The goal of the clinical paradigm is to help people revisit past experiences and thereby explore new challenges in life. If we are to conduct healthy roles in organizations, we have to ensure we are not strangers to ourselves.”

Manfred Kets de Vries (Kets de Vries, 2011)

“Many unconscious dynamics of personal and family life are at risk of flaring up again and being enacted in institutional functioning particularly if the institution is led and managed in a way as to turn a blind eye to such issues... Many an organization is beset by a re-enactment of such dynamics in their staff group.... and whilst a ‘family-type’ or therapeutic intervention is never justified, an awareness of the presence of such issues and a refusal to play into them can go a long way in creating a task orientated team.”

Anton Obholzer. Leadership, followership and facilitating the creative workplace p39 (Obholzer & Miller, 2004)
6.1 Introduction

This chapter is divided into three important theoretical areas: Psychodynamics, groups, and coaching. As we have seen from the literature, interventions with these three disciplines at core are used in the social sciences. These disciplines work as we have seen in the literature review. However, behind the quantitative analysis contained in the empirical studies I have shown sits a realm of theoretical history and literature. In order to make this functionally relevant to the emerging theory, this chapter attempts to connect the theory of each of these important areas back to the overall intervention. For example, different concepts like storytelling and transitional phenomena emerge in the theory of psychodynamics, but are also deployed in this intervention. Similarly, in group-therapy the notion of “group as a whole” is as relevant to the therapist as is the individual patient. In order to be effective, the psychodynamic group coach must also be aware of these notions and have the facility to manage them.

6.2 Section 1: Short-term psychodynamic therapy and change

In developing a theory of the group-coaching, psychodynamic theory is at the core. It might be thought of as the engine that drives the process. The “instrument” that is used to make change happen is coaching done in a group setting. It has been demonstrated that exposure to each of the various methods of intervention (psychodynamic psychotherapy, group-therapy, and executive coaching) given the right circumstances can be an effective catalyst for change. I will explore the three methods of the intervention, notably with respect to aspects that lead to change and with respect to the relationship between each discipline and psychodynamic group-coaching. Where possible I will supply real examples of how the theory is practiced in the group-coaching arena.

6.2.1 The definition of psychodynamics

The term psychodynamics relates both to group-process and to coaching in this intervention. A straightforward definition of psychodynamics might be the theory of the psychological forces that underlie human behavior, taking account of the dynamics between unconscious and conscious motivation, causes of emotional distress and defenses. Put in another way, it is:

1. The psychology of mental or emotional forces or processes developing especially in early childhood and their effects on behavior and mental states.
2. Explanation or interpretation, as of behavior or mental states, in terms of mental or emotional forces or processes.
3. Motivational forces acting especially at the unconscious level (Merriam Webster, 2004).

While practitioners working in a cognitive behavioral modality typically are more present and future oriented, the psychodynamic practitioner will also look backward for clues to the origins of behaviors, to be able to understand the present and give help in the future. Anecdotally, many participants on executive programs in which I have worked are looking for a “quick fix.” The psychodynamic approach takes more time. Executives are used to working in a fast-moving fluid environment that is not necessarily given to periods of self-reflection. Paradoxically this may be why the results of the intervention are so successful. In a later chapter I will show the qualitative results of interviews with the participants of a program.
6.2.2 Psychoanalytic psychotherapy and its relationship with psychodynamic group-coaching

Psychoanalytic psychotherapy has at its core three techniques. First, the use of transference, that is a relationship from the past being experienced in the here and now. Second, the use of free associations, or the client speaking whatever is on his or her mind again in the here and now. Finally, it uses the understanding of resistance to free association whether conscious or unconscious (Freud, 1949).

These techniques helped release memories and fantasies that had over time become banished to the unconscious. Object relations theory has become the major model for psychoanalytically oriented therapists nowadays. Mitchell and Greenberg (1983) commented that the focus in psychotherapy had shifted from a Freudian Oedipal frame toward object relations, or an infantile dependency frame. Their proposition was not only rooted in psychoanalytic theory but also that of Piaget’s theories of cognitive development and Kohut’s personality development theories, which I remark on elsewhere.

Object relations is particularly relevant because in the coaching intervention I am examining much attention is paid to early life experiences.

Moreover, defense formations serve as a way for psychodynamically oriented therapists to discover disguised thoughts and feelings. Defenses are often noticeable during a group-coaching intervention. These are discussed in more detail later in this chapter. Moreover, according to theorists it is unusual for current disturbance such as intense grief to be unrelated to or unconnected to a significant prior event (Jacobs, 1984). Consequently, as a group coach, when we notice extreme affect, which is not uncommon, on exploration we often discover the trigger lies in much earlier experience. Uncovering the root of the trigger can be helpful for the coachee. Alexander and French (1946) stated that the goal of Freudian therapy was to help clients experience old conflicts but with a new end.

During the group-coaching intervention the coach will seek to allow the client to give voice to conflicts with a boss or subordinates, for example, and then find new ways to reframe and reposition that relationship with the help of the group. However, the act of surfacing these issues can at times be noticeably painful, at times more painful than the event at face value suggests. From this maybe we can infer that unconscious material is arising from previously unsolved issues. Another stated aim of psychoanalytic psychotherapy is to develop the client’s ability to question and explore him or herself even when the therapy has been terminated (Jacobs, 1984). Kets de Vries (2001) talks about creating reflective leaders, and that the starting point for good leadership practice is to know oneself. If that is the case, then the retrospective experience, described in the process chapter that executives undergo in the group-coaching arena, will allow for such a journey and begin the process of restructuring.

Jacobs (1984) posits that psychoanalytic theory is of particular value to anyone who wishes to understand the dynamics of personal growth and development. The theory suggests that change takes place through catharsis, confession, abreaction, transferential processes, and insight. Much of this happens outside of the client’s awareness, as it does in group-coaching. A client admitting and facing up to the feedback that they have bullying tendencies as a boss, may be unaware of the implications of confronting and working through that with a coach and group of peers. The event may prove both cathartic and is certainly confessional. Such occurrences
are not unusual. Moreover, the skill of the coach will be to work with that information and not to provoke a strong defensive reaction. In that example, one can see a strong similarity between a psychoanalytic approach and its use in group-coaching.

6.2.3 Jungian theory: The relationship with psychodynamic group-coaching
While Freud provided the groundwork for psychodynamic theory, Jung developed several aspects of psychodynamic theory that are useful when considering today’s executive. Of particular interest is his work on archetypes. Jung posited that a set of universal archetypes formed the substrate from which basic themes of human life emerge (Jung, 1981). He believed that these archetypes manifested or actualized in daily life in the form of action. Nevertheless, they were largely unconscious. The trigger to reveal them was a proximity to archetypal figures or events. For example, archetypal figures might be parental models, heroes, other family members, or early role models. Archetypal events might be experiences of mortality, separation and divorce, and seminal life events. Why is this relevant? Underlying this theory was Jung’s position that the psyche tended toward wholeness. Group-coaching may trigger that journey or accelerate it. When the process is healthy, the person will experience individuation whereby the conflicting aspects of the psyche become integrated or whole. People make the links to the unconscious by talking and verbalizing affective experiences. Freud has earlier hypothesized that by talking, aspects of the psyche released repressed events and thereby effected a talking cure. While in the group psychodynamic executive coaching environment we are not seeking to “cure” people, (they are not sick), it is the starting point of providing a place to talk, using a psychodynamic approach as described, where unconscious forces may actualize and possibly begin a process of integration. When I interviewed Kets de Vries he called it a process of “cognitive restructuring.” He also said that mental health is “having a choice” where the choice is suggested by widening a person’s options. Specifically, the archetypes, bad parents, ex wives, weak bosses, become separate from the current triggers in organization or personal life, and a process of working through begins.

6.2.4 Psychodynamic psychotherapy and its relationship with psychodynamic group-coaching
Psychodynamic psychotherapy is a further distillation of a form of depth psychology. Depth psychology is a broad term that refers to any psychological approach examining the depth (the subtle or unconscious parts) of human experience. It includes the study and interpretation of dreams, complexes, and archetypes, and it encompasses any psychology that works with the concept of an unconscious mind, the primary focus of which is to reveal the unconscious content of a client’s psyche in an effort to alleviate psychic tension. Although its roots are in psychoanalysis, psychodynamic therapy tends to be briefer and less intensive than traditional psychoanalysis (Della Selva, 1996). The assumption that accompanies psychodynamic psychotherapy is that some form of maladaptive functioning is evident. In psychodynamic group-coaching no such assumption is made. The assumption is in fact that the participants with whom one works are at core, fundamentally healthy. Nevertheless, typically there are issues of professional functioning that need to be recalibrated or worked through.

6.2.5 Kleinian theory of object relations and its relationship with psychodynamic group-coaching
In spite of the fact that these various practitioners have approached object relations from a variety of angles the central tenet is the same: Depending on the dynamics of the original child parent (object) relationship, will determine the ability of the individual to have a sense of security, a realistic concept of the self and empathic understanding of others (Klein et al., 1992). Great care is taken in psychodynamic group-coaching to help executives think about these relationships in context, not digging so deep as to unearth old wounds, but allowing them to give voice to the dynamics and helping them to understand how those dynamics may still be influencers of their behaviors in certain situations.

Continuing my discussion of short-term dynamic psychotherapy from Chapter 5, there now follows an examination of three types of brief therapy which seem to have special relevance to the intervention I am researching

6.2.6 Short-term dynamic psychotherapy

Since any short-term executive intervention is not psychotherapy, I looked for a briefer method of intervention that had similar characteristics. Therefore, the first building block of the model uses aspects of short-term dynamic psychotherapy which deals with exploration of human needs and motivations assuming that a great deal of what happens to humans is unconscious. While executives are not volunteering for psychotherapy when they enter management programs, an understanding of where they have come from and why certain behaviors exist may be helpful in starting the process of change. Usually, in brief therapy, patients come to treatment expecting focal problem resolution to their problem (Garfield, 1986). Similarly, executives entering the LDP session are asked to raise the one or two central problems that they face themselves. They certainly expect some form of resolution by the time the session has ended.

Requiring them to identify their issues is a first step in building self-efficacy. The coach will investigate background causality as well as environmental factors to assess what the client needs to become unstuck. It involves getting clients to pay attention to previously ignored aspects of their lives and/or to think about the positive aspects of their lives. In psychodynamic group-coaching, presentation of their self-portrait and an explanation of their journey and significant milestones along the way, initiates that process. Often, as the participant presents the portrait and looks at his or her life holistically, patterns become evident both to him or her and the group. Depending on how these patterns are handled, they can form the basis for deeper discussions around defences and dysfunctions that exist in the person’s professional life.

6.2.7 Extremely brief short-term dynamic psychotherapy

Over time, short-term therapy has become briefer. Malan, one of the founding fathers, described a technique that lasted 40 interviews (Malan, 1963). Mann created a time-limited therapy that lasted 12 sessions (Mann, 1973). Davanloo, another founding father, developed a therapy for phobias that dealt head on with defenses over several months and produced impressive psychodynamic resolution of patients’ problems (Davanloo, 1978). Finally, Sifneos developed a focal, goal-oriented therapy for Oedipal or triangular conflicts in which the amount of sessions could be reduced even further (Sifneos, 1987).

As it turns out, the majority of interventions are short (Garfield, 1986). Contrary to what one might expect, the average length of therapy is four sessions and the median
is one (Phillips, 1985). This raises the question of whether such brevity can indeed be effective. Sperry (1989) notes that therapeutic transactions can take place in the course of a few moments, with only a few words being exchanged. Assuming they are the right words spoken in the right way, the patient is quite likely to profit from the transaction. Thus, there is little practical reason why a psychodynamic coaching approach, using the principles of therapy, cannot be as effective, especially when utilized in combination with other approaches. Often, clinicians will approach a therapeutic encounter as if it were the only session and instil in the client a sense that change will be effected (Sperry, 1989). Moreover, the brief therapy movement has become more solution focused (G. Miller, 1997). Sifneos (1982) notes also that long-term change can be triggered in a single session. His assumption is that the patients may have themselves been on the verge of a psychodynamic resolution to their problems but have been unable to achieve it without outside help. He suggests that even a friend or relative can provide the necessary trigger but warns that leaving those matters to chance may in the end be harmful. Psychodynamic group-coaching puts those “on the verge” of making change in a position to do just that by lowering the stakes. It offers an opportunity to experiment with different ways of being, or possible other selves, in an abbreviated timeframe (Kets de Vries, 2005). Moreover, where psychiatrists are skeptical that such short-term fixes are sustainable and may represent a flight into health, practitioners of short-term dynamic psychotherapy actually relish the fact that the client will not become dependent and encourage self-sufficiency (Sifneos, 1982). This modality is also the central tenet of coaching philosophy (Starr, 2003).

It is possible that practitioners of STDP reading this material may be dismayed that clinical techniques are being applied in an executive setting. Practitioners of STDP are qualified psychological health professionals. Practitioners of psychodynamic group-coaching have had a degree of training in psychology but are not trained to deal with complex psychopathologies. Given these concerns it is important to put on record what a psychodynamic group coach does not do, compared with the field of STDP. First, while the practitioner may be aware of transference and counter transference issues, he or she will rarely if ever utilize that knowledge. Thornton (2010) discusses briefly the issue of transference in coaching groups stating that when a response in a group-coaching situation is disproportionate then a transference issue may be present. She does go on to say, however, that while these minor projective misunderstandings are ever present, the most important focus should be bringing the client to a greater grip on present reality and that this is largely done via the group. Second, complex pathologies are not investigated and if noticed are in fact referred with the permission of the participant.

6.2.8 Short-term anxiety provoking psychotherapy

The most striking similarity to STDP, however, is a sub-strain of the practice, introduced by Sifneos and Davanloo under the name of short-term anxiety provoking psychotherapy or STAPP. STAPP differs from traditional psychotherapy in that it deliberately looks for confrontational points of contact with the patient. Specifically the therapist will pursue the painful conflicts underlying difficulties and use anxiety provoking questions, confrontations, and clarification to help the patient experience why certain defenses against behavioral change have been erected (Davanloo, 1992). Similarly in psychodynamic group-coaching the coach will not solely focus on the behavior but look for the underlying root cause and attempt to make links to the
current situation. With this insight, the coach will hope that the participant will experience the emotion as well as the rationale behind the aberrant behavior and with the help of the group begin to build a platform for change. However, I would not go so far as to suggest this is the only method. Each client requires a different approach. The same is true of each group. The use of paradoxical interventions and motivational interviewing, which I discussed in an earlier paper (Ward, 2008) are also methods of helping clients move forward. The strong link to Davanloo’s work is provided by the feedback material, that I would argue, is, in itself, conflictual material. The practitioner needs to determine the right way to work with this material.

In Table 11, adapted from Peter Sifneos, I have shown both how patients in short-term anxiety-provoking therapy are selected and what characteristics predict a favorable outcome (Davanloo, 1992). Implicitly, as one sees, STAPP patients are evaluated before treatment. Group-coaching clients are evaluated for their ability to function well on an executive program. Consequently it is the job of the group coach to evaluate these criteria quickly as the session begins. The coach will ask what it is the participant wants to achieve during the session, checking to see if there are one or maybe two issues that need to be addressed. During the exposition of the self-portrait, explained in more detail in Chapter 3, it becomes quite evident whether the person has had wholesome or dysfunctional early relationships. The coach will press the group for feedback on each participant as to whether they have had favorable interactions with them and are either open or more closed for example. An above average intelligence and sophistication is taken for granted because of the environment. Motivation to change is often the most difficult to decipher since paradoxically those who express a desire to change can exhibit strong defenses against just that. The key point is that these key criteria are looked at in varying detail.

<table>
<thead>
<tr>
<th>Key selection criteria for STAPP patients</th>
<th>Key characteristics predicting successful outcome of STAPP patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>A circumscribed chief complaint</td>
<td>Ability to recognize that the issue is a psychological one</td>
</tr>
<tr>
<td>A meaningful relationship with another person in early life</td>
<td>Tendency to be introspective and give honest and truthful accounts of the issue</td>
</tr>
<tr>
<td>An ability to interact flexibly and have access to his feelings</td>
<td>Curiosity and willingness to make an effort to understand himself</td>
</tr>
<tr>
<td>An above average psychological sophistication and intelligence</td>
<td>Willingness to change explore and experiment</td>
</tr>
<tr>
<td>A motivation for change</td>
<td>Eagerness to participate actively with the therapist during treatment</td>
</tr>
<tr>
<td></td>
<td>Realistic expectations about the therapeutic process</td>
</tr>
</tbody>
</table>

Table 11 STAPP selection criteria and characteristics predicting success.
(Adapted from Sifneos, 1987)

In a Cochrane review of short-term psychodynamic psychotherapy, 23 studies of 1,431 randomized patients with common mental disorders were included (Abbass, Hancock, & Kisely, 2006). These studies evaluated short-term psychodynamic psychotherapy for general, somatic, anxiety, and depressive symptom reduction, as
well as social adjustment. Outcomes for most categories of disorder suggested significantly greater improvement in the treatment versus the control groups, which were generally maintained in medium and long-term follow-up. However, only a small number of studies contributed data for each category of disorder, there was significant heterogeneity between studies, and results were not always maintained in sensitivity analyses. The authors’ conclusions were that short-term psychodynamic psychotherapy shows promise, with modest to moderate gains, and often sustained gains for a variety of patients. However, given the limited data and heterogeneity between studies, they felt that the findings should be interpreted with caution and that larger studies of higher quality and with specific diagnoses are warranted. To date that has not happened.

With this conflicted evidence in mind, practitioners therefore look for anecdotal evidence. Coughlin Della Selva (1996) cites six characteristics that the practitioner looks for post hoc (listed below). As a practitioner of psychodynamic group-coaching, I suggest that there is a direct correlation—even overlap—between these success factors, and the success factors that we observe and look for in participants after a successful group-coaching intervention.

1. Reduction in anxiety.
2. Decreased reliance on defenses.
3. Increase in emotional activation and decrease in affective expression.
5. Newfound sense of mastery that overrides feelings of helplessness.
6. Increased adaptive capacity suggesting psychological growth.

6.2.9 The role of transitional space in psychodynamic group-coaching

As we saw earlier, it was D.W. Winnicott (1953) who introduced the notion of transitional phenomena and objects to the field of psychoanalysis. Winnicott (1953) first deployed the concepts of transitional phenomena in his writings around the experimental behavior patterns of young children. He postulated that as babies develop into young children they undertake a process of separation from the mother figure or caretaker. In doing so, they will often use a transitional object, such as a favorite toy or a handkerchief for example, as a sort of replacement for the unavailable parent. This object becomes a comfort and Winnicott believed the object is used as a comfort against anxiety, brought on by the realization that there is a separate external reality apart from the mother.

Winnicott believed a transitional space was a developmental phase between psychic and external reality. He also suggested that during this phase a child generated a feeling of omnipotence. The child was master of its surroundings at that time and had autonomy. If such a space could be recreated and replicated in an adult setting it might be extremely powerful. My observations are that the participants find themselves in exactly that position during an intense group-coaching experience. They are essentially between two places: letting go of long held beliefs and behaviors and pondering the benefits and possibilities of new ways of thinking and being.

Winnicott (1971) also described the notion of transitional space. He noted:
“It is in the space between inner and outer world, which is also the space between people—the transitional space—that intimate relationships and creativity occur.”

The space in which executives find themselves during these group-coaching days could plausibly be described as “transitional space.” The question becomes what do the supposed playful aspects of transitional objects and space have to do with this type of coaching environment?

As Winnicott (1971) said:

“Psychotherapy takes place in the overlap of two areas of playing, that of the patient and that of the therapist. Psychotherapy has to do with two people playing together. The corollary of this is that where playing is not possible, then the work done by the therapist is directed towards bringing the patient from a state of not being able to play into a state of being able to play.”

---

On the same subject, Dubouloy (2004) comments that finding a transitional space is an opportunity to develop further and gain more maturity and may also be an opportunity for radical change and progress.

Why is this whole notion important in the executive setting and what can be said about it that links directly with psychodynamic group-coaching? First, let us look at the objective of the session. The objective of the session is that the participant will gain new insight and thereby do something differently. Learning takes place when the person is temporarily disoriented (Thornton, 2010). We then put the new knowledge in the context of what we already know and how the new information fits with our world view and how the world needs to change in order to fit the new information (Piaget, 1932).

Senge (1990) talks about a ladder of inference (Fig. 16) that is not dissimilar to this concept. In order for learning to happen, or for the ladder of inference to be broken, the disorientation needs a safe place to play out where the coach will not only play the

---

Fig. 15 Winnicott’s model of transitional space
Source: *Transitional Objects and Transitional Phenomena* (Winnicott, 1953)
role of the protagonist but also create a good enough space for learning to occur. This has been termed a holding environment (Winnicott, 1971).

![Senge's ladder of inference](image)

**Take Action – Do something!**

**Form Beliefs – Reinforce or form new.**

**Come to Conclusions – It “must” be “this” way.**

**Make Assumptions – Think we know what others’ motivation is.**

**Affixed Meaning – Is this a threat or benefit to me?**

**Select Data & Experience – What’s left after we filter?**

**Real Data & Experience – What really happened?**

**Fig. 16 Senge’s ladder of inference**

**Source:** The Fifth Discipline – The Art and Practice of the Learning Organization (Senge, 1994)

As we have seen above, anxiety-provoking therapy may indeed be momentarily disorienting. Moreover, working in groups is generally accepted to be more threatening to individuals than working in dyads so the need to provide a proper holding environment is implied. Allied with the notion of holding is that of containing. Containing, discussed more broadly by James is differentiated by a need to focus on the parts of experience that contain the discomfort not the overall experience (James, 1994). To clarify this point, we can take the example of an executive who is excessively anxious because he has not done a 360-degree feedback exercise previously, and needs a holding environment to provide him with the security to learn. That same executive who on discovering that his boss has been very dismissive of his aptitude for his work may then need to be “contained” from rushing off and resigning or plunging precipitously into a full-scale dialogue with his superior.

### 6.2.10 The role of play in PGC

In the executive setting Ibarra has posited that play is the major mechanism through which individuals may realize transition to their next stage of development (Florent-Treacy, 2009). It seems that the participants experience the opportunity to experiment with a group of professionals without the inherent cost of professional failure as extremely positive.

The task of the coach will be to find a state where the participant can play creatively. Csikszentmihalyi (1975) studied people in various forms of play in order to determine
how they arrived at what he termed a state of “flow,” (Fig. 17) where the challenges of a new situation were mitigated just enough that the person could reach peak creativity without becoming so comfortable that they slip into boredom. A representation of his model is shown in Fig. 17.

![Csziksentmihalyi's flow model](image)

Fig. 17 Csziksentmihalyi’s flow model

My proposition is that if such a balance can be met, the experience for the participant will be intrinsically rewarding. Therefore the job of the coach is to create an appropriate holding and containing environment to do so.

6.2.11 Psychodynamic change processes

Can change occur quickly using a psychodynamic methodology? According to Talmont’s research, change can happen in a single session (Talmon, 1990). But what kind of change and is it sustainable? Sustainability is not the focus of this research. However, it is the objective of the PGC session that people find within themselves, and through the construct of the process, a way to facilitate change. Since psychodynamic psychology is the methodological basis, commentators on the approach seem to broadly agree that there is reason to believe that the insights generated can be a facilitator of change. Sifneos, as we have seen, has postulated that if the conditions are right and the motivation is there then changes are more likely to happen (Davanloo, 1992). Whether coaching or in therapy, practitioners using a psychodynamic perspective will need to weave their way through defense mechanisms both formal and tactical (Della Selva, 1996). Represented in Fig. 18 below, they were also a product of Malan’s thinking (Malan, 1963).
The triangles are symbolic of the way that defenses interlock internally and externally to block change.

Davanloo (1990) showed repeatedly that by using a model of challenge against resistance, rather than passivity, and when the feelings associated with that challenge were expressed, a “door” to the unconscious might open. By opening the door, the person could then face what they had repeatedly avoided, and not rely on self-defeating defenses.

In looking for change, Talmon cites three advantages for looking for small change rather than revolution. In the first place, it takes the pressure off the client and therapist. Second, it is more likely the client will be willing to make a small change than a big one. Finally, any change may suffice to ignite hope in the client (Rosenbaum, Hoyt, & Talmon, 1990).

Speed is of the essence when dealing with executives. As Kets de Vries said, senior executives have neither the patience nor time for lengthy interventions or procedures (Kets de Vries, 2005). Because of this constraint, he tried to develop an intervention that gave the best results in the shortest time frame but still with the intention to confront what he terms “out of awareness problems” and to mobilize unconscious mental processes to achieve therapeutic results (Kets de Vries, 2007). He saw the promise of using the processes utilized in group-relations theory and referenced organizational and leadership theory and determined to experiment with executive
groups. It is this experiment, now having been run for ten years, that brings us to examine the second block of the process: Group theory and group dynamics in an executive setting.

6.3 Section 2: Group-therapy, group dynamics, and issues in groups

In this section I will concern myself with the three components of the group paradigm that are relate closely with the developing theory of psychodynamic group-coaching: Group-therapy (and in particular psychodynamic group-therapy), group dynamics theory, and some of the issues that arise and are specific to groups and may be found in the group-coaching arena.

6.3.1 Definition of a group

Let me define what it is we are dealing with when we talk about a group. Characteristics shared by members of a group may include interests, values, representations, ethnic or social background, and kinship ties. Hare regards the defining characteristic of a group as social interaction (Hare, 1962). Muzafer Sherif, one of the founders of social psychology, formulated a technical definition with the following elements:

A social unit consisting of a number of individuals interacting with each other with respect to:

1. Common motives and goals.
2. An accepted division of labor, i.e. roles.
3. Established status (social rank, dominance) relationships.
4. Accepted norms and values with reference to matters relevant to the group.
5. Development of accepted sanctions (praise and punishment) if and when norms were respected or violated (Sherif & Sherif, 1958).

Groups in the executive setting I am studying range typically (but are not limited to) between four and seven people. With respect to the Sherif’s characteristics, they are deemed to share all the above except the fifth. Thus the groups we work with may be defined as such from a socially scientific perspective. In group-therapy, however, all five characteristics are valid since violation of certain codes of conduct is censured, e.g. persistent lateness or non-attendance. Nevertheless, this definition of the group is broadly similar in therapy or coaching groups.

6.3.2 Group-therapy: A definition

As the developing field of group-coaching materializes, researchers are already beginning to analogize group-coaching and group-therapy. Florent-Treacy, a practitioner and researcher in the field commented that like group psychotherapy, group-coaching (which she defines as a psychodynamically informed and highly personal developmental process in which a group of executives are coached) helps establish a foundation of trust, commitment to change, and accountability (Florent-Treacy, 2009).

The question remains whether we can make the association between group psychotherapy and group-coaching. The literature review testifies to the evidence that group-therapy is a valid discipline, in that it has efficacy in reducing depression. Moreover, we also learn that executive coaching works, not only from the evidence-based literature but also anecdotally from the fact that a great many organizations are
prepared to invest in coaching for their executives. What I also learned from self-reported analysis from participants, and also from the large amount of data that resides at the INSEAD Global Leadership Centre, is that from their perspective, psychodynamic group-coaching has been received extremely well and is seen as a catalyst for change. Therefore something in the chemistry between psychodynamics, coaching, and groups—maybe a causal link—or maybe simply the binding of the three elements, seems to create the circumstances for change. To elaborate on this “chemistry” an investigation is needed of group psychotherapy.

6.2.3 Group-therapy: A short history

In the USA, the founders of group psychotherapy were Pratt, Burrow and Schilder (Burrow, 1927; Pratt, 1945). Post the Second World War, group psychotherapy was further developed by Moreno, Slavson, Spotnitz, Yalom, and Ormont (Moreno, 1944; Ormont, 1957; Slavson, 1940; Spotnitz, 1961; Yalom, 1995).

In the UK group psychotherapy initially developed independently, with pioneers such as Foulkes (1948) and Bion (1948). Both Foulkes and Bion were psychoanalysts and incorporated psychoanalysis into group-therapy. They recognised that transference can occur not only between group members and the therapist but also intra-group. They also posited a new notion, that of a “group unconscious,” in which unconscious processes of group members might be “acted out.” The telltale sign was the occurrence of irrational processes in group sessions. Despite this, his recognition of group defences in the “basic assumption group, discussed later, has itself been highly influential.

Bion’s approach is not dissimilar to social therapy, first developed in the United States in the late 1970s by Lois Holzman and Fred Newman (1979). Social therapy is also a form of group-therapy. In this form, practitioners relate primarily to the group, not individuals within the group. In fact building the group is seen a more important than individual development. This concept is useful when we come to think about the group as a whole concept, discussed later.

6.2.4 Group-therapy: The relationship with psychodynamic group-coaching

Many of the above pioneers of group psychotherapy came into conflict with each other. These conflicts set the scene for a number of divergent schools of thought in the group analytic realm that are worth some examination since they are at times relevant in the psychodynamic group-coaching sphere. Some of the main psychoanalytic/psychodynamic theories and how they relate to the field of psychodynamic group-coaching are discussed below.

6.2.5 Key group theories: Basic assumptions

Perhaps the most famous theory of group dynamics came from Bion (1961). Bion developed a theory of the Basic Assumption Group in which he hypothesized that behavior in groups is based on three basic assumptions that exist in the group unconscious. If these are ignored they will interfere with the primary task that the group has set out to accomplish. The three basic assumptions are fight/flight, pairing, and dependency.

The fight/flight group may adopt a causally hostile approach to preserve itself. In doing so, for example, it may arrive late, hold distracting conversations that are unrelated, or avoid the task. It does this by metaphorically running away from the
authority source or fighting with it. The paired group is one in which two members become containers for the hopes fears and anticipations of the group, figuratively “paired” as if for reproductive purposes. The dependent group projects an external object in the form of an individual who will provide security for the group. The group is likely in this scenario to become passive and the leader idealized.

As a practitioner, I have witnessed all three of these scenarios, (even at times unwittingly colluded to create them). Fight/flight is the most commonly observed, since it is an easy way for a group to address its anxiety about feedback. In one instance, I observed one participant becoming angry about the instruction to draw a self-portrait, citing that he could not see what this had to do with executive education. For a short time he successfully conscribed his fellow group members who joined him in the “protest.” My recollection is that it took around an hour to appease them and get the process back on track. In the end, however, the outcome was a good one.

Dependency is less prevalent, but may occur, for example, when the group is composed of psychological introverts and the coach becomes the instructor or director of the group without properly delegating airtime to the individual members. This is a trap that I often hear about from less experienced group coaches who are unfamiliar or uncomfortable with silence. Similarly, pairing may occur when a coach with a strong personality teams up with a forceful personality from within the group and the other individuals become entranced by the “show.”

6.2.6 Key group theories: The “group-as-a-whole”

The theory of “group-as-a-whole”, which is to an extent, an extension of Bion’s basic assumption theory, posits that group emotion can be viewed from two perspectives: from top to bottom (or group as a whole) or from bottom up (group as the sum of its parts) (Barsade & Gibson, 1998). Why is this important? From a practitioner’s perspective it is useful to know whether a separate emotional “entity” is affecting the overall group emotion, or whether the individual mood states of the group are aggregating to form a collective group mood. The group as a whole presupposes that an external feeling state may be guiding the group dynamics and pursuant behaviors. The group as “sum of the parts” presupposes that the different emotional components of the individuals in the group (i.e. EQ, mood states, homogeneity, etc.) will contribute to the overall mood and performance (Bartel & Saavedra, 2000).

The group-coaching practitioner provides a useful barometer for understanding where the group is, especially if the self-reported mood state is at odds with the clinical observation of the coach. Moreover, the coach needs to pay particular attention to what has recently been termed “emotional contagion,” where one dominant mood state can overtake the whole group, and learn to recognize what is happening in order to manage it effectively (Barsade, 2002; Sanchez-Burks & Huy, 2009). Fig. 19 shows how a basic assumption group can become a more functional or better functioning group when the assumptions are acknowledged (Paul, Strbiak, & Landrum 2002).
6.3.7 Key group theory: The group-in-the-mind

The group-in-the-mind theory presupposes that as individuals who grew up in families and other social groups, we have an assumed idea of what being in a group will be like even before we have met the other individuals. We bring these assumptions together in a complex matrix structure of images in our mind, the components of which are as follows:

- Other members
- The relationships between ourselves and other members
- The relationships between other members, not including ourselves
- The leader
- The relationship between ourselves and the leader
- The relationship between the leader and other group members
- The nature and atmosphere of the group as a whole
- The nature of the task the group will undertake
- The environment in which the group meets.

Ringer makes a definitive statement about this group-in-the-mind notion referencing its importance in the executive setting: it is worth reproducing in full as it contributes
to the thinking around executive development in groups as well as the group paradigm:

“The group in mind is clearly a complex phenomenon for each group member. I believe that it is the group-in-the-mind for each group member that provides the core of the experience and that enables the educative, developmental or therapeutic process to occur” (Ringer, 2002).

Whitaker and Lieberman suggest that the development of a therapy group from inception is characterized by the recurrence of basic themes. They propose that three variables may direct these themes (Whitaker, 1964). These are the expectations of the patients (for which we can refer to the group-in-the-mind paradigm above), the nature of the group situation and the group composition.

These three factors ally themselves quite comfortably with Levine’s antecedent, that therapy groups are predicated on purpose, structure and grouping (Levine, 1979). Whitaker and Lieberman suggest that as therapy groups form, the second important factor is the ability of the patient to assuage feelings of apprehension around sharing important personal information among peers (Whitaker, 1964). They conjecture that in the light of this the patient knows that certain things must be done if he or she is to be helped but that these are dangerous. The group coach addresses this apprehension directly by acknowledging broadly that it is expected that the participants will feel anxiety. While this probably does not alleviate the issue, the knowledge that hundreds of participants before them have experienced similar feelings often seems to ameliorate the group.

The third factor is group composition. Here there is a departure from the therapeutic paradigm. There has been much research on group composition and outcome. According to Levine, similarity in group members is conducive to attraction and support whereas differences are conducive to confrontation and change.

In the intervention I am studying, the groups are constructed with an eye to diversity. The groups typically are cross industry, cross gender and cross culture. It is rare that the issues that surface are similar. A broad range of challenges usually arise from specific leadership behaviors to broad personal ones.

Ziller and Exline commented that differences in age function as a major divisive force in short-term (therapy) groups arguing that there is a propensity for mutual rejection. They hypothesized that people of similar age were less likely to withhold conflicts and would express them sooner. In longer-term therapy groups, however, this notion was mitigated (Ziller & Exline, 1958). Broadly speaking the age range of an executive coaching group is quite narrow. On the IEP, the median is around 40 and the range is usually between 35 and late forties.

Elsewhere in this research I have discussed the importance and relevance of “dynamic administration” or hygiene factors that affect a good beginning. The literature supports this and it is a notion also practiced in group-coaching. Levine, in his research on therapy groups, stated that the room where the group meets and the set-up can greatly enhance or distract from the group’s development. He said that the room should be the right size for the group because too large a room might detract from feelings of intimacy whereas too small a room might frighten members (Levine, 1979).

Other similarities between group-coaching and therapy exist. A body of research exists that suggests strongly that the optimal size for a therapy group is five or six
people (Bass & Norton, 1951). The leadership development process I am studying normally constructs groups of five (although in exceptional circumstances if a participant drops out this is reduced to four).

6.3.8 Key group theory: Other relevant theory

In the early 1970s, Hill and Gruner (1973) reported that more than 100 theories of group development existed. Yalom’s therapeutic factors and Bion’s basic assumptions theory might be considered cornerstones of 20th-century group development thinking (Bion, 1948; Yalom, 1995). Elsewhere Tuckman (1965) first posited and developed a phase theory of groups known today as Tuckman’s stages. These well-known stages—forming, storming, norming, and performing—are useful in work teams within organizations. However, many are of less practical use to the psychodynamic group coach since many of the theories relate to task or project groups.

Psychodynamic group-coaching is not project related and does not require practical collaboration and also the time is too abbreviated for many of the phases to be properly observed. Indeed, according to Foulkes and Anthony, providing a task for a psychotherapeutic group provides it with a “protective screen,” a defense against intimate personal interaction (Foulkes & Anthony, 1957). This may well be true of coaching groups. In many of the groups I have worked with, a more successful outcome is often achieved by not trying to drive people toward action but by letting them know that there is an invitation to change. Nevertheless, at times the 360-degree feedback report itself can act as the protective screen that Foulkes and Anthony refer to. It is easy for participants to hide behind the numbers and technicalities in the report as a way of avoiding the real work.

6.3.9 Key group theorists: Kurt Lewin

The first systematic study of group development was carried out by Kurt Lewin, who introduced the term “group dynamics.” His early model of individual change, which has served as the basis of many models of group development, described change as a three-stage process: unfreezing, change, and re-freezing. Fig. 20 shows the model adapted from Kurt Lewin (1947).

| Unfreeze: This phase involves overcoming inertia and dismantling the existing mindset. Defense mechanisms have to be bypassed. |
| Change: In the second stage change occurs. This is typically a period of confusion and transition. One is aware that the old ways are being challenged but does not have a clear picture to replace them with yet. |
| Re-freeze: In the third stage the new mindset is crystallizing and one’s comfort level is returning to previous levels. |

Fig. 20 Lewin’s three-stage process of change
Adapted from Lewin (1947)

During psychodynamic group-coaching Lewin’s three stages necessarily happen rather quickly. Lewin described what happens with individuals during the change
process. It is appropriate for the reader to question how these three stages might occur over the course of a short executive program.

One clinical observation I would offer is that if one participant begins to demonstrate a willingness or desire to change (an “unfreezing” in Lewin’s parlance) it applies implicit pressure on the others to follow suit. The unfreezing can be in the form of telling stories, interpersonal learning, universality and instillation of hope. In Lewin’s second stage, “a period of confusion and transition,” the participant is supported by other group members and the coach, not only by being shown better ways of doing things, but also by imitation. Finally, existential learning and catharsis play a part in helping the individual resolve to make changes during the crystallization phase.

6.3.10 Key group theorists: Irvine Yalom

Yalom has been influential in the field of group psychotherapy and in fact was critical of Bion for his almost exclusive focus on “group-as-a-whole” observations. Yalom hypothesized curative factors—elements of group life that contributed toward healing (Yalom, Houts, Zimerberg, & Rand, 1967). These were later confirmed in a literature review including patient self-reported factors by Butler and Fuhriman (1983). These factors are particularly applicable to the psychodynamic group-coaching arena as there is a distinct overlap, not only as observed by practitioner but also by participants’ experiences and self-reported evaluation of the process. Yalom’s curative factors (or therapeutic factors, as they have since been renamed) are noted below.

6.3.11 The levers of change in groups

These curative factors are particularly important as levers of change in groups. I hypothesize that the more of these that are present the more likely the coaching practitioner is to see a positive effect. It is here specifically I suggest that we see a distinct overlap between group-coaching and group therapy. I have therefore taken these curative factors and italicized my own observations from the field.

- Universality. The recognition of shared experiences and feelings among group members and that these may be widespread or universal human concerns, serves to remove a group member’s sense of isolation, validate their experiences, and raise self-esteem. *Almost always shows up in commentary from participants in group-coaching. Participants often actually say, “I thought I was the only person who felt this way.” There seems to be a therapeutic value in PGC that this sense of a shared journey is brought forth.*

- Altruism. The group is a place where members can help each other, and the experience of being able to give something to another person can lift the member’s self-esteem and help develop more adaptive coping styles and interpersonal skills. *Not noted from participants’ comments but one element discussed in a later chapter is the surprising fact that many groups stay intact well beyond official closure of the process. It is suggestive that the element of helping each other outlives the program and indeed is seductive and beneficial.*

- Instillation of hope. In a mixed group that has members at various stages of development, a member can be inspired and encouraged by another member who has overcome the problems with which they are still struggling. *One of the critical factors in group-coaching is the ability of the participants to share*
experiences in their own organizations, precluded in dyadic coaching, and thereby addressing the above therapeutic factor.

- Imparting information. While this is not strictly speaking a psychotherapeutic process, members often report that it has been very helpful to learn factual information from other members in the group. For example, about their treatment or about access to services. Again prevalent in the group-coaching process. Individuals often share facts for example which search firms to approach, which social networks to join etc.

- Corrective recapitulation of the primary family experience. Members often unconsciously identify the group therapist and other group members with their own parents and siblings in a process that is a form of transference specific to group psychotherapy. The therapist’s interpretations can help group members gain understanding of the impact of childhood experiences on their personality, and they may learn to avoid unconsciously repeating unhelpful past interactive patterns in present-day relationships. Probably occurs but is rarely dealt with unless obvious and there is time for a proper debrief. In a later chapter, coaching practitioners answer a specific question about the use of transference in group-coaching situations. For the most part, the practitioners note it, but rarely confront it.

- Development of socializing techniques. The group setting provides a safe and supportive environment for members to take risks by extending their repertoire of interpersonal behavior and improving their social skills. In the set-up process of psychodynamic group-coaching practitioners encourage participants to take risks, and try on different roles.

- Imitative behavior. One way in which group members can develop social skills is through a modeling process, observing and imitating the therapist and other group members. For example, sharing personal feelings, showing concern, and supporting others. I have seen this happen on occasions and from time to time I help participants to reframe questions in a way that will be more helpful to others.

- Cohesiveness. It has been suggested that this is the primary therapeutic factor from which all others flow. Humans are herd animals with an instinctive need to belong to groups, and personal development can only take place in an interpersonal context. A cohesive group is one in which all members feel a sense of belonging, acceptance, and validation.

- Existential factors. Learning that one has to take responsibility for one's own life and the consequences of one's decisions.

- Catharsis. Catharsis is the experience of relief from emotional distress through the free and uninhibited expression of emotion. When members tell their story to a supportive audience, they can obtain relief from chronic feelings of shame and guilt.

- Interpersonal learning. Group members achieve a greater level of self-awareness through the process of interacting with others in the group, who give feedback on the member’s behavior and impact on others. Fundamental to the process. Solicitations are made not only on past behaviors but also in
the “here and now” where all individuals are invited to make clinical observations and act as coaches.

- Self-understanding. This factor overlaps with interpersonal learning but refers to the achievement of greater levels of insight into the genesis of one’s problems and the unconscious motivations that underlie one’s behavior.

(Above curative factors adapted from Yalom and Leszcz, p272, 2005)

6.4 Defense mechanisms in groups

An important aspect of psychoanalytic work is the operation of defenses or resistance at the unconscious level. In Freudian psychoanalytic theory, defense mechanisms are unconscious psychological strategies brought into play by various entities to cope with reality and to maintain self-image. Alternately, they are an unconscious process used by an individual or a group of individuals in order to cope with impulses, feelings, or ideas that are not acceptable at their conscious level; various types include reaction formation, projection, and self-reversal. Vaillant has classified around 30 psychological defense mechanisms into four hierarchical categories (Vaillant, 1994). Freud postulated that nine-tenths of the psyche was unconscious, represented in Fig. 21 by his well-known iceberg model of the psyche.

Fig. 21 Freud’s iceberg model

According to Foulkes, defense mechanisms, along with other facets of psychoanalytic work (e.g. transference, projection, etc.) are dealt with at the group level not the individual level (Foulkes & Anthony, 1957). Behr and Hearst (2006) label a number of pitfalls that the unwitting “conductor” of a group can fall into and cause defenses to surface as a result. As a practitioner, I can testify to having witnessed all of these at times, thus signifying that these processes are not confined to analytic groups but possibly to groups in general. I have listed them below with my annotations italicized:

- Reticence: the facilitator is too much of a blank screen. The work can only be done well if the conductor is deemed to be caring, reliable, and holding. By being too reticent, he or she may lose the trust of the group, and be seen as uncaring or even unsafe. Consequently, anxiety levels may increase.

- Overactive intervention: A mirror image of the above. The conductor offers proactive insight and a succession of interpretations. This can bring withdrawal and non-participation. The group may see the conductor as an all-
seeing parental figure. This invalidates the group as a therapeutic agent and creates dependency (as in the basic assumption group).

- Focus on problems and failures. The conductor may focus too much on negative events or narratives at the expense of successes or pleasure. Group members who are doing well may check out either because they do not feel they fit in or so as not to attract envy. The conductor may look for a denied conflict as a reason for the withdrawal exacerbating the issue.

- Superficiality: Group members may engage in small talk, chatty behavior, advice giving, or mutual appreciation. While this is acceptable as groups begin, any persistent relapse may offer a therapeutic opportunity to highlight the defensive nature of the behavior.

- Not giving the group room: Underestimating the group’s ability to offer perceptive interpretations may lead the conductor to overcompensate him or herself. This may stem from a personal insecurity and a need to impress, or because he or she feels inadequate. The trap here is that a gratuitous interpretation can shut the group down or create a feeling of being interrupted.

This is not an exhaustive list but covers some of the basic and more prevalent defensive patterns manifesting in groups (and also in group-coaching). How to respond effectively to these defenses is not within the scope of this research but it is enough to know that they are often present. In order to properly deal with them is conditional on the practitioner having had some form of clinical training or instruction, otherwise they may be missed and the group may derail.

6.5 Change processes in groups

It is possible that the core of the theory of psychodynamic group-coaching resides in the answer to the question: How and why does change take place in the group-coaching arena? We know that broadly psychotherapy and its related disciplines alleviate the symptoms of depression and other neuroses when applied in the dyadic setting. We have also seen that coaching as an intervention with individual executives also has a developmental effect. Group-therapy is a way for groups of individuals with similar issues to congregate and co-create their own futures in a therapeutic setting. It is relevant to explore then how change takes place in such a setting.

In group-therapy, groups are assembled in a specific way. Often patients are grouped according to depression, addiction, or some other specific dysfunction. Group-therapy can be closed (group remains stable) or open—meaning the group has a throughput of members. The group-coaching we examine here is closed. Members remain stable and dropping in and out is discouraged. Also group-therapy can be open-ended with respect to time, sometimes stretching for years, or closed. Group-coaching as we are examining it here is closed with a definitive time period allotted to the process.

Modern short-term therapy imposes even more structure and here the process starts to resemble the group-coaching process more. Consider:

“(In short-term group-therapy…)…the therapist might deploy a psycho-educational component to begin with, or make use of ‘warm-up exercises’ or ‘turn-taking’ techniques to accelerate the process of getting to know one other. A rounding off ‘evaluation’ may be held at the end with structured interventions by the therapist directing the group to reflect on its past and anticipate the future in the light of the
group experience. Defining goals, setting exercises or tasks along the way can form part of the process” (Behr & Hearst, 2006).

This description of a short-term therapy construct could be almost completely transferable to group-coaching as practiced. In the instance of psycho-educational we use a psychodynamic leadership model, we utilize turn taking in the form of a self-portrait, and then an exposition of the past. Along the way we use different models for change and Senge’s Ladder of Inference, and then move the participants to an action plan by way of a closing analysis from the coach and the group (Kegan & Lahey, 2009; Senge, 1990).

The exercises above are a construct for creating a sense of cohesiveness in the group. Balancing this cohesiveness is important. If the context is too low, the group members will not be able to provide useful and relevant feedback to each other. However, if members know each other well, have a longer history together or have created some form of idealization about the group and its members they will be less productive. It is for this reason that we generally insert this group process within a week of the inception of an executive program.

Often, by the time the group meets for the first time they will have executed a limited project together of around a day in order that they can understand how each person operates. One might say that at this point they are intimate strangers. They know just enough to know something, but not so much that they have rooted friendships. A representation of the curvilinear relationship between cohesiveness and productivity is illustrated in Fig. 22, adapted from Fisher (1974).

Fig. 22 Curvilinear graph of cohesion vs productivity
It is important for the group coach to understand and gauge the group dynamics early in the process, particularly in the light of the above. One group I observed had idealized one of its group members and within minutes of my introduction had referred to him as “Le Paul” even though he was not French. He was a Dane living in Paris and was apparently living a carefree life of parties, clubs, and fine dining interspersed with a liberal smattering of casual relationships with Parisian women. For the other married male executives in the group this was a source of fascination and interest to the point where it had become a major distraction. The individual group members envied him and were later unable to give him negative constructive feedback.

As it turned out, his behavior was a subtly constructed defense mechanism, which he deployed often in social groups to prevent people getting close to him. It was necessary to absorb and acknowledge all of this information instantly on meeting this group as it began its work in order to be able to coach them effectively. Theoretically it relates to the composite phenomenon known in the literature as the “group-in-the-mind,” discussed earlier.