British Journal of Psychiatry (1995), **166**, 124–129

Reading About . . .

Group Psychotherapy

Groups have been used both as therapeutic instruments and as media within which other activities take place. Art therapy, psychodrama and individual therapy can be conducted in groups. In this case, however, group processes are not actively harnessed in the interests of therapy. This article emphasises those group therapies in which the therapist is intentionally mobilising interactions in the group that will optimise the therapeutic effect. This has been done in small therapy groups, larger groups, and therapeutic communities. All these activities recognise that psychological processes go on within and between people. They depend, therefore, on observations leading to theories of individual psychology, interpersonal psychology, small-group processes, larger-group processes, and theories of organisations, community, culture and society.

Historical outline

The power of the group process for change and healing has been discovered, forgotten and rediscovered on numerous occasions. In Britain, an influential experience of the early use of group psychotherapy was at the Northfield Military Hospital. Two experiments in the social and group treatment of neurotic and psychotic soldiers were undertaken there.

The first experiment was an innovation attributed to Wilfred Bion. The second was more of a team effort. The first lasted six weeks, the second through to the end of the war. The roots of British group psychotherapy are to be found largely in the ferment at Northfield produced from the diversity of medical, psychological and psychoanalytical input struggling with a large number of traumatised and demoralised soldiers.

Stimulated partly by his Northfield experience is Bion's (1961) *Experiences in Groups*. This is something of a *mélange* but gives a picture of Bion's early work at Northfield, activity on the officer selection board, and also experiences in groups he conducted for the Tavistock Clinic. He finally adds a theoretical exposition, which has some helpful ideas flawed by rather suspect mathematics. This is nonetheless a timeless and classic text. From nearly 50 years ago, a disciplined military account of the second Northfield experiment can be found in the *Bulletin of the Menninger Clinic* (Bridger, 1946; Foulkes, 1946; Main, 1946).

The sole psychoanalyst at Northfield was S. H. Foulkes. He brought with him the experience of conducting small therapy groups in a large psychiatric practice in Exeter (Foulkes & Lewis, 1944). He writes about his Northfield experience and early work as a group therapist in a rapidly written and historic book (Foulkes, 1948). In this book he also attempts to understand and theorise about his group experiences; despite its historical interest, it is not easy to read. It is, however, the first attempt to write about group-analysis, and should be read as an entry to the group-analytic method which Foulkes embodied and yet found great difficulty in describing and explaining.

Other members of the Northfield team who have contributed to my essential reading list and will be mentioned later are Patrick de Mare, Tom Main and E. J. Anthony.

Group-analysis

Group-analysis has become probably the most widely practised form of group psychotherapy in the UK. The group-analytic literature is thus central to understanding contemporary group psychotherapy practice. Group-analysis is widespread throughout Europe and is evoking considerable interest in several parts of the former Soviet Union. There are also group analysts in Australia and there is embryonic interest on the African continent. This powerful and effective method has strong theoretical roots in social, medical and psychological sciences.

Foulkes' education was deep and wide, including neurophysiology, medicine, neurology, psychiatry,

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gestalt psychology, psychoanalysis, sociology and Marxism. His method was undoubtedly a living application of this education. This comes together at its best in the book he wrote together with a long-standing friend and colleague, E. J. Anthony: *Group Psychotherapy, the Psychoanalytic Approach* (Foulkes & Anthony, 1957). This is a densely written book which covers a lot of ground and can still be exciting to read.

Another creative book from this period is Patrick de Mare's *Perspectives on Group Psychotherapy* (1972), which is wide-ranging and scholarly but perhaps not always rigorous. There is a lot to stimulate and provoke the reader here. One gem, useful both clinically and in research, is the comparatively simple notion that a group consists of *structure, process* and *content.*

Foulkes published two more books: a collection of papers entitled *Therapeutic Group-analysis* (1964), and *Group-analytic Psychotherapy* (1975), a rather thin, clinical book of statements about practice, assessment and training. The latter is not without interest, but adds little new to previous work. Foulkes' most impressive and important paper was *The Group as Matrix of the Individual's Mental Life* (1973). This is an energetic presentation of his matrix concept, which will probably prove to be the theoretical keystone of his method. Foulkes argues here that an 'individual mind' may not exist, and in fact be a kind of illusion or artefact derived through dialogue between two or more members of a group. In the case of the person alone, the participants in the dialogue have been internalised. This seminal paper now appears in an admirably edited *Selected Papers*, accompanied by a short but informative biography by Elizabeth Foulkes (Foulkes, 1990).

Foulkes' works are sprinkled with helpful aphorisms, such as "The group approaches the norm from which its individual members deviate" and "Group-analysis is the analysis of the group by the group including the conductor".

Foulkes had assembled notes for a theoretical book, but died before attempting to consolidate them. He was never able to make a definitive theoretical statement. It also seems to have been beyond his followers, although some interesting and worthwhile literature has emerged over the past ten years.

There is a problem with developing a theoretical framework for group-analysis that goes further than Foulkes could without calling on explicatory paradigms, which effectively demarcate some other form of group therapy. The lack of a clear theoretical framework is, at the same time, the greatest strength and the greatest vulnerability of the method. It ensures that growth and flexibility is possible with concomitant risks of dilution or submergence by alternative theoretical frames. The International Library of Group Psychotherapy reflects the difficulties of finding a firm theoretical base for group-analysis. Although the series editor, Malcolm Pines, is a distinguished group-analyst, major contributions to group-analysis are rather few in what is now a substantial series of books.

Agazarian & Peters (1981), in their *Visible and Invisible Group* from the International Library, develop a plausible 'systems approach' to group therapy, which has evoked considerable interest from group-analysts. The ideas here, however, can only be embraced after abandoning much of Foulkes' synthesising contribution and returning to a simplified 'group as a whole' framework.

The Practice of Group Analysis edited by Roberts & Pines (1991), while overtly about group-analytic practice, gives important personal background to the development of group-analysis. It also provides a useful basic text for group-analytic teaching. *A Workbook of Group-Analytic Interventions* (Kennard *et al*, 1993) will be of great value to the newcomer to group-analysis and group psychotherapy. The authors of this book take a detailed and research-based look at the art of the group-analytic conductor.

The series is currently crowned by Brown & Zinkins' (1994) *The Psyche and the Social World.* This is the most up-to-date attempt to identify the essential elements of group-analytic theory. I find much to admire in this book, but have always enjoyed most of those books structured and written largely by one person. Scientific progress stems from a team effort; like a relay race, successive people or groups take the baton and run with it. The multi-author book, unless rigorously edited, never affords sufficient space for a decent run with the baton, which seems to shuttle around in diverse directions and is often dropped and even lost halfway through the book. This appears to have been the case in *The Psyche and the Social World.* It starts promisingly with the first public printing of an edited version of Foulkes' own notes for an unwritten theory book. Subsequent chapters are written by a variety of group-analysts, of whom only one is a woman. They were all encouraged to read each other's chapters. The editors in the end, however, decided that the authors should pursue their own special interest. This they have done, so that a laudable and ambitious project fails to achieve its goal. There is often little connection to be found between the different chapters and, worse

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still, not very much linking with the ideas of Foulkes. There is still a need for a paper or book setting the basis and limits of group-analytic theory, thereby pre-empting future dissolution or corruption of the method bequeathed by Foulkes without, on the other hand, fossilising it.

Other UK-based group psychotherapies

The Northfield Hospital also provided a matrix for Wilfred Bion, who was later at the Tavistock Clinic and invited to conduct groups. He did so without claiming they would be therapeutic. Out of this came the second section of his *Experiences in Groups* (1961). He attempted to explain his experiences in groups using Kleinian metapsychology. Henry Ezriel was, like Bion, a member of the staff of the Tavistock Clinic after the Second World War. He contributed to the development of a method of "psychoanalysis of the group", which was taught to a whole generation of Tavistock Clinic students.

Ezriel (1973) proposed that in every meeting of a group it is possible to identify a '*common group tension*'. His method was for the conductor to identify three types of 'object relationship' emerging out of the common group tension. Firstly there is the *required* relationship, a socially acceptable, safe and defensive mode of functioning. The members of this relationship will be discussing each other's problems or saying how much they will miss the group during the forthcoming break. Underlying this is the *avoided* relationship, which might include denied incestuous wishes, or murderous rage about the conductor's self-indulgent need to have such a long summer break. Finally there is the *calamitous* relationship, which is the feared outcome of the avoided relationship being consciously acknowledged. The exposure of incestuous wishes would lead to dire punishment, and murderous wishes could destroy the therapist and the group.

The conducting of such groups seemed to require a strict psychoanalytic technique and tended to focus on the group to the potential detriment of the individual. In a paper significant for both its methodology and findings, Malan *et al* (1976) demonstrated strikingly poor outcome for such groups at the Tavistock Clinic. The methods of Bion and Ezriel are still used both at the Tavistock Clinic and Scottish Institutes of Human Relations, but are now mostly aimed at training people who need experiences of primitive group processes, such as managers of organisations.

Dorothy Stock-Whitaker and Morton Lieberman also made a significant contribution to the group dynamics approach. Like Ezriel, they operationalise a belief that group process can be formalised and taught as a collection of predictable phenomena which can become the basis of a rigorous therapeutic method (Stock-Whitaker & Lieberman, 1965). The group phenomena described and the emergent technique show a remarkable resemblance to those developed by Ezriel. More recently, Stock-Whitaker (1985) has contributed to the International Library of Group Psychotherapy with *Using Groups to Help People*.

Group psychotherapy in the US

The sympathetically-described interpersonal psychology of Harry Stack Sullivan is inspiring, as were the original results of the Chestnut Lodge Unit for the treatment of schizophrenia. A worthy carrier of this baton has been Irvin Yalom (1985) who has developed a pragmatic, thoroughly researched and almost theory-free method of group therapy, which nonetheless harnesses group processes, and in reading about it often feels similar to group-analysis. He has written a best-selling, long and enjoyable book *Theory and Practice of Group Psychotherapy* (1985), now in its third edition. This book can give great pleasure. It reads like a novel, leads one to many lines of research-oriented thought, and addresses practically all those dreadful things that one fears "only ever happen in my groups". It is highly recommended with the one reservation that the first edition seemed to have more vitality than its successors.

Yalom has also written *Inpatient Group Psychotherapy* (1983). The first half of this book is inspiring since it clarifies all the reasons why in-patient psychotherapy should be done and all the reasons why it is so difficult and will often be sabotaged by the in-patient unit itself. The second half is interesting and offers a rigorous method for in-patient therapy. This is helpful, especially for newcomers. It gives some useful advice – for instance, to repeatedly state the aims of the group and to make each group complete in itself. However, the method eventually becomes too rigid, hard to do within the time allowed, and too narrow in the theoretical frame it allows. Those using a psychoanalytic model of the mind will tend to find any method that denies the usefulness of this model ultimately to be intellectually barren and clinically hamstrung. Nonetheless, this is a good book and almost unique.

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Also from the US, Shaffer & Galinsky (1974) gave a wholly admirable and unsurpassed survey of group therapy theory and practice in a unique and well-written, modestly-sized volume.

The US has been far more effective in psychotherapy research than the UK. Presumably more money has been available for this. One of the beauties of Yalom's (1985) book is that almost all of his claims are exemplified or backed up by research evidence. This research commitment is made available with great clarity and optimism in the *Handbook of Psychotherapy and Behaviour Change* (Garfield & Bergin, 1985). It gives a thorough review of research and methodology in all fields of psychotherapy and group psychotherapy.

The *International Journal of Group Psychotherapy* provides rigorously-referred, well-written and interesting articles on all facets of group psychotherapy. A feature of these articles is a strong leaning towards clinical relevance. Of particular interest is a symposium of articles (*International Journal of Group Psychotherapy*, 1992) containing descriptions of the theory and practice of contemporary methods of group psychotherapy.

From the same parent body, the *American Group Psychotherapy Association*, comes a series of monographs serving a rather similar function, of in-depth study of contemporary issues, to the International Library of Group Psychotherapy. One contribution to this is the *Comprehensive Index of Group Psychotherapy Writings* (Lubin & Lubin, 1987), which is an invaluable but somewhat unwieldy database in book format. If only it were available on CD ROM! A valuable book, covering an underdeveloped area, is *Group Psychotherapies for the Elderly* by Maclennan *et al* (1988). Finally, an important text for all practising therapists, covering an enormous field from many theoretical viewpoints, is *The Difficult Patient in Group* (Roth *et al*, 1990).

The larger group

The large group provides what initially seems to be an aversive experience that enables participants to experience psychotic symptoms and defence mechanisms, and insights into the political process. It is important to emphasise that this experience, which many people say they would *rather not have had*, is a true microcosm of life outside the family. People's stances in the large group are almost certainly identical to their predominant life stances. The large group experience is not widely available or desired, but can provide a powerful engine for personal and social change.

The scholarly collection of essays edited by Lionel Kreeger (1985) illuminates the large group from many angles. More recently, de Mare *et al* (1992) gave definitive expression to their view of the ontogeny of dialogue and culture in the large group. This at times difficult book was written by foremost authorities on the large group. I agree with the authors' overall thesis, which is that the large group travels from a state of universal hate to dialogue and 'koinonia'. A conclusion which follows from this is that if mankind is ever to achieve a global civilisation on this planet, without repeated genocide, it will be the result of confronting differences and hatred face-to-face in large groups, obliged to meet until dialogue emerges! This is an important book.

Therapeutic communities

The therapeutic community is essentially constructed of a series of groups. During the Second World War, the power of the therapeutic community was independently discovered at Northfield and also at the Mill Hill Neurosis Centre by Maxwell Jones. It was some time later, however, that the term 'therapeutic community' was coined by Tom Main, who developed the Cassell Hospital as a rather specialised therapeutic community. Maxwell Jones' (1953) writing on the subject is interesting, but somewhat idealising of the activity of the various organisations which he promoted. *The Process of Change* (Jones, 1982) describes the setting-up of his pioneering community psychiatric service based at Dingleton hospital.

David Clark (1965, 1977) is responsible for the two important clear-seeing articles on this undervalued component of psychological treatment and care, written of as a "sport" by Walmsley (1983). A few years later, Hinshelwood & Manning (1979) edited a collection of papers evaluating the progress of the therapeutic community idea at a time when hospital therapeutic communities were giving way to residental and day units provided by social services and the voluntary sector.

These organisations provide the most effective and thorough treatment for the socially deviant individual who might also be diagnosed as having a personality disorder. The therapeutic community requires commitment from staff and patients and has lost credibility in units where the name 'therapeutic community' has been applied to organisations which never reach the level of a containing and healthy social environment, or, subject to destructive processes, had become irretrievably

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damaged. Kennard (1983) gives an excellent, carefully constructed introduction for the absolute beginner in this field.

For those interested in well-written sociological research and an insight into the deeper structures and conflicts in the therapeutic community, nothing has approached Robert Rapoport's classic book *Community as Doctor* (1960). This was a study of the Henderson Hospital immediately prior to the departure of Maxwell Jones. Also from the Henderson is *Group Approaches in Psychiatry* (Whiteley & Gordon, 1979); this is a good all-round group psychotherapy text with an emphasis on therapeutic community practice.

Recent developments

The identification of new developments in the fields of the soft sciences in problematic. It has been said that while the hard sciences such as physics develop with a clearly defined, advancing frontier, the advances in the soft sciences are more diffuse, with the single frontier being replaced by the enlarging surfaces of many small bubbles such as one might find contributing to the head on a glass of beer. The most up-to-date advanced contribution to the group psychotherapy literature may have been written 50 years ago. Each reader will have his own opinions on what is most relevant today.

A current growth area is community psychiatry. This will require an understanding of the nature and history of community and communities. It will be essential to organise the cooperation of the community in the treatment of our patients in the community. Furthermore, the integrity and health of individual communities will be a factor in determining the type and effectiveness of any one community psychiatry venture. Mental illness may be viewed as a failure of the relationship between the individual and his or her groups, including the community. It is likely that group psychotherapy will continue to mediate the divide between individual and community. The work of Foulkes and others in the Northfield Hospital, and all that has developed from it, has been a notable British contribution to the future of world mental health.

In order to understand some of the power and centrality of group psychotherapy in mental health work, Robert Nisbet's *The Quest for Community* (1953) is essential reading and its conclusions can be placed alongside those of Durkheim (1952) in *Le Suicide*. The essential conclusion from these texts and the work of Foulkes is that without cultural, community and group matrices, the individual lacks meaning and integrity.

In the field of British and European group psychotherapy, the most promising future is offered by Brown & Zinkin (1994). This is essential contemporary reading, and it will be a while before this first attempt to pick up the Foulkesian theoretical baton precisely where he dropped it can be fully evaluated.

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