GROUP-ANALYSIS: TAKING THE NON-PROBLEM SERIOUSLY

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There is a sense in which, at the moment, group-analysts are in a position comparable to that of biologists in the early nineteenth century. Erasmus Darwin, Lamarck, Buffon, Chambers - these men were sure that evolution occurred, in spite of public ridicule and professional opposition, but they were unable to do much more than retain the notion of evolution as a private conviction, discussed among small groups of like-minded individuals. Their reticence was enforced by the need to find an adequate causal mechanism. They were sure evolution occurred, but they could not see how; and if one is going to be taken seriously by fellow-professionals, let alone the general public, they - and we - know that one must base one's convictions on more than an act of faith.

As group-analysts, we know that groups 'work' - that is to say we are confident that the majority of people who enter a group-analytic group at the very least express themselves better off for having had the experience. However, we are to some extent still in the dark about just why that should be so; about the fundamental nature of the mechanisms enabling change and growth in the analytic group. One reason for saying this is that we have such a very wide range of potential answers, or mechanisms, on offer, ranging from the systems point-of-view to the psychoanalytic ... from, one might say, the *group* theorists on the one hand to the *analytically* inclined on the other. But as for *group-analysis*, the combination of the two, we are, I suggest, still in search of an underlying mechanism that will have the simplicity, clarity and above all, the satisfactorily obvious quality that graced natural selection as the fundamental mechanism of evolutionary change.

Let me say at once that I do not have the answer; and simultaneously that I think we all already have partial answers to the question, in that each of us conducts our groups within the framework of, at the very least, a working hypothesis as to why the experience we offer should be beneficial to our group members. But what we do not have is a consensus, beyond the knowledge that if we conduct our groups in the Foulkesian tradition, we can feel reasonably confident that they will do some good. But why? And how? How is it that individuals who differ so fundamentally from each other in age, sex, nationalit and temperament can be permitted, indeed encouraged within the group-analytic model, to make use of their very uniqueness as part of their therapeutic armoury, and yet still be regarded as part of the single tradition that is group-analysis? What kind of underlying therapeutic mechanism could be sufficiently powerful to underpin us all in our variety?

In this paper, I want to try to clarify some of the issues that are important i trying to answer such questions.

The fundamental question is therefore 'what is the nature of the therapeutic process within the group-analytic group?' Although we tend to ask it as one, this question is in fact composed of two separate questions, which are logical: distinct in that one is superordinate to, or inclusive of, the other. (By that I mean that the question 'What shall I have for breakfast today?' occupies a subordinate position in any possible hierarchy of personal reflections to the question 'Is there any food in the house?', in that the answer to the second must be known before the first can become meaningful.)

The way in which I would like to rephrase the original question about the nature of the therapeutic process is as follows:

a) what causes change?

b) What makes the change therapeutic?

Here, *what causes change?* is the superordinate question, since there is no therapy without change, but not all change is of necessity therapeutic. One can change for the worse, or indeed change without things improving very much at all However simple such a distinction between these two questions may sound, I suggest that it has far-reaching consequences for our thinking on the subject.

We are used, at an implicit level, to thinking of the therapeutic process as the factor that produces, or initiates, the change in the individual. The consequence of this rephrasing of our original question is to reverse the direction of the underlying assumption. I would like to put it this way: the therapy is *not* what is responsible for initiating change in the individual, although it *is* certainly what makes any change there may be a change for the better. The change-producing factor co-exists with what is therapeutic in the analytic group, but is distinct from it. We must all have had patients in whom therapeutic insight grew apace without producing any effective change at all. Conversely there are individuals for whom a group experience that has included relatively little analytic interpretation has produced marked change and growth. A real distinction exists therefore between insight and change, certainly at the practical level; and this distinction must be reflected at the theoretical level if we are to understand and make use of its implications. Hence my separation of these two distinct elements as sub-sets within the inclusive question about the nature of the the therapeutic process. The suggestion is therefore that change is a necessary pre-condition for therapy, rather than that therapy is a necessary pre-condition for change. Change is the agar-jelly in which therapy can, if you like, be cultured.

What is it, then, that produces the change? This question forms the focus of this paper, since we already know a great deal from many major theoretical sources about the second, the nature of the processes, or part-processes, that enable the change to become therapeutic. I think we know less about change itself. To try to take this quest a little further, let us attempt to see how a group works. By a group I mean a self-contained social system that, as Palazzoli and her colleagues *(1978)* in their remarkable work on *Paradox and Counter-Paradox* have put it, has come to exist over

"a period of time through a series of transactions and corrective feedbacks. These assay what is permitted and what is not permitted in the relationship until the natural group becomes a systemic unit held together by the rules peculiar to it alone ... transactions which have the quality of communication, whether on the verbal or non-verbal level."

Palazzoli is of course describing a system, in her case the system that is the family but it applies with equal validity to the system that is the group. Now, in work with families one is permitted to enter the very system that is at the very least maintaining the pathology manifested in the individual, and attempt to "change the rules" that govern it, in an active and imaginative way. In group-analysis that is not of course possible, and many of us would go further and say neither is it desirable. We prefer the impetus for, and source of, the change to be located in the individual patient rather than in the therapist, however ingeniously and gracefully the therapist is later able to disengage himself from the system he has entered.

Yet we are without immediate access to the family systems of our group members, having instead only a collection of simple representatives from each family

firm. Nevertheless we are obliged to work with what we are offered. The proponents of General Systems Theory speak of Ps, or

> "the point of a system at which the maximum number of functions essential to its existence converge, and which, if modified, effects the maximum change with a minimal expense of energy."

As group-analysts, we really have no choice other than to accept the individual who presents himself to us as the focal or nodal point of the pathological system in which the functions essential to his existence converge. He is the only point of leverage within his own system that is available to us.

If we now move from theory to practice we can attempt to trace the natural history of an individual's involvement with a group a little further. A patient comes to a therapist with a problem of an intractable nature: he is stuck, with an unhappy marriage, a failure to progress in his work, a terror of enclosed spaces, whatever it might be. He says in effect to the therapist: I can't solve my problem; help me. The therapist replies: Join this group; it may help.

What does this actually involve? The new member expects to present his problem to the group at large, and to have the benefit of not one, but a number of sources of advice, encouragement and support. Indeed he is obliged to talk about his problem, however reluctant he may be at first, because this is his *entrée*, his right to a place in the group. If he says nothing, he will eventually be asked, 'Why are you here?', and for the group's attention to be engaged sympathetically, the answer must consist at least in part of the presentation of the problem. It is a necessary part of the initiation process that there is a confessional stage, in which credentials are presented. It serves several short-lived functions: principally, it is that the new entrant presents himself as a supplicant, not as a challenger.

Next, depending on the stage of development and maturity of the existing group, there is a period in which the individual's presenting problem (which I will now call the Problem) is accepted by the group, who indicate their acceptance by expressions of sympathy, advice and a certain amount of comparing and contrasting with their own Problems. However, after a while, mysteriously the presenting Problem is dropped. There is a limit to the amount of time the group is prepared to give it, and perhaps the new member senses that 'just going on talking about it' isn't making any difference. Sometimes both these feelings are expressed quite explicitly. At any rate, it is seen to take a back seat in favour of something that is clearly *not* the Problem, *not* what the individual patient believed he joined a group to involve himself with - it is dropped in favour of the passionate discussion of and involvement with the shifting roles, relationships and behavioural communications that make up the system of the group itself. Our individual with a Problem, therefore, representing the nodal point of the system within which his pathology or Problem exists, comes to find himself increasingly concerned with what is *not* his problem - or the Non-Problem.

This is the foundation stone upon which change in the individual is constructed.

The more discussion of and involvement with the Non-Problem, the here-and-now of the group itself, enacted within the set of rules "peculiar to it alone", the more firmly established does this alternative system, and the new member's involvement with it, become. It is precisely through attending to the Non-Problem that the individual becomes a member of an alternative system to the one in which his symptom, as an expression of its pathology, was generated and maintained - and this process alone, this becoming part of the group (as opposed to attending it) is sufficient to effect change.

The Palazzoli group, in their brilliant work with schizophrenic families, express it thus:

"Since the symptomatic behaviour is part of the transactional pattern peculiar to the system in which it occurs, the way to eliminate the symptom is to change the rules."

In a group, of course, the difference is that we cannot change directly the rules governing the individual's pathological transactions within his own system, but we *can* bring about change in the individual by making him part of a powerful alternative system, in which a different set of rules is operating.

If this is true, we may see every attempt to escape from the here-and-now of the group back to the familiar terrain of the Problem as an attempt to cling to the transactional patterns, and hence rules, peculiar to the system from which the patient originated, and which delineated and maintained his symptom; and conversely we may see every expression of interest and concern manifested in group matters as a step towards an involvement in the alternative system offered by the group, in which the rules, simply by being different, no longer serve to sustain the *status quo*.

If this formulation of the fundamental mechanism underlying change, the necessary condition for therapy, has any validity, it must begin to affect our notion of what constitutes a major form of resistance in a group. Indeed, it now places it at the opposite end of the spectrum from the kind of behaviour we are used to thinking of as resistance in the individual setting. In individual work, by and large we tend to focus upon the Problem, although by stripping it of layer after layer of the accretions and debris of a lifetime, we tend to redefine it in terms of its most fundamental and original point of existence. Resistance on our patient's part is his evasion of this task, and his unwillingness to accede to our analysis of its various vicissitudes and transformations. In a group we do something rather different. Our first task as conductor is to enable the group to abandon the Problems in favour of the Non-Problem. We may consider therefore harking *back* to the Problems as a form of resistance to the therapeutic task, which is to say the creation of a system with its own rules and traditions of behaviour-communications, which will come to function as an alternative to the system from which each individual has emerged.

Here, the significance of boundaries must be emphasised. In order truly to be an alternative system, the group must have no actual connection with the individual's 'normal' world other than through the existence of the individual himself in both settings. The more precisely defined are the border limits of each territory, the greater the change that is effected in each individual as he becomes incorporated into the new system, and the greater is the consequential 'lack of fit' in the nature of his interaction with the old.

We must ask whether every individual is capable of becoming part of the new system that is the group. We already know the answer to this question, although this hypothesis may provide us with a clearer rationale as to just why the answer should be no. There are individuals who come from systems, both public and private, that may explicitly or implicitly forbid, or otherwise render impossible, change of a particular kind or in a particular direction. Fervent Marxism might be an example of one such public system, and well-established paranoia an example of a private system; neither dedicated Marxists nor paranoiacs make good group members precisely because of the powerful and rigid nature of their system of origin (or primary system) which renders it subordinat to that of the group's system of creation (or secondary system).

It makes the initial question on which one bases the selection of patients for a group relatively straightforward: is this person already part of a system that is more powerful than, or even as powerful as the one a group-analytic group can create? Fortunately for our patients, the answer is only relatively rarely yes.

We can now also clarify the rationale for mixing symptomatology within a group, or at least types of pathology: two or three patients with shared pathology or symptomatology can unite to delay or damage the development of the secondary system necessary to effect change in each of them. Cumulatively, even though it may be unconscious, their systemic 'pull' may be greater than that the group can exert and sustain.

There are thus two aspects to the group experience. Firstly, there is the process of change itself, originating in the patient's becoming part of a system that is other than the one from which he originated. Secondly, there is the therapeutic transmutation of this change into change-for-the-better. Within a therapeutic group, therefore, change can become growth.

If we accept this hypothesis, we may see it as our initial task to create and sustain a setting in which the substitution of the Non-Problem for the Problem may happen. During this substitution, two things are happening simultaneously. Firstly, a process of change is initiated as the individual becomes incorporated into the secondary system that is the group. Secondly of course, the Problem is still present, but is now being dealt with at the level of metaphor, a theme I will return to later. Each individual's Problem is, in the Foulkesian sense, his "Group Problem" and is present through the patient's importing it in encapsulated form into the group. Thus as conductors we cannot help but gain some notion of the transactional patterns, and hence rules, governing the individual's primary system, since through the multiple transferences that are possible within the group, the patient will try his hardest to recreate his "Group Problem" once more. Partly he cannot help himself: he behaves according to the systemic rules that have long determined his expectations and behaviour, and with which, however unhappy, he is at least entirely at home and therefore safe. Partly too, there is the implicit message to the conductor that the patient's assessment is correct, in that he is seen to be helpless as events take on a shape and form he has long been familiar with, so that he can demonstrate his absolute blamelessness in the face of a malevolent world.

It is of course inevitable that to the extent to which the individual is responsible for his own Problem (that is to say the extent to which it exists within the damaged, distorted or fossilised parts of the psyche), it will come to be manifested within the behaviour-transactions and communications that he engages in within the group. Is there then a contradiction inherent in the need to work on the individual's own neurotic Problem (in whatever guise) without actually working against the creation of the alternative system that it is the conductor's task to foster and maintain? I should like to offer a gardening analogy. Faced with a chaotic and abandoned flowerbed, the gardener may either spend his time pursuing the root-systems of the weeds that infest his chosen patch, or, adopting an alternative strategy altogether, he may plant ground-cover between the plants he wishes to preserve, and allow the new and healthy growth to encroach upon the territory originally occupied by the weeds. Both approaches concur in agreeing that the weeds are unwanted, but the approach to eradicating the problem is radically different: one involves direct assault, the other the nurturing of alternative elements of healthy growth that simply begin to occupy enemy territory. Within this analogy, groups, in involving the substitution of the Non-Problem for the Problem, employ a ground-cover rather than a direct weeding strategy.

There are processes within the group itself that will work for the exchange of the Problem for the Non-Problem. One of course is that competing individual claims for time and attention will push the group towards a focus on a concern that is of equal valency for all, rather than the property of a single individual. Another Solution to the problems of rivalry is time-sharing - *it's*

your turn to be the patient, i.e. to talk about the Problem, and it is one that may well be adopted by a group that is operating below optimal strength in terms either of numbers or in the level of group arousal (the 'emotional temperature' of the group). It is a positive function of having seven or eight in a group that it lowers the chances of time-sharing being adopted as a way to negotiate rivalries, since although it is a possible solution, it is infinitely less powerful than one which adopts the communal Non-Problem as its focus.

However, in time-sharing one may observe a paradoxical effect: traditionally it is this week's 'patient' that is felt to benefit from being the focus of the group's sympathetic and empathic attention, and there is often overt envy for those in this favoured position. Yet however restored the recipient may feel, it is my contention that it is those who are actively applying themselves to the understanding and clarification of their colleague's Problem who are benefiting most from the transaction. It is in them, if you like, that ground-cover has taken most active root and is spreading - in them that their original focus is being most visibly exchanged for the alternative attitudes and approaches that form the group's system.

In calling the *group's* concerns the Non-Problem, I am not implying that the issues, passions and concerns that emerge within and as a function of a group's activity, are any less significant or problematical than those which brought each individual into the group in the first place. If anything they are more so, since they inevitably contain within them at one level the metaphorical, or transferential, restatement of the seven or eight original Problems in a group form. What I am saying however, is that the focus of concern in an optimally functioning group will be of common and relatively equal valency for all members, rather than of particular concern to one individual alone. The group's Problem, to reverse the direction of gaze, is the individual's Non-Problem or certainly what he would have perceived as a Non-Problem on entry.

In summary, therefore, the therapist's task is to enable every member of his group to become part of the alternative system that is the group's own. However, the very act of encouraging an individual to join a group may be seen as paradoxical in that one knows that his problem is going to be the one thing that a powerful group will not encourage him to talk about at any length, certainly not once he has been incorporated as a group-member. Thus the message is: take your problem seriously - it is worth joining a therapeutic group in order to do so. But the result of joining a group is that the presenting symptom is what will receive the least of the group's attention, and that the substitution of the group's concerns for the individual's will itself be what initiates change in the novitiate.

There is of course a tremendous tension created in the individual by this apparently incomprehensible separation of him from the centre, the pivotal element in his life, his Problem. At times he will burst out in frustration about how no one cares about his Problem, about how this group is all very well, but it isn't making any difference to how awful his life is. Yet groups 'know' at one level that direct assaults upon the Problem are ineffectual, and tolerate' and absorb such assaults as part of the process each and every member is engaged in*. It is another of the paradoxical strengths of the group that while it is

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*Who knows? Possibly the conductor, though there are many good conductors who do not 'know' it in quite that way; possibly, too, it is dimly perceived by individual members. But the group itself behaves as though it 'knew' it quite explicitly. Since one function of the group is 'knowing' it is perhaps relevant to quote this passage from Sherrington, on the brain. If Foulkes was not already

in itself a place of comfort, or at least containment, at the same time the *fons et origo* of that support is invisible, intangible and ultimately unattainable. The individual members attempt to locate it variously in each other, primarily of course in the conductor, but attempts to merge with one or another of these imagined sources of comfort and joy are invariably disappointing; the true source is the group itself and no single member of it, even the conductor, *is* the group. Such a state of tension, the permanent sensation of 'so near and yet so far' is, I suggest, an extremely potent force obliging the individual to search actively for other ways to achieve his goal of merging with this ultimate source of power and love - variously mother, father, transitional object, and all the multitude of other things the group comes to represent. The creative tension that this sustains in the individual may maintain the process of change set in motion by the act of joining a group, this time voluntarily rather than involuntarily, as the individual searches for ways to achieve the state of merging, or total intimacy, from which he emerged in the beginning and to which he can return ultimately and permanently only in death.

I want to turn now to a consideration of the nature of *playing*, and what we might mean by it. I hope that what may at first appear to be a digression from my main theme will eventually serve to strengthen it.

Play is easy to recognise, hard to define. However, we must distinguish between play as an index of health, and play as a cause of health (something I have discussed in more detail elsewhere), since in whatever way one looks at a great deal of absorbing writing on the subject of play by therapists of various theoretical persuasions, one is left with an unresolved problem: one connected with a persistent confusion between the nature and the functions of play. There must be about playing some unique feature that makes it conducive to health without just being another way of describing health; moreover some unique feature that has particular relevance for us as therapists, as Winnicott has expressed most clearly:

> "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

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aware of it, he would surely have been delighted by so elegant an account of the group Matrix:

> *"A scheme of lines and nodal points, gathered together at one end into a great ravelled knot, the brain ... Imagine activity shown in this shown by little points of light. Of these some stationary flash rhythmically, faster or slower. Others are travelling points streaming in serial lines at various speeds. The rhythmic stationary lights lie at the nodes. The nodes are both goals whither converge, and junctions whence diverge, the lines of travelling lights."*

The passage goes on to describe the brain waking after sleep.

> *"The great topmost sheet of the mass, where hardly a light had twinkled or moved becomes now a sparkling field of rhythmic flashing points with trains of travelling sparks hurrying hither and thither. It is as if the milky way entered upon some cosmic dance. Swiftly the head mass becomes an enchanted loom where millions of flashing shuttles weave a dissolving pattern, always a meaningful pattern though never an abiding one. The brain is waking and with it the mind is returning."*

bringing to the patient from a state of not being able to play into a state of being able to play."

To identify what it is about the nature (as opposed to the function) of play that is significant for the group experience, I suggest we must turn for help to the work of those in other fields - ethologists, sociologists and anthropologists - bearing in mind the distinction made by Freud: "The opposite of play is not serious occupation but — reality."

How does one tell whether behaviour is 'real' or playful? There seem to be two main sources of information within which many complex and subtle variations are possible: the first is the absence of signals specifically associated with the non-play context in which the behaviour occurs (the absence of, say, change of skin colour, or persistent eye contact); and the second is the presence of signals that are specific to the play context. In our case, perhaps the widened eyes and raised eyebrows that are accompanied by the smile. These highly ritualised forms of communication, social signals, are signals about the nature of the communication that is about to follow. That is, they are signals about signals, or what Bateson and others call *meta-communication*. Bateson puts it in detail in this way:

"Expanded, the statement 'this is play' looks something like this: 'These actions in which we now engage do not denote what those actions for which they stand would denote.'"

Goffman has a similar view. He includes playful behaviour in his detailed discussion of 'primary frameworks' - the perceptual set implicitly adopted by an individual that enables him to make sense of what is going on around him. One of the central concepts in his analysis of framing is that of *the key*:

"... the set of conventions by which a given activity, one already meaningful in terms of some primary framework, is transformed into something patterned on this activity but seen by the participants to be something else."

"The systematic transformations that a particular keying introduces may alter only slightly the activity thus transformed, but it utterly changed what it is a participant would say was going on."

Perhaps the relevance of this for the therapeutic group is already apparent, but for the moment I shall continue with the argument. The 'key' for a play-fight in, for example, chimpanzees, is the refined and highly ritualised facial expression that announces 'this is play'. It utterly changes what it is the recipient would say was going on. In chimpanzees, fighting results in dispersal and separation of the contestants; however, the end-point of a bout of play-fighting results, in a significant proportion of instances, in the participants sitting closer to each other than they were at the beginning of the interaction. It is behaviour that in a rather literal and measurable way produces what we most desire in our analytic groups, the mysterious social glue of cohesiveness.

It is precisely this doubling up of behaviour patterns that allows us to have a category *play* in the first place. It is the very contrast between the consequences of the same behaviours as they occur in the two contexts that allows us to identify behaviour with any certainty as playful. Perhaps we are now able to get back to Freud's original distinction between playing and reality. The fighting chimpanzees finish up in great good humour sharing a bit of fruit, and the observer concludes their fight cannot have been real. "They were only playing".

How does this apply to group-analysis and our interest in the origins of change?

These observations of the paradoxical nature of play behaviour can be looked at from the point of view of the systems analyst. This is how Reynolds, a psychologist interested in the evolution of language has put it - and here I feel we get a statement about the nature of play which we can use to clarify its role as a powerful mechanism within the therapeutic group.

"If we think of a system as operating in conjunction with other systems, so that its output serves as inputs to the others, then a system whose output is temporarily uncoupled from its normal input relations to other systems will be said to be functioning in the simulative mode. It can in fact be shown that play involves the simulative execution of systems at several levels of biological organisation ... the function of play must be understood in the light of the function of simulation in general."

Next comes the crucial bit for psychotherapy:

"The essential feature of the simulative mode is that the system, *while functioning normally, is uncoupled from its normal consequences* vis-a-vis *other systems.* However, the feedback consequences within the acting system are unimpaired ... the simulative mode of action is paradoxical; the system's operations should have their normal consequences, *yet those consequences must at the same time be rendered inconsequential.*"

(my italics)

It seems clear that it is possible to think of the therapeutic group as, in a rather special way, a social system operating in the simulative mode in precisely the sense in which Reynolds uses the term. The interactions that take place within the group are of the same kind, and are enacted to the same degree, as those that take place outside the group, although the situations that elicit them will be a function of the group itself. However, the *consequences* of these interactions, generated within the group, are temporarily uncoupled from their normal input relations to other systems (or 'reality'), while at the same time "the feedback consequences within the acting system are unimpaired." In other words, what takes place within the individual member as he, for instance, experiences pain, anger or joy, is unimpaired by his doing so within the group; however, the consequences of his having and expressing these feelings are temporarily disconnected from 'reality' precisely because of their occurrence within the group's setting.

Moreover, and clearly here we are already moving into a discussion of what is therapeutic about the group experience, as opposed to what is productive of change, there is the opportunity for second-order uncoupling; a chance to examir the connections and couplings between cause and effect that occur within the group system itself, so that insight (both historical and contemporary) may accompany and illuminate experience. Insight may have a significant part to play in 'fixing' change; that is to say in rendering permanent the freshly developed image of the individual.

A group is in fact, most seriously and dedicatedly at play. Its members are liberated from the need to metacommunicate, to signal to each other on each occasion "these actions in which we now engage do not denote what those actions for which they stand would denote ..." because *the key* to the primary framework already exists, connoted by their status as 'members of a therapeutic group'. This primary framework is provided and maintained by us, the conductors, althou we tend to refer to it in the plural as 'the boundaries'. With this in mind, the importance of maintaining the relationships between group members exclusively within the boundaries of the group is made quite clear, since it is only when such relationships are truly uncoupled, totally disconnected from their normal consequences that it is safe to explore them.

It is of course part of the conductor's task to make plain the simulative nature of the experience the group is engaged in. Here the interpretation of the transference is central. Although the conductor points the way, equally important are the other members. In negotiating the distribution of the multiple transferences inherited from significant figures in the past, there is also a sense in which each member of a group acts as a naturally occurring restraint upon the development of an extreme transference in any other member. Conflicting needs — X's loving mother may also be Y's envious sibling — clarify the simulative nature of the enterprise, and maintain the 'as if' status of the interactions.

This in itself, it is perhaps worth mentioning, this learning to interact in a simulative mode, has important therapeutic consequences, important ramifications for adaptive individual behaviour, whether it is learned spontaneously through play in childhood (in which the learning proceeds from actions to language), or later on during the special sort of playing that characterises the therapeutic group (in which the process is reversed and learning moves from language to action). As Bateson points out, schizophrenic behaviour

"can be described in terms of the patient's failure to recognise the metaphoric nature of his fantasies ... the frame-setting message (e.g. the phrase 'as if') is omitted and the metaphor or fantasy is narrated and acted upon in a manner which would be appropriate if the fantasy were a message of the more direct kind."

The capacity to shift primary frameworks, to adapt one's behaviour according to the prevailing contextual conventions, so markedly lacking in the psychotic, may be regarded as a prime element in mental health. The capacity that young children have in abundance to exploit the possibilities of the 'as if', to harness and to enjoy the kaleidoscopic nature of words and actions are part of a crucial ability to look at things in a number of ways; crucial that is for a species that relies so heavily upon learning for its individual and biological success. In a group one is free to make errors of contextual judgement in comparative safety, over and over and over again, until finally through repeated engagement in that "serious occupation" that is not yet "reality" one grows aware of the multiplicity of relevant cues that are necessary for the sensitive and successful regulation of behaviour.

There is, one might reasonably feel, some important element lacking in this discussion of play; it does not sound, from the way in which I have been talking about it, as though it is much fun — and surely having fun is a crucial element in play. Or is it? It is all too easy to assume that the burst of shared laughter must mean that good things are happening, and they often are; it represents a shared acknowledgement of a situation that has momentarily appeared in the same light to everyone present, and therefore is both a cause and an effect of group cohesiveness — but, I suggest, not necessarily either more or less than shared tears. Play is passionate, but not always euphoric. Having fun overlaps with playing, but not all play is fun, any more than all fun is playing. If our working definition of play is that of engaging in a simulative system, then merriment or gaiety may accompany it, but with no more or less likelihood than merriment or gaiety may accompany not playing, but reality.

Having fun, it should also be noted, can be defensive. A manic merriment may serve to obscure the anxiety of a beginning or the pain of an ending. Perhaps it is worth remembering in this context that the older meaning of 'fun' is that of a hoax or trick, something intended to cheat or deceive, even to cajole — something perpetrated in the service of getting one's own way. We should not let ourselves be taken in by the sheer fun of fun into thinking that all is well. Playing, or getting on with the therapeutic work, is hard work, and is often not fun at all.

In summary then, this paper has attempted to tease out and elaborate upon the change-producing or *transformative* properties of the group-analytic experience as opposed to those that determine the direction of change, or its *therapeutic* properties. I have attempted to show that the transformative element is inherent in the process of becoming a member of a therapeutic group. The therapeutic group:

a) forms a system that is other than the ones from which the individual members originated.

b) It does this initially and most powerfully by its substitution of the Non-Problem for the Problem.

c) It is a particularly powerful alternative system in that it functions within the primary framework of a simulative system, enabling its members to retain the knowledge that although what takes place within the group is serious, it is yet not reality.

d) To this extent, the analytic group is in a category of behaviour that also includes play.

e) We may thus describe the kind of playing that takes place within the group-analytic group as *taking Non-Problems seriously*; like the best of play it is both passionate and productive, permitting the individual to negotiate and renegotiate change — as well as ex-change — between the inner world and outer realities, within himself, between himself and the group, and between the group and the outside world.

These then are the transformative factors that enable the powerful and beneficent forces of psychoanalysis to gain a therapeutic foothold, combined within the unique system for which we are indebted to Michael Foulkes — group-analysis.

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On "Group Analysis: Taking the non-problem seriously" by Caroline Garland
   XV/1, pp. 4-14

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Caroline Garland's essay is like a brilliant convex mirror. Its scope is wide
and brings together views that induce a delighted Ahaa! It enables us to see
what was there all the time but invisible to the tunnel-vision of humdrum work.
Its richness actually simplifies our struggle to understand the processes
involved in 'ego-training in action'. (Foulkes' term has become rather tired
and devalued.)

The clarity of her thinking and writing are infectious. First, they take us
beyond complacent satisfaction with the notion of 'insight and change' to
examine the difference between 'change' and 'therapeutic change'; and to see
more clearly the problem posed by Foulkes when he questioned whether insight
followed change rather than preceding it. Change and insight are not
inseparable, we can now see, because *therapeutic* change involves a
transformation of an individual's view of himself in relation to others. This
happens as involvement in the new group becomes both more serious and more
playful (expressive, intimate, free and innovative) than did involvement in the
'pathogenic' early family or later groups.

The boldness of bringing together on the one side the idea that the individual's
Problem is superseded by the Non-problem posed by the group, with, on the other
side, the views of the Milan group on Paradox and Counter-Paradox, is clearly
very creative. In a sense it gives substance to the idea of text and context
I have written about elsewhere in relation to 'free speech'. The context not
only determines the meaning of the individual's prepared 'pathological' text,
it has an impact on it that may even alter its continuing relevance. I was
particularly struck by Caroline Garland's simple assertion that 'It is precisely
through attending to the Non-Problem that the individual becomes a member of an
alternative system to the one in which his symptom, as an expression of its
pathology, was generated and maintained - and this process alone, this becoming
part of the group (as opposed to attending it) is sufficient to effect change'.
I think she may be right, so long as we remember the difference between change
and therapeutic change which she herself pointed out. To be therapeutic, the
group which the individual joins and becomes involved with has to be moving
towards insight and mutual understanding, and has to be trying out more creative
ways of existence.

By bringing together the idea of individual Problems abandoned in favour of the
group Non-Problem, with that of the Milan group's aim in family therapy of
changing the rules by which a pathological system maintains itself,
Caroline Garland can make the illuminating statement that the therapeutic task
is 'the creation of a system with its own rules and traditions of behaviour-
communications, which will come to function as an alternative to the one from
which each individual has emerged'. The creation of this system can be seen to
differ from defensive evasion and denial, and from psychotherapy based on
suggestion and diversionary tactics. It throws light too on Foulkes'
distinction between psychoanalytic 'vertical' analysis, and group-analytic
'horizontal' analysis, which emphasises lateral communication and interaction
within the 'here-and-now' of the group. It also helps to explain the facts
that: (1) too much shared pathology, (2) groups that are too small and (3)
concentrating in turn on individuals' presenting problems, can all impede
progress by slowing the development of the necessary secondary system embodying
the Non-Problem. I do not think that this invalidates the importance of
analytic work on individual neurotic patterns of relating - on transference,
projective identification, etc. But, as Caroline Garland seems to imply, the

new framework and multiple viewpoints encourage their recognition and transcendence. I am less sure about her gardening analogy, attractive and telling though it is. The idea of the Non-Problem supplanting problems, as ground-cover chokes weeds, is excellent. But I doubt if group analysts can afford to ignore opportunities for judicious weeding and helping individuals to trace the historical root-systems of persistently baneful weeds.

Caroline Garland has some excellent things to say about playing and reality that complement the more familiar and influential work of Winnicott. Her own observations of chimpanzees at play, and the work of Bateson and Reynolds, are brought together in relation to the therapeutic effect of changing contexts. The discovery of what makes the difference between 'reality' and 'as if-ness', so that these can be interchanged and adjusted, is an essential part of analytic therapy. The analytic group is a playground, where serious 'simulation' can take place free from the consequences of expressing and acting in other contexts. By pointing this out, Caroline adds a dimension to the significance of 'free speech' in group analysis; namely, that to be therapeutic it has to be free from the consequences, feared or actual, potential in the original family system. As she puts it, the group's serious dedication to play liberates them from the need to metacommunicate (e.g. signalling that they do not really mean it when they say "I hate you"), because it is a *therapeutic* group. This links up in my mind with Strachey's idea that change-provoking or *mutative* interpretations in psychoanalysis are those that involve the transference relationship, particularly in the area of the Superego; because the latter influences rule-imposing and restrictive authority - prohibition rather than licence. (It is interesting that the word sanction has two meanings: prohibition *and* permission).

As Caroline Garland says, therapy involves playing, therapy and playing can be fun, and equally they can be hard work. She has given us a lot of fun with the ideas she has played with so creatively. I think we must take them very seriously indeed, and work hard with them.

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Caroline Garland has outlined a general pattern of the patient's engagement and involvement in the group analytic process and a specific hypothesis for the process of therapeutic change. The lively style and sensitive observations are persuasively accurate and suggestive and could lead to the next step, the framing and testing of a more limited hypothesis. The paper raises in my mind such questions as: Do all patients follow these sequences? Do patients who do not, fail to benefit or benefit less? Do patients who do become firmly established in the alternative system change less than patients who do not? What is the 'activity' that benefits those who are applying themselves to another person's problems? Is it the cognitive aspect, the exercise of empathy, the recognition of self in other, the active process of exchange, the exercise of altruism?

In these comments I am confining myself to that part of the paper that presents a testable hypothesis and which could be the basis of an important research project.

I greatly enjoyed and benefited from the reading of the entire paper; the combination of sensitive and accurate observation and theoretical sophistication

marks a real contribution to group analysis.

Malcolm Pines

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Caroline Garland's elegant integration of philosophical, psychoanalytic, systems, communication theory, and biological concepts, presented here, and her still (alas!) unpublished dissertation "The State of Play" for the Qualifying Course of the Institute of Group Analysis, are gems. Both have helped my understanding and modified my practice of conducting groups profoundly, and they have in my view opened for the first time the possibility of a real theory fitting what group analysts know how to do, but till now have not known how to explain. Her ideas have the further merit, particularly welcome to me, of explicating interventions with families, couples and other natural groups, as adequately as with stranger-groups, bringing these two fields into a clear and simple relationship side by side.

Does it work? Yes, it does, beautifully. I was doubtful at first that any idea as simple as she propounds here could be true, though I know well enough from experience that the most fundamental concepts are always simple, indeed blindingly obvious once pointed out. After reading her paper, I applied her principle to three groups I saw the following day. In each case its validity was completely confirmed.

The most convincing was the last, a group to which four new members had been added that evening. As usual at a first session, all the new members attempted to present their 'problem' and get others to 'help' them with it. Following Garland's principle, I allowed enough time for the basic information to be fed into the group process, but then blocked the 'help' by converting each presentation of a member's problem into the problem it presented for the group. This was done quite simply by inviting other members to discuss, not the 'problem' offered by each new patient, but their own emotional reactions to the (form of the) presentations.

No new group (and this group was virtually a new one) has become as active, or integrated so rapidly, in my experience before. Nor have I ever seen a group progress as this has done in the few months since, when I have continued to base all interventions on this principle.

Feeling as I do more at home with machinery and mechanism than philosophy, despite an interest in both, I find some new ideas I developed in the summer toward the integration of psychoanalytic and systems theory add detailed causal explanations to Garland's elegant and economical scheme. These will be presented as part of the Symposium that Earl Hopper, Colin James, Malcolm Pines and I will be offering to the American Group Psychotherapy Association meeting in New York (February 1982). Nevertheless, for practical purposes Caroline Garland's ideas are complete in themselves, and I suggest that other group analysts simply test them as I did. The principle is even more convincing, I think, if one cannot quite see how it works, but discovers it works nevertheless!

Robin Skynner