minimizing projective identification and scapegoating. Also, the therapist should be aware of, and not seduced by, the group's collusive attempts to help, inform, or correct a troubled patient. Oftentimes group members will make "projects" out of the scapegoat, but these seemingly altruistic or otherwise constructive attempts to assist or soothe may defend against examining similar difficulties in oneself (Rutan & Stone, 1993). At the same time, the therapist must be careful not to interfere with group agency and the cultivation of norms conducive to an interpersonal format. It is particularly important that the therapist differentiate constructive interpersonal feedback

from projective identification (Rutan & Stone, 1993). Needless to say, this is a fine, and not always fluid, balance; however, leader awareness of the group's developmental level can help make this distinction, as illustrated and explained in the vignettes below.

Another task of the therapist is to consider how and why a specific person becomes the group target. Sometimes the scapegoat is literally infected by others and will evidence ego dystonic thoughts, wishes, affects, and/or behavior (Agazarian, 1992; Malcus, 1995). Other times the projections are ego syntonic and sensitivity to and affinity for the material make the deviant a convenient and capable container (Kibel, 1992). The scapegoat also may be familiar with the role, particularly with respect to one's family of origin (Rutan & Stone, 1993). For instance, the deviant may deny self worth or tender affects (Kibel, 1992), but unconsciously satisfy needs for attention by absorbing negativity and inviting attack (Clark, 2002).

Leader Technique. Probing, empathy, confrontation, and interpretation are some of the more effective interventions leaders may employ to manage projection and projective identification in group. For example, if a member tells another, "You shouldn't be afraid to cry," the therapist might probe, "How are you with tears?" or empathize, "It's frustrating to see him hold back." Alternatively, the leader might confront, "If I'm not mistaken, earlier you were afraid to cry, too," or interpret, "Perhaps his reluctance to cry is keeping everyone's emotions at bay." As just illustrated, these interventions can be made at several levels or units of analysis; namely, the individual, interpersonal, or group–as–a–whole.

As initiated by Agazarian (1992) and now embraced by others (Agazarian & Janoff, 1993; Kaye, 1990), functional subgrouping is a technique in which the leader identifies two or more members who share similar thoughts, feelings, behaviors, or wishes. This intervention is particularly useful for mitigating projective identification and scapegoating insofar as no one is left holding all the group's luggage. In the above example, for instance, a therapist might invite members to subgroup around crying versus withhold-

ing, thereby lessening the likelihood that any one person will get marginalized for being emotionally expressive or reserved. The vignettes below provide several examples of how subgrouping and other said techniques have been employed in managing this ubiquitous group dynamic.

Vignette #1: Individual Interventions

At the final meeting of a very cohesive and hard-working short-term psychotherapy group, one woman became quite upset over the absence of several members. Other clients soon joined in the attack, criticizing how the delinquent patients cowardly avoided termination and violated their commitment to the group. As the aggression and blame escalated, the leader interpreted that the missing members were acting out difficulties with grief that was shared by those present. After a long pause, one member admitted to struggling with whether or not to attend, and soon several people talked about how much they "dreaded" coming to this [last] meeting. One member became particularly upset, and in response to leader probing and empathy, associated to deep sadness about feeling abandoned by her father when she was eight. Others joined her in speaking to their own experience with loss, and the group ended on a productive, albeit painful, note.

This example illuminates how the absentees defended against loss by acting out, and how those present sidestepped their own grief by focusing on the misbehavior of the deviants. The leader's initial group-as-a-whole interpretation brought the patients back into the here and now, effectively ending the complaining about the absentees, a relatively passive, disempowering, and all too familiar position. Subsequent probing and empathy by the leader facilitated closing with one another as well as excavating longstanding, unspoken feelings of loss.

Vignette #2: Subgroup Interventions

In the first meeting of a short-term psychotherapy group, one woman suddenly, and without apparent provocation, began verbally assaulting another. The victim tried to deflect the blows and

clarify her [benign] intent, but to no avail. Likewise, other members' attempts to gently disarm the aggressor only seemed to make her feel more persecuted. The therapist was equally stumped, unsuccessful at resolving the conflict, and unable to restore some degree of civility and safety to the group. The meeting ended on a very uncomfortable and unusual note, particularly for a first session.

The following week, the leader immediately probed patients regarding their feelings about the previous gathering. Another assault ensued, this time toward the aggressive member. Sensing that a scapegoat was in the making, the leader confronted the group on whether or not the hostile patient was the only one who ever got angry or aggressive. After some hesitation, one member admitted to having a temper and acting similarly. The leader then probed for an "aggressive subgroup," and soon several other patients admitted to having difficulty controlling their anger. Another member, however, said just the opposite; namely, that he avoided conflict and, like several absentees, seriously considered skipping group. Again, the leader inquired about a "passive subgroup," and soon a couple others spoke to their aversion to conflict. Last, another member described his indirect aggression, and the passive yet powerful ways in which he secretly retaliated. Again, the leader probed for, and established, a "passive-aggressive subgroup." By the end of the meeting, all members acknowledged feeling and expressing the untoward affect, thereby illuminating the reality that aggression was not unique to the deviant member.

In this case, a young woman felt threatened by another member and defended herself accordingly. Although her behavior suggested deficits in her own character, it was too early in the group to be sure. More importantly, assuming an exclusively interpersonal position at this juncture increased the likelihood the young woman would be left holding the group's aggression. Also, the longer the group focused on the aggressor (and her victim), the more it appeared she was doing the group a favor by distracting them from their own anxieties around introspection, self-disclosure, and shame.

The leader's use of functional subgrouping allowed others to examine and reclaim their own styles of regulating anger and aggression (e.g., passivity and avoidance, passive-aggression, and aggres-

sion). Interpretation and confrontation also reminded the group that they contributed to the group's difficulties insofar as they focused on the scapegoat rather than themselves. The result was a more cohesive and evenly distributed group where no one was marginalized, no one quit, and everyone felt safer speaking to symptom-related thoughts, affects, and behaviors otherwise forbidden in the circles of everyday life.

Vignette #3: Interpersonal Interventions:

By the third meeting of another short-term psychotherapy group, a soft spoken but talkative elderly woman complained how a nearby housing project would negatively impact resources in her community. Shortly after she began, however, members began checking their watches, yawning, and dependently looking at the therapist, clear signs they were bored and irritated with the speech. Finally, one woman confronted the woman and several others quickly followed. Although the leader thought eventually this feedback might be useful, at the time he determined it was better framed as a group issue. Specifically, he interpreted the older woman's concerns about her neighborhood as a metaphor for similar anxieties about time, space, and equity within the group. Consequently, he welcomed, versus opposed, her contribution.

As the group progressed, however, it became clearer that the older woman was indeed verbose and had difficulty engaging others. By the tenth meeting the group again attempted to give her feedback, and this time the leader probed members for specific behaviors the woman could understand. Although the observations hurt (as constructive comments often do), the woman was able to integrate the messages (unlike in the beginning, where she felt misunderstood, attacked, and inclined to quit) and paralleled them to her home life where she often felt neglected, minimized, or ignored. By group's end, this woman spoke more concisely and with more emotion than she had in the beginning. The result was more engagement, both in and outside the room.

This example highlights the benefits of withholding interpersonal feedback until the group is more cohesive, group affects and other tensions are more evenly distributed, and impressions of members are based more on in-group data than the projections and

transferences so common when individuals first meet. A group-level interpretation spared the older woman from being the container of the group's dependency needs; likewise, it helped other members recognize their own conflicts around the wish to be seen and heard versus their fear of being selfish, needy, and/or engulfed.

However, the talkative woman's conduct did, indeed, warrant attention. In time, the leader eventually encouraged feedback without worrying about scapegoating or how the messages might say more about the sender than the receiver. In this way, the leader interpreted the woman's feedback as a "gift," and gave her an opportunity to engage in new behavior that left her feeling less alienated, unloved, and alone. Determining when feedback is constructive versus projective, however, is not always easy (Rutan & Stone, 1993) but, as indicated above, usually is more reliable and valid once group members (and the therapist) have more immediate, as opposed to distant, data with which to work.

Vignette #4: Whole Group Interventions:

Recently, a therapist consulted a colleague about strong countertransference feelings he was having toward a group member. He expressed irritation that a young female member often ate and was distracting (e.g., noisily removing food wrappers) during meetings. Moreover, he had recently learned from another member she had been talking about him outside the group. Immediately prior to the consultation, she also called the leader to tell him she would miss the next two meetings. The therapist was irritated with the member, and asked the consultant whether or not he should confront the woman, set limits on her behavior (e.g., no eating in group; no more absences), and/or give her feedback regarding his experience.

The consultant recommended the leader do none of the above. Instead, he hypothesized the woman's behavior represented unmet dependency needs, ambivalence about the leader, and other group anxieties. He opined that the deviant was a "voice" for the group, and provided the leader and others with an opportunity to examine these issues in everyone, not just the scapegoat. The leader, consequently, set aside his personal reaction, regained his curiosity about

the deviant and other members, and interpreted the behavior accordingly.

Yalom (1995) reminds us that another function of the scapegoat is to protect the leader. Members can displace onto each other untoward feelings intended for the therapist. Direct expression is deemed unsafe lest the leader retaliate, reject, and/or deteriorate. A scapegoat, however, enables group members to safely discharge intolerable and dangerous affect.

In this vignette, the therapist of a new psychotherapy group evoked dependent and aggressive energies that members did not yet believe he could benignly contain. Consequently, these issues were acted out by one member and encouraged by others. Instead of colluding with members and confronting the deviant patient, the leader was advised to be curious about anxieties about him and the group-as-a-whole. Whole-group interpretations were recommended, and later employed, to redirect group anxiety, frustration, and ambivalence back onto the leader.

CONCLUSION

Scapegoating is ubiquitous. It occurs in couples, families, organizations, and larger social systems. It also emerges in small groups, including psychotherapy ones. Unexplored and unanalyzed, scapegoating is destructive–through projective identification and other defenses one member evidences affects and behaviors that belong elsewhere. When these projections are not reclaimed, damage is done to the scapegoat and the group suffers in the depth and progress of the work.

Initially, therapists may be tempted to join the group in targeting or attacking the deviant member. Indeed, as indicated above, some people are not strangers to the group's projections and, consequently, the missives are easily absorbed. Effective leadership, however, will interpret how scapegoat behavior speaks to similar issues in other group members. In addition, skilled therapists will

be able to help scapegoats move beyond a role in which they may be pathologically familiar.

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READER'S FORUM

Reflections on "What is a Group ?"

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Fifty years ago, the pioneers of North American group psychotherapy were mostly uninterested in the group and group process as such and, in a few instances, believed that attention to group process was actually antitherapeutic. Perhaps a trickle of interest in the importance of attending to the group as group was percolating in from Britain, primarily via those Canadian professionals who had trained there. Twenty-five years later, interest and appreciation in the group was clearly evident: the literature revealed that studies of group development were being actively pursued and that attention to group process and its technical handling in therapy were becoming the norm. Today it seems ludicrous to imagine that a group psychotherapist could work effectively without good knowledge and understanding of group development and group dynamics.

In this essay, I reflect back on one of the historic questions that arose early in our work: What is a group? This question revolved around the argument/debate that polarizes somewhat thus: A group comes into existence as soon as an assemblage of people meets together, and it should be thought of and treated as such—versus— A group comes into existence only after an assemblage of people with a shared aim has met together a number of times and has become "articulated" or "welded" together. This argument has tended to produce more heat than light, being essen-

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