

## CHAPTER FIFTEEN

# Some basic concepts in group psychotherapy

*This was given as one of the main papers at the Third International Congress of Group Psychotherapy in Milan, in July 1963. As on a number of other occasions, the subject of the paper had been proposed by the Congress Programme Committee.*

**H**uman living has always been in groups. These are always in a state of change, according to geographical, economical, historical, technical and cultural conditions. Correspondingly, the ideas that the human individual has of himself and his group, and of the relation between the two, are ever-changing also.

In recent times, in fact since the end of the Renaissance, and in a society that stresses individual property and competition, a configuration has arisen that has brought about the idea of the individual existing in isolation. The individual is then confronted with

the community and the world as if they were outside of him. The philosophy of Descartes starts from this premise, and its strict subject/object juxtaposition is still responsible for many pseudo problems of our time. Yet one of the surest observations one can make is that the individual is pre-conditioned to the core by his community, even before he is born, and his personality and character are imprinted vitally by the group in which he is raised. This concerns his psychology even more than his genetic inheritance inasmuch as the former is developed in the interaction between him, objects and persons.

Nature itself speaks in a clear language. It is abundantly clear that throughout all species the individual specimen is entirely unimportant and that the only thing that matters is the survival of the group and community. Modern circumstances also speak of and treat the individual as expendable. Plans are made that literally discount millions of human lives without hesitation. No wonder the modern individual is afraid of the group, of losing his very existence, of his identity being submerged and submitted to the group. The individual, while helplessly compressed into a mere particle of social groups and masses, is at the same time left without any true companionship in regard to his inner mental life. The relative isolation and alienation of the individual is thus a very real problem of our time. Whereas all sickness is liable to register in this way, mental sickness has a disturbance of integration within the community as its very roots—a disturbance of communication. This modern sickness, so often displayed in deep doubts and fears about integrity and identity, is also reflected in our theoretical terms. Any mention of 'group dynamics' gives rise to passionate objections on the part of some of our theoreticians. They behave as if the individual was in mortal danger, awaiting only their chivalrous rescue. To look upon any natural group as if it was the result of a confluence of isolated individuals is untenable. Paradoxically, our own particular groups are really constructed of isolated, unacquainted individuals meeting for the purpose of treatment. Yet these strangers share certain pre-conditioned ideas, often silently accepted. The most general ones are:

1. That the biological species is the same.
2. That the cultural background is similar, which means among other things that there is agreement as to what is

desirable normal behaviour, what is sick, good, bad and so forth.

3. That the patient and therapist speak the same language literally as well as metaphorically. Otherwise there cannot be any efficient communication between them.
4. That the patient has reasons to lay himself open to the therapeutic process (his motivation by suffering).
5. That we have a method of access to unconscious processes.

The last two points indicate why there is a premium on psychopathology: because it does appear that without disturbance, without pathology, these conditions are not fulfilled.

6. That the relationship which develops on the basis of strong emotions is accepted and responded to in a particular fashion and expressed in a particular attitude and situation (the therapeutic situation).
7. That the doctor takes the patient's whole situation into account, although as background.

For the purposes of this paper, I am concerned only with groups in their psychological aspects. I am further leaving out of account the psychological relationship between groups or between any particular group and the community of which it is part, i.e. group dynamics.

What I am concerned with are internal psychological processes, particularly as they are observable in groups under conditions such as those I have just indicated. Let me repeat that I am concerned with internal psychological processes, endo-psychic reality, and intra-psychic mechanisms or dynamics. It is at this point that one is up against a prejudice deeply ingrained, erroneous as it is.

We have become used to thinking of intra-psychic processes *ipso facto* as inside the same individual person; inside the same skull, as it were. Making such an assumption, however, begs one of the most important questions that arises. The fact that these mental processes take place physically in each individual brain is undoubted. If we hear an orchestra playing a piece of music, all the individual noises are produced each on one particular individual instrument; yet what we hear is the orchestra playing music, the conductor's interpretation, etc. We do not even, in terms of pure

sound, hear a simple summary, a summation of all the individual waves which reach our ears; rather, these are significantly modified, being part and parcel of a total sound. In truth, what we hear is the orchestra. In the same way, mental processes going on in a group under observation reach us in the first place as a concerted whole. Those familiar with *Gestalt* psychology will find no difficulty in understanding that the whole is more elementary than the parts. With this insight we have arrived at one of the basic concepts in group psychotherapy, without which all other observations are misinterpreted or insufficiently described, namely, that what we experience in the first place is the *group as a whole*.

The network of all individual mental processes—the psychological medium in which they meet, communicate and interact—can be called the *matrix*. This is of course a construct—in the same way as for example the concept of traffic or, for that matter, of mind. In a further formulation of my observations I have come to conceive these processes not merely as interpersonal but as transpersonal. In short, we have a concert of interactions which is our primary basis for orientation, interpretation and confrontation. This orientation shows on which level our interventions are most useful, but the whole process takes place solely for the benefit of the individual member. There can be no question of a problem of group versus individual or individual versus group. These are two aspects, two sides of the same coin.

Psychoanalysis has shown that neuroses are based on conflict, conflict that arose early in life with respect to parents or their equivalents. This conflict at bottom is one between the individual's instinctive impulses and his group's cultural taboos. This becomes internalized—unconscious in the dynamic and the systematic sense; that is to say, subject to the operation of the primary process: primitive pre-logical mentality. As soon as the therapist enters into the situation, this endo-psychic material becomes capable of involving two persons. Simply to call this 'interpersonal' is not enough. It is an endo-psychic common union between two people. The analyst can afford to enter into the patient's primary world without having to respond from his own primary world. This is his particular contribution. Out of this common ground arises a relationship which becomes the battle field for the solution of the patient's neurosis—the so-called transference neurosis. There is

no need nor any wish to abandon these foundations. Concepts like the Oedipus complex, patriarchal and matriarchal, assume a conflict based on the primary family group. Infantile sexuality and incest barriers are all based on the species and its cultural development. Even fathers and mothers are archetypes, the personal father and mother only representing them. The culture and values of a community are inescapably transferred to the growing infant by its individual father and mother, as determined by the particular nation, class, religion, region. They are transmitted verbally and non-verbally, instinctively and emotionally, 24 hours a day. Even movements, gestures and accents are determined in this way by these representatives of the cultural group. On top of this, all but permeating it, is the particular personal stamp of the individual father and mother. Individual psychotherapy is thus a form of group psychotherapy, without being aware of it.

Group psychotherapy simply brings back the problems to where they belong. The community is represented in the treatment room. Valuations and norms are restated and modified by comparison, contrast and analysis. Communication leading to a shared experience and understanding is in terms of the group.

Turning now to group psychotherapy, this can be practised with or without an analytical orientation. In either case it operates in a group situation, which it must take into account. I will first say a few words on group psychotherapy in general and then concentrate on an analytic approach. For the latter I will take the group-analytic situation as a model. Concepts used here and throughout have arisen from this particular method of group psychotherapy. The relation is a dialectic one. New insights lead to the development of a new method of group analysis, which in turn leads to new concepts. The task was to find a method and theory that would do away with such pseudo-problems as biological versus cultural, somatogenic versus psychogenic, individual versus group and reality versus phantasy. Instead we must endeavour to use concepts which from the beginning do justice to an integrated view.

The first and foremost aspect with which group psychotherapists are usually concerned, and according to which they form their concepts, is that of belonging, of participation. Being a respected and effective member of the group, being accepted, being able to share and to participate, belongs to the basic constructive

experiences of human life. Health is inconceivable without this. The need for psychotherapy arises when this participation and sharing are disturbed. This is important because we have now to deal with the restoration of this disturbed communication. Resistances displayed in the group's interactions usually reflect the unconscious defences in the individual. At this juncture I might point out that what is dynamically unconscious is at the same time subject to the primary process. Which is to say that it is cast in primitive, symbolic language. This language is understood unconsciously, and its transmission, or communication, takes place without consciousness. The group, through processes of progressive communication, works its way from this primary, symbolic level of expression into conscious, articulate language. This *work in communication* is the operational basis of all therapy in the group. This leads us to the interpretative, psychoanalytic part of our work, the analytic part, superimposed on the constructive part of group participation, going hand in hand.

Group analysis, as I understand it, works on the group model. Many of its processes we know from the two-personal situation, but with the additional features that can be seen in full in interaction between two, three or more persons. They can be seen as what they are—interactional processes, not processes in the isolated individual. In addition to this we can make observations that are concealed in the one- or two-personal situation and thus discover *group-specific factors* in operation.

As far as the therapist is concerned, his most important contribution can be summed up as follows:

1. to be the representative of the analytic attitude in the group;
2. to understand and maintain the group-analytic situation.

As a psychoanalyst, he is familiar with transference processes. As always, the analyst orientates himself on the basis of the total situation in which he works. In the individual situation, he will refer part processes to the individual as a whole. From the two-personal situation to the transference situation, from the group situation to the group as a whole, he uses this orientation to the total situation as a background for the perspective that he needs; even more so in his analytic activity, which could in a certain way

be said to be a destructive one. He breaks this whole down into parts in order to do justice to them.

What about access to the unconscious? In the two-personal situation in psychoanalysis this is based on so-called free association. It has not always been understood that by replacing this free association by 'group association' in the group—which, I believe, I was the first to have done—we take a decisive step not only in method but also in theory. The concept of associations in the individual mind was originally based on the assumption that these associations were acquired by the individual through experience and firmly laid down in his brain. In the two-personal situation this process is already modified by the presence of that second person and the second person's response. In the group the minds of strangers, with different individual conditioning, react and respond to each other. We find that their responses, verbal and non-verbal, conscious or unconscious, to each other's productions can be used as quasi-associations to a common context. We can thus make a totally new assumption and treat associations as being based on the common ground of the unconscious instinctive understanding of each other. We no longer take as our basis of operation the conditioning by old experiences, based on traces in the brain. Instead, we accept the notion that ideas and comments expressed by different members have the value of unconscious interpretations. As an observation this was already understood clearly by Freud and other analysts working within the individual situation. Besides, it would be quite impossible, for obvious reasons, for the group therapist to base his procedure in a group situation on free association as understood in the individual sense. The relationship which now develops is that of a complex and mutual interaction between members. Only the therapist maintains the proper analytic attitude and detachment and can see the inner mechanism of this interaction—the unconscious dynamics of it. It would be quite impossible for him to follow each individual separately. He focuses on the total interactional field, on the matrix in which these unconscious reactions meet. The background for the therapist is always, and should consciously be, the group as a whole. Conflicts are now dynamically displayed in the

group, and yet are—as I have pointed out—no less intrapsychic for that reason.

I cannot here go further into the consequences for all psychotherapy and theory of seeing the total situation in the psychotherapeutic small group as one inter-connected whole. I have given at least some indication for this. Our particular contribution as group psychotherapists thus rests on the fact that we study human beings and their problems in their full social context, and that this study is enriched by laying open otherwise concealed aspects.

All psychopathology, psychology and psychotherapy would thus be social, based on intrapsychic processes in their interaction. The individual gains in independence and strength by his experience of an effective interaction between himself and the group—a two-way process, on many levels. Thus, individuality, which we so rightly estimate highly, emerges in greater spontaneity in the group in both patient and therapist alike.