
ORIGINAL PAPER

**IS AMPLIFICATION A SPECIAL INTERVENTION
IN GROUP ANALYSIS?**

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Zagreb, Croatia**email: eduard.klain@zg.t-com.hr***ABSTRACT**

Amplification as a group-analysis-intervention has been neglected. Clinical experience has revealed it useful in advancing the development of the group process if used adequately and in due time. Danger of an inadequate amplification is most cases stimulated with the contratransferential problems of the therapist, and is as such in the group session presentations. The relations between resonance and amplification, just as well as the confrontation through the means of amplification are discussed in the article. The constructive and destructive effects of the amplification on formulation of the group-matrix are presented. Terms of "extended" and "distant" amplification are introduced.

Key words: *amplification, resonance, confrontation, group intervention***INTRODUCTION**

For quite a long time I have been imagining group analyst as a sound amplifier in the group. I am becoming more and more impressed by the fact that people do not hear one another and that so many misunderstandings occur due to that fact, both within the scope of the group analysis and in other groups in life.

In most cases the unconscious resistance is the main reason that one does not hear a message. That which hurts or irritates one, he makes inaccessible. Denial, for instance, can be manifested as "mental deafness" when everyone in the group "hears" but one to whom the message is addressed. Observing groups of people (friends, relatives) who meet in order to talk with each other, we can often see that all talk, but particularly do not hear. If one wants to be "heard", he most often raises his voice or in some other way draws attention to himself. One of the ways is to repeat in a higher tone or with special accent that which is "important" to everyone. This is how amplification occurs. In group analysis, similarly as in psychoanalysis, the analyst's neutrality is expressed, among other things, by repeti-

tion of words or sentences that were by the patient. It is, of course, the text the analysts considers to be important for the patient (in psychoanalysis), a group member, or the group as a whole (in group analysis). What is it then, if not the sound amplification, that is the amplification of uttered words and phrases?¹ It is well known from the psychoanalytical practice that many interventions are used by the analysts for a long time before they are named or described, while theoretical explanations come last. The same is with group analysis. I am convinced that the same goes for the amplification role of the analysts as the sound amplifier in the group.

A long time ago Foulkes² has pointed out the fact the therapist must stimulate the group to turn to itself, and that he himself has to limit his role to stimulating the communication and inducing interactions in the group. Numerous authors have repeatedly stated that the group analyst acts as a catalyst for the processes within the group, and Pines³ sees the therapist as a negotiator between the patients in the group.

In my opinion the function of a group analyst as the "sound", or better said message, amplifier in the group has been neglected so far, as well as the importance

of this function in the creation and destruction of the group matrix. In this paper I will try to establish and present the group analyst's motives to use his "amplifying apparatus" for constructive or destructive purposes.

In the very beginning of this discussion, a crucial question has to be put forward: that is if amplification can be seen as a distinct intervention, i.e. does it represent a separate way within the known interventions in the group analysis? This question seems to be tackled most adequately on the bases of clinical material i.e. group sessions; the relation of amplification to conformation, to resonance and to reminding a group member or the whole group of his/her earlier statements.

OBSTACLES IN CREATION OF MATRIX AND RESONANCES

The patient has many reasons to resist the creation of the group matrix. He is afraid of the contacts and communication: the fear of the narcissistic injury, the fear he will give more than he will get, the fear from revenge if hurting someone in the group, etc. the only motives in favour of communication and interactions are the pressure of symptoms and problems and the insisting of the therapist. Mutual indifference is a great obstacle to the creation of the group matrix.

Here is an example: Don, who usually stays at a distance from the other members of the group, says: *"I am not interested in what is happening with Mary and Susan, whether they are ill or not. I just want to know if they will be coming to the group meeting or not, because the session might be cancelled if there was not enough members."* Dennis: *"Mary has helped you to start talking in the group, and Susan encouraged you just as well."* Such an interaction was repeated in the group often in a similar way. Some of what has Don just said was present in each one of the group, more or less preconsciously, but they refused to accept it. That is why such an amplification of their wishes was almost unbearable for them. Don's loudly uttered "sincere" sentences (usually articulated by the more regressive patients in the group) have caused resonance in them, the group members, loud as the trumpets of Jericho. These though, destroyed the city, while we want the resonance to have positive effects in the group.

Foulkes,^{4,5} says: *"the term resonance was originally introduced by me in the field of group-analytic psychotherapy in order to do right to the fact that each individual member picks out of the common pool what is relevant to him. He responds according to his individual disposition on the specific level of regression, fixation or development arrest on which his main disturbances and conflicts operate. This unconscious highly specific reaction in response to a stimulus is roughly what I have*

called resonance. ... In short, the individual resonates in the key in which he is attuned, in which his specific personality is set. ... It is this: the "stimulating" event can take any conceivable form or manifestation. Apart from verbal communication the unconscious meaning may be expressed in behavior, in somatic events, in accidents, through dramatic events in life, in the boundary zone of the therapeutic situation and in the network or plexus to which the patient belongs, or in any other way. Nevertheless the 'response' – in our context the resonance – always takes into account the unconscious meaning and the 'wavelength' of the stimulating event, faithfully and correctly."

Thus, amplification can stimulate the resonance, but it differs from it. Amplification is first of all a verbal action, although it may be supported by a psychomotor action. Resonance engages in a high degree the empathic capacity of both partners (one who stimulates and one who resonates), which is not necessary with amplification. But the greatest difference is that amplification is an intervention, most often done by the conductor of the group, while resonance is a process stimulate equally by the conductor, a member of the group, or the group as a whole.

But we shall focus on the obstacles to the creation of the matrix that appear in the therapist himself. He is aware how important it is for the group that the matrix (weaving) is created which he weaves in the group. When he completes weaving he becomes far less important and necessary to the group, and the thing he resents most will happen – he will be abandoned by the group. The group will be able to do without him now on. Let me compare this situation to Penelope's weaving. When she finishes weaving she will have to make a decision and choose a suitor. In the same way she wants Odysseus, the therapist wants each one of the group members. Therefore, he unconsciously destroys (unweaves) the matrix he had woven. A conflict between his conscious wishes and unconscious needs develops in the therapist. Realization brings about destruction of the matrix by attacking one of the members, a pair, a subgroup on the whole group, most often through confrontations. These attacks are usually of a countertransference character, which is not surprising at all. Interventions of this kind create sounds amplified to the level of pain.

AMPLIFICATION AND CONFRONTATION

Patient E. asks patient T. in a therapeutically manner whether he tells his wife about the things going on in the group. He is a bit confused and surprised. I say to E.: *"Do you tell your husband about the events in the group?"* She is also confused and even more surprised. She gives a negative answer, and the whole group

laughs because they have understood my message. Suddenly patient a. says that today she finds the group boring, and that particularly the patient E. irritates her. *"She is arrogant, she behaves like a conductor, she looks down on all of us"*, concludes patient A. Patient E. rejects these accusations, and the group takes her side. They say to patient A. that she is jealous to patient E. because E. is more beautiful then her. A. denies that saying that she has many beautiful friends. Patient T. (who was the first to be attacked by E.) reproaches A. for her violent attack and the other members join him. A. says: *"There is nothing I would like more than to bury myself ten feet under ground and leave the group."* E. Says: *"You all think I am strong and invulnerable, but I am not. I came here for the therapy."* Now the group members analyze extensively the conflict between patients A. and E. I ask them if they have heard their last two sentences (bolded). It is only now that the group hears their needs and feelings. T. says: *"We are really selfish. We are interested in their conflict but we disregard their problems."* The therapist: *"Do you remember that today patient IU Said that he was selfish, and told us about the accident when a motorbike driver run into him. First he checked his car, and only then turned to see what has happened to the man."*

In another group consisting of six women and two men, only the female members came to a session. They were happy and said they would be able to talk more intimately that day. They talked about their earlier and present homosexual fantasies and about unpleasant experiences with men. At one point I mentioned that they had said that *"there were only women in the group today"*. They started to apologize to me, and then slowly realize that they were afraid of the men in the group and decided to talk this when were present as well. Then, spontaneously, they started to talk about their tender experiences with their fathers. I repeated once again their statement that there were only women present. Their associations turned to comparing me to their fathers, and the need for both the father and myself to be asexual and sexless.

In these two excerpts from the sessions, confrontations and interpretations of the conductor are obvious. It is also obvious that confrontations often have a form of amplification. We could say that amplification is offered as confrontation with verbal production of a member, subgroup or the whole group. Amplification has a special meaning when it confronts the group or the members of the group with their lack of interest and concern for the problems of another member of the group, especially if these are different from their own. This is illustrated by the presented vignettes from the sessions.

It is well known that a group provides many opportunities for confrontation since there are many actors in the process, since there is a network of relations

and communications which also stimulates confrontation, and since developments in the group are taken outside the group setting, between sessions, where confrontation continue. The group is a stage on which narcissism and exhibitionism are shown, as well the need for domination over the group, which provokes confrontation with the group.

In earlier paper I wrote: *"Confrontation and acting out both have something powerful in them, but at the same time something dangerous and aggressive. They provoke castration and separation anxieties; threaten destruction and attack transference and countertransference manifestation, narcissism and resistances. In ordinary life, people seek to avoid confrontation because they find them unpleasant. Confrontation might unmask them or they might offend someone, and this might have negative repercussions."*⁶

Conductor of a group must be aware of the danger any confrontation carries along, especially one which is the consequence of the countertransference "pains". As he is always not free from that, it many happen that he uses amplification as a revengeful intervention, most often confrontation, which can be disastrous for the group matrix and the development of the therapeutic process in the group.

AMPLIFICATION AND COUNTERTRANSFERENCE

I have already stressed the fact that the group analyst has an unconscious wish to destroy the group matrix and the closeness which develops between its members, in order to keep all of them to himself. The matrix should be such that he can hold all his ends and thus maintain control over everything happening in the group. These are his symbolic needs and his separation anxieties, which all of us have, though, I hope, not in excessive quantities.

In such situations therapist will decide to amplify those parts of the text which can be destructive for the matrix of relationships. This resembles to loud music in disco clubs which prevents communication and damages the hearing apparatus.

Patient annoyed with my interventions in the group exclaimed: *"You are being paranoid, you are a real paranoiac"*. General surprise in the group was expressed with silence, but after a while new topics were discussed. However, I felt the urge to say during a sort pause: *"Mark has told me – you are being paranoid, you are a real paranoiac"*. With this amplification I forced the group to attack Mark. This had quite a negative effect on the relationships in the group, and especially Mark's progress in the group.

Howard said at a group meeting that the last time after the meeting. Don had talked about my unserious behavior, as I was preparing to leave the group and go

away for a month. He suggested that they should find another therapist. Nick remembered that on one occasion when I was absent due to the illness Don had said that he was not interested in my health for my sake, but because he wanted to know for how long would the meetings be cancelled. Don was embarrassed and said that was not quite true. I repeated his sentences, and the group was only too glad to get a chance to attack him. Later on I asked myself how was it that I repeated his sentences rather mildly, not amplifying them too much (as I usually do when I feel hurt). I explained to myself that I felt he was right to some extent, because I felt quietly myself, as I planned to leave the group for a month.

Thinking about this later, I concluded that I did experience a narcissistic injury after all. Analysing the session in the context of the group process, I realized that my intervention was unnecessary at the moment. Thus, my explanation of a "gentle amplification" was a well thought-out defensive manoeuvre. This example shows how difficult it may be to compromise all the elements included in a repetition of one or several sentences pronounced by a group member (amplification).

A conflict arose in the group between a pair (male-female) and a young female patient. The pair, her senior, accuses her of hypocrisy and reproached her for her sexual fantasies. They behaved as righteous parents and Catholics. The attacked patient and a few other members of the group were scared. I intervened by repeating the sentences of the "righteous" pair. They said, I mentioned: *"M. is too free. We are for modesty and God's law. Catholics are righteous and virtuous, but they not accepted in this group. M. gives nothing, but she is still important to the group."* Such repetition of their sentences seemed almost grotesque, but it helped the group to calm down.

In the previous two examples the group analyst defended himself by a "too loud amplification". The therapist may act similarly if he not satisfied with the group's progress and the improvement of the patients' condition. This is when he is indirectly attacked. In such a situation destructive amplification strikes the weakest member of the group or the one who demonstrates the strongest resistance.

Norma was a very intelligent patient, but she used extremely rigid defenses. She presented herself as a person with no problem at the moment or even before. The group occasionally made jokes at her expense, which she endured patiently. At the time when the group stagnated, sexual experiences were discussed at the session. All the members and particularly women remembered more unpleasant than pleasant experiences. Only Norma kept silent. Suddenly she said that she had never had any unpleasant sexual experience (she had sexual intercourse only with her husband),

and that the other members' resulted from their experiences resulted from relationship with their mothers and fathers. I repeated her sentences at once: *"I am always satisfied with sex, I was happy with my mother and father, everyone liked me, I am faithful to my husband and I never think of other man."* My tone was such that hilarious laughter had risen in the group. Then everyone teased Norma. I shall not forget easily the accusing look she gave me.

An excerpt from the following session points out how amplification can stimulate a group. The session begins with an from Jelica for being absent the last time. She was attending to the funeral of her nurse's deceased daughter. Who has died after a brain inflammation, while being treated by her father that did not recognize the disease. Quite promptly Drago is involved making a remark of a visit they were paid by a Health Insurance Fund Commission. As the head-commissioner went on with criticism he tried to stand his claims. Consequently he suffered a failure as he was down by his opponent. Tonko reverts to the matter of unsuccessful physicians. A doctor, friend of the family, mistreated his son, who consequently almost passed out for perforating appendicitis. As I took a hold of what was said, I asked the group if it was I the object of the criticisms or the other physicians here present. Drago reacted fiercely: *"You are an authority not a physician here, I always clash with the authorities in spite knowing it for senseless. I do try to control myself but with no success."*

As I sense the tension within the group increasing, and the meter of the authority as a basic concern, I speak out: *"Authority! Authority. Who is the Authority?"* It is only sideways that they mention it is not I the Authority as the discussion takes on with the topics of dominant parents in their families. The discussion full with impassioned emotions.

DISCUSSION

Interventions in the group in the form of amplification of the text content of one or several members of the group are done by the therapist first of all, but occasionally by the other group members just as well, especially in an advanced group. This is often a less demanding intervention for the therapist than many others, as by repeating the group members' words he need not provide his own text. The therapist is quite aware that the loudness of the sound and tone of his voice can tell a lot about his attitude. However, he only quotes what has been said by a group member.

Thus the conductor defends himself, because each time when he uses amplification he seems to be saying: *"I am sorry, I am just repeating."* In some of the earlier mentioned examples it was obvious that the

amplification had a "vengeful" character, which was quite evident in the tone of the voice and psychomotor accompaniment of the conductor.

In the beginning of this paper I tried to put amplification in relation to resonance, confrontation and an "extended" or "distant" amplification. Amplification can, but need not, lead to resonance in the group. Sometimes it brings up echo, that many intensify its voice to pain. We concluded that amplification is used most often within confrontation, but it can also be used within clarification, interpretation and working through.

An "extended" amplification means insertion of one's own words or comments into the text which is being repeated. Most often it is used in amplifications stimulated by countertransference which are rather aggressively charged. A "distant" amplification is a repeat of the text pronounced by a member of the group or the group as a whole once earlier but which fit in the "here and now" situation. It is used most often within interpretations. Whether it is still an amplification, remains an open question for further discussion.

Therapy experience in the group analysis has shown that an intervention made in order for the patients to hear what has been said can be the sound amplification. It is usually realized by the repetition of the words and sentences uttered by one or more group members. Naturally, the "amplifier", in this case the group analyst, gives his own intonation and the timbre to the sound he wishes to emphasise. Just as the modern electronic equipment gives clear sound and eliminates the noises that interfere with good performance, a group analyst "mixes" the sound in the group by means of his analytic apparatus. Thus, "filtered" sounds can be emitted to the group in order for the matrix to be created.

The therapist can also abuse his instrument and create such a loud and irritating sound which can produce pain in the patients' ears and from which they will try to escape. It happens most often when the control mechanisms in the electronic equipment fail to operate, which then corresponds to the therapist's fear of losing his position and becoming only a small spot in the matrix, that is when his narcissistic needs are hurt.

Adequate sound amplification in the group requires from the analysts the skill equal to the one an expert in electronics possesses, adjusting the volume of the sounds, filtering the noises and mixing the music in a way most pleasant to the listeners' ear. The group analyst's task is even more complex, as the group itself generates sounds and he has to offer those most pleasant and understandable for the group in that particular phase of its development and most suitable for the matrix weaving.

REFERENCES

1. Klein E. Die Rolle des Gruppenanalytikers als Amplifikator bei der Gestaltung und Destruktion der Gruppenmatrix, *Gruppenanalyse* 1991; 2:51-60.
2. Foulkes SH. *Therapeutic Group Analysis*. New York: International University Press; 1965.
3. Pines M. Group Analytic Psychotherapy of the Borderline Patient. *Group Analysis* 1978;11:115.
4. Foulkes SH. Notes on the concept of resonance. In: Wolberg LR, Aronson ML (eds). *An overview. Group Therapy*, New York: International Book Corp; 1977; pp. 52-58.
5. Foulkes SH., Anthony EJ. *Group Psychotherapy: the Psychoanalytical Approach*. Middlesex England; 1957.
6. Klein E. Confrontation and Acting-Out in Group Analysis. *Group Analysis* 1986; 19:153-66.