

CHAPTER TWO

A century of group therapy

'I HOPE THE GROUP ISN'T TOO AGGRESSIVE'



'History is bunk', said Henry Ford. Not so, say we. It is a helpful exercise for present-day group analysts to look back at the beginnings of their craft, and follow the process by which their concepts and clinical practices have evolved. What have they accepted, modified or discarded? And why?

Joseph H. Pratt: classes for consumptives

The first therapeutic groups were held in Boston, Massachusetts, during the first decade of the twentieth century. Joseph Hersey Pratt, a physician with an evangelical cast of mind and a prescient understanding of the interplay between body, mind and spirit, began

a series of 'inspirational classes' for patients suffering from tuberculosis. In the pre-antibiotic era, the ravages of the 'white death' or 'consumption' could only be fought with an ascetic regime of isolation, dietary restriction and prolonged rest. Morale was generally low and the mood of the patients was apathetic or depressed.

Pratt noticed with interest that the atmosphere changed when his patients happened to congregate in corridors and waiting rooms while waiting to see a doctor. At such times they seemed to relish the opportunity to talk with one another about their illness. The tone of these conversations was unfailingly lively, and the conversations themselves seemed to have an uplifting effect. This led Pratt to a mercurious thought: why not capitalize on a spontaneous phenomenon and turn it to therapeutic advantage? He organized his patients into groups of 15 to 20, which he himself led. Pratt gave lectures to the patients in inspirational style, urging them to take responsibility for their own health care. Pratt encouraged his patients to keep their own records, and to announce their progress to the group.

We can discern in Pratt's inspirational method many of the ideas which foreshadowed the practice of group therapy today. He recognized the therapeutic value of socializing his patients, infusing them with hope, discouraging secondary neurotic gain and giving them responsibility for change. He also harnessed the unifying power inherent in the process of bringing together people with the same problem and different strengths. He had some interest in psychoanalysis, but steered clear of its techniques. The unconscious dynamics of the group were left strictly alone, and his patients were not encouraged to think about their hidden conflicts. 'The class meeting,' he wrote, 'is a pleasant social hour for all the members ... made up as it is of widely different races and different sects, they have a common bond in a common disease. A fine spirit of camaraderie has developed. They never discuss their symptoms and are almost invariably in good spirits' (Pratt, 1907).

Curiously enough, some people today like to refer to their group therapy sessions as classes, an expression, perhaps, of the wish to designate therapy and reframe it as the teaching and learning experience which it also is, in the broader sense of the analytic process.

Pratt later extended his method to groups of patients suffering from other physical and mental illnesses and the range of perplexing

conditions which lie in the borderland between the two. Historians of group therapy have appointed him the founding father of group therapy, but he also deserves a place as a pioneer in the fields of psychiatry and psychosomatic medicine.

Edward Lazell: lectures for the mentally ill

Pratt's seminal paper on groups for the physically ill appeared in 1906. By the early 1920s, the lecture model as a form of treatment had migrated into mental hospitals. Here too, there were patients with rampant illness who languished with little hope of recovery. In Washington DC, Edward Lazell, a psychiatrist and follower first of Freud and then of Jung, began lecturing to his patients on the workings of the mind seen from a psychoanalytic viewpoint. It was a bold experiment, given the severity and unchecked nature of his patients' psychotic symptoms. Some were in a state of catatonic withdrawal, others distracted by their hallucinations. Yet amazingly, in the group climate created for them during the lectures, they appeared to absorb and retain the ideas which he imparted to them. The list of topics which formed the basis of his lectures would sit comfortably in a modern introductory course on psychoanalysis for the general public. It included such intriguing titles as: 'Usual Causes of Flight from Women', 'Inferiority', 'Daydreaming', 'Re-activation of Emotion' and 'The Fear of Death'.

Lazell laid particular emphasis on the importance of bringing the fear of death and 'the conflict around sexuality', as he put it, into the social arena. An added benefit of groups, he argued, was that they diminished the patient's fear of the analyst. He wrote that '[the patient] feels that there are so many others in the same condition as himself, he cannot be so bad', a view which resonates with current thinking on the importance of universality and mutual identification as therapeutic factors in group therapy. Like Pratt before him, Lazell was a forerunner of the holistic approach to medicine and psychiatry. In addition to his groups for the mentally ill, he held groups for patients with conditions such as hyperthyroidism, 'neurasthenia' and epilepsy, in which he emphasized the impact of emotional life on bodily functioning. He credited his patients with both the intellectual ability and the desire to make sense of their symptoms, a philosophy of practice which accords well with 21st-

century thinking on the importance of enlisting the active cooperation of patients in making decisions about the management of their own illness. Lazell can be credited as the first group therapist to bring the educational and analytic dimensions of group therapy into harmony with each other.

Cody Marsh: the healing crowd

Lazell's contribution in the early 1920s was developed some ten years later by the Reverend L. Cody Marsh, a minister turned psychiatrist and cousin of the flamboyant cowboy showman William Cody ('Buffalo Bill'). Like Pratt, Marsh applied a mixture of religious revivalist and educational techniques to his group method. During his lectures to large groups of inpatients at Worcester State Hospital the patients were expected to take notes. He also instituted a programme of art and dance classes. Later he extended his lecture approach to outpatient groups. His lectures, unlike those of Lazell, had a populist social flavour and included topics like: 'People and Social Customs', 'Adjustment to Hospitalization', 'Problems of Work and Relaxation', 'How to Raise a Baby', and 'The Will to Balance Serenity and Happiness'.

Cody Marsh drew on his experiences as a Morale Officer during the First World War. The essence of treatment, in his view, was a kind of revivalist conversion from 'introspection, phantasy, bitterness, shame, inferiority ... to extrospection [sic], constructive planning, cheerfulness, assurance, security', all laudable treatment goals by modern standards. 'The motto on my psychiatric shield', he proclaimed with fine flourish, '[is]: "By the crowd they have been broken, by the crowd they shall be healed" (Marsh, 1933).

Louis Wender: small groups for 'mild' disorders

In the work of Louis Wender we enter the realms of small group therapy informed more directly by psychoanalysis. Wender's idea became known in the decade before the outbreak of the Second World War, mainly through his group techniques with borderline patients in a mental hospital setting. He was at pains to differentiate his psychoanalytic approach from the prevailing educational and

'orientative' techniques of the time. However, he did not break entirely with that tradition. Each of his sessions began with a lecture on the dynamics of behaviour and the significance of dreams. The patients met in same-sex groups, two or three times a week for one-hour sessions, in addition to having individual therapy, a combined approach which he encouraged.

Wender presented group psychotherapy as a method of treatment best suited to certain types of 'mild mental disease' where some affect was present and where there was no intellectual impairment. He made use of the transference, based on his view that the therapist functioned as a symbolic parent, and that the patients represented sibling relationships to one another.

Paul Schilder: coaching patients in the art of psychoanalysis

Paul Schilder occupies a place in the history of neurology and psychiatry as well as group therapy. His work on the mind's construction of body image and its development into a system of ideologies which affects the way we lead our lives started a chain of research into body image disorders which still continues. As a research professor of psychiatry at the New York University, he was well placed to raise the profile of group therapy, a method of treatment which he embraced with enthusiasm. He experimented with psychoanalytic concepts in groups, seeing his patients first in individual sessions, where he coached them in the art and technique of free association, dream interpretation, and the recovery of early memories. He was an exacting therapist who demanded accurate descriptions from his patients of their life histories, goals and interests, which he urged them to write down. Patients were then introduced into groups consisting of six or seven members, while being seen concurrently on an individual basis twice a week. He widened the scope of therapeutic intervention by encouraging group members to make interpretations to their fellow patients, a technique now regarded as intrinsic to group-analytic psychotherapy. He also broke with tradition in being quite open about justifying his own views and beliefs to the group, participating in this respect more like another member, in a way that his predecessors had not done.

Trigant Burrow: the social basis of consciousness

Trigant Burrow, like Schilder, was a medical scientist who became a psychoanalyst and then turned to groups. His defection from psychoanalysis came in a moment of Pauline revelation. One of his students who was in analysis with him challenged him to 'test his honesty' by reversing the roles of analyst and analysand. Burrow did so and became aware of what he saw as the authoritarian attitude inherent in the psychoanalytic dyad. But even this reversal of roles did not satisfy Burrow's criteria for reciprocity. Instead, he constructed a model of mutual analysis in small groups, coining the term 'group analysis' in 1925.

Burrow was a maverick who lost favour with the psychoanalytic establishment and antagonized Freud because of his radical ideas. He lived and worked in a commune in upstate New York, where he developed his vision of groups as the means of changing society. His methods of group therapy included the bold concept of introducing relatives, students and co-workers into his patient groups. In this respect he can be regarded as a progenitor of both the family therapy and therapeutic community movements.

Burrow set out his vision in a classic text, *The Social Basis of Consciousness* which received favourable reviews from D.H. Lawrence and Sir Herbert Read. The latter wrote:

Only Trigant Burrow has suggested a method ... by means of which social aberrations can be corrected ... Essentially what Dr Burrow is proposing is not a psychological experiment, but new foundations for the next phase of human evolution (Read, 1949).

Despite such encomiums, Burrow's contribution to group therapy has been relatively overlooked. His heroic attempts to unify the physical sciences, psychoanalysis and society into a single over-arching framework, were coupled with his adventurous experiments in group composition, were more than the establishment of the day could stomach. However, his views on the social nature of man are germane to modern group analysis and there is a current renewal of interest in his writings.

Freud's aversion to groups

Despite his interest in the psychology of groups, Freud never saw them as a medium for his psychoanalytic method. He rebuked

Burrow for entertaining a vision of groups as a remedy for the ailments of society and endorsed the views of the French sociologist Gustave Le Bon, who portrayed groups as dangerous entities capable of bringing out man's childish and bestial instincts. Le Bon was steeped in reactionary politics. He had been deeply affected by the riots and mayhem surrounding the Paris Commune of 1871 and believed that groups could only be controlled by the rhetoric of clever leaders or by the army, and then only to serve political ends. Caught up in a group, the individual slipped into a psychopathic state of diminished responsibility. Le Bon conflated the terms 'group', 'mass', 'crowd' and 'mob', thus undermining the idea of groups as a medium for civilized discourse, let alone therapy. The most influential of an emergent school of crowd psychologists, he was admired not only by Freud but by politicians as diverse as Theodore Roosevelt and Mussolini.

In his classic monograph, 'Group Psychology and the Analysis of the Ego', published in 1921, Freud concentrated on the dynamics of the large groups which society has institutionalized for itself, notably the church and the army. Such groups, he argued, are held together by their common identification with a leader, a symbolic father who is experienced as capable of dispensing both love and punishment. The group members relate to one another through this common identification with him. 'It is impossible,' he wrote, 'to grasp the nature of a group if the leader is disregarded' (Freud, 1921).

Freud was convinced that analytic therapy could not be practised in a group. In a letter to Burrow he wrote:

I do not believe that the analysis of a patient can be conducted in any other way than the family situation, that is, limited to two people. The mass situation will either result immediately in a leader and those led by him, that is, it will become similar to the family situation but entailing great difficulties in the function of expression and unnecessary complications of jealousy and competition, or it will bring into effect the 'brother horde' where everybody has the same right and where, I believe, an analytical influence is impossible. (Freud, 1926)

There is no evidence to suggest that Freud changed his mind.

Without Freud's imprimatur, psychoanalysts in Europe made few excursions into the field of group work. One of those who did was Alfred Adler, a student of Freud and an ardent socialist. Adler was interested in the problems of 'working class groups'. He employed

educators and social workers to make contact with people in the community and established guidance centres at which group meetings were held. However, he did not use groups in his therapeutic work. His influence on the development of group therapy has been in its educational and social aspects.

Kurt Lewin: experiments in group dynamics

Though more of an experimentalist than a therapist, Kurt Lewin contributed to the development of group therapy in several important ways. First, he brought groups into the social arenas of industry, commerce, education and other non-clinical sectors of society. Second, he placed group dynamics on the map as a legitimate training and research enterprise. His involvement in social issues and his interest in styles of political leadership led him to design experiments which showed that groups run along democratic lines were more effective at problem-solving, and less likely to create a climate for bullying and scapegoating than groups led by authoritarian or *laissez-faire* leaders.

Through Lewin's work, groups became a valid form of self-exploration and problem solving in non-clinical as well as clinical settings. His primary focus was the group as a whole, experienced in the present moment of its meeting; the 'here-and-now' as it came to be called. This focus set the stage for Sensitivity Training ('T') groups: intensely focused, short-term groups aimed at heightening people's awareness of themselves in a group context. The here-and-now focus also has some resonances with group-analytic psychotherapy, where the dynamic of the whole group emerges from time to time into the foreground, to command the attention of the conductor. Its main value, however, lies in the field of organizational dynamics, where the individual and collective histories of the group members do not generally feature.

As a scientist with a reductionist perspective, Lewin saw groups as subject to dynamic forces similar to those operating within a physical force field. Individuals were governed by primitive drives which propelled them through their life space towards emotionally determined goals until they came into conflict with the drives of other individuals. Progressive and regressive forces vied with each other in the struggle to achieve a civilized resolution. The dynamics

of a group could be represented schematically by vectors plotted through the group space, to show how each individual negotiated his or her life space in relation to the others. Predictions and generalizations could then be made, based on the findings of carefully designed experiments.

Lewin's complex diagrams and formulae have been washed away by the currents of later research, but he was the first to place on record the view that groups, with all their attendant behaviours and emotions, could be governed by the same laws and principles which govern other natural phenomena, rendering them accessible to experimental research. He can be regarded as the founder of research into group psychology, and his aphorism 'there is nothing so practical as a good theory' still stands as a useful prompt to modern researchers.

Jacob Moreno: the theatre of spontaneity

Jacob Moreno was a charismatic figure who came from a background in medicine, philosophy and the theatre. It was the last of these which inspired him to introduce a new form of group therapy, which he called psychodrama. This was to have wide application in the field of the social therapies, including family therapy (through role play), gestalt therapy and the encounter movement. Psychodramatic techniques have also been adopted by some analytic group therapists who see no contradiction between an analytic approach and the use of action techniques based on spontaneity and catharsis.

The room in which the therapy takes place becomes, quite literally, a stage on which patients construct and enact the crucial dramatic scenes which form the basis of their problems. Moreno's imaginative method allows the patient to create scenes drawn from the past, the present, and even the future. The therapist, referred to as the director, pilots the patient, referred to as the protagonist, through the drama, drawing on the rest of the group to provide a supportive cast. Members of the group are chosen by the protagonist to play significant characters in the scenario being conjured up, or parts of the protagonist. The culmination of the drama provides a moment of profound emotional intensity, shared by the entire group. Like the analytic method, the psychodramatic method relies for its efficacy

on the patients' ability to project aspects of their inner world onto the group, to experience the emotions liberated by the process, and to move on with a new awareness of themselves. The differences lie in psychodrama's recourse to action techniques and in the highly structuring interventions of the therapist, which call for an entirely different and specialized set of group skills. Psychodrama has burgeoned into a major school of psychotherapy, with a flourishing network of trainings and practices.

Wilfred Bion and S.H. Foulkes: analysis in small groups

Psychoanalysis was the first motor to drive the process of group therapy in the United Kingdom, and the two names most prominently associated with its development are those of Wilfred Bion and S.H. Foulkes. The contrasting backgrounds and influences of these two pioneers determined their different trajectories and resulted in the development of two very different therapeutic philosophies which are only now becoming reconciled. Bion, a Kleinian analyst with a supremely detached, almost mystical view of the world, had no great interest in therapy *qua* therapy and did not think of himself as a group therapist. He was occupied with the hidden configurations of the group and its unconscious life, and observed the group as a whole, rather than the individuals in it. His singular contribution to group theory lay in his discovery that groups are at the mercy of unconsciously determined attitudes, which he called 'basic assumptions'. These interfere with the manifest task of the group and have to be addressed by the group leader if the group is to function effectively. Bion identified three basic assumptions, each seeking a different kind of group leadership. In the dependency basic assumption, a nurturing type of leadership is sought, akin to that provided by a mother. A fight-flight basic assumption demands the type of leader who will either lead the group into battle with the enemy, or help it to flee to safety. The third basic assumption, which he called 'pairing', tends to arise when a group feels itself to be in need of rescue from a hopeless situation. The pairing behaviour might be expressed in overtly sexual terms, or in abstract terms, as in the pairing of ideas, the hope being that a new entity, a 'child' or 'messiah', will be born from the union, who will save the group.

For Foulkes, a psychoanalyst in the Freudian tradition and a German Jew who had left Europe for England in the year that Hitler came to power, society and culture lay at the heart of the analytic process. Group and individual were in constant interplay in Foulkes's scheme of things, with neither one nor the other in the ascendant. He was attracted to the ideas of the sociologists and holistic thinkers with whom he associated at the Frankfurt Institute in Germany and incorporated them into his theory of group therapy, which he called group analysis or group-analytic psychotherapy. His views on the theory and practice of group psychotherapy have had a wide influence in the United Kingdom and the continent of Europe, and are increasingly becoming known in other countries where psychotherapy is practised. The model of group therapy presented in this book is largely based on his ideas.

The Northfield experiments: groups for war casualties

To cope with the flood of psychiatric casualties returning from the battlefields of the Second World War, the British Army took over a large mental hospital, Hollymoor, near Birmingham. This hospital, renamed Northfield Military Hospital, became the main treatment centre in the United Kingdom for these patients, and it was there, given the opportunity that only war can provide, that a number of group-minded psychoanalysts set up two successive large-scale experiments in group and community treatment.

The first of these was the brainchild of Wilfred Bion and John Rickman. Bion was no stranger to battlefield conditions. A tank commander in the First World War, he had been psychologically scarred by the experience, and the award of a DSO for bravery had proved to be no compensation. He now applied his formidable mind to the task of helping his soldier-patients, who were not quite soldiers and not quite patients, to regain their morale. He came to the conclusion that the gloomy passivity of the men was being fuelled by their reliance on orders from above, and that this was chiefly responsible for the perpetuation of their low self-esteem. If they could be thwarted in their dependence on superior officers for solving their problems and telling them what to do, the stage would be set for the recovery of their morale. Bion and Rickman accord-

ingly set about encouraging the men to take collective responsibility for the organization of their daily lives by forming task groups which they themselves ran. Recreational, social and activity groups flourished. But the design had a fatal flaw. The experiment had involved standing the existing military code on its head, and Bion and Rickman had failed to prepare the ground for this with the military top brass, including administrators who were neither psychiatrists nor psychotherapists. A snap inspection revealed a 'lack of discipline' which to the military mind smacked of chaos and anarchy. The experiment collapsed and Bion left Northfield under a cloud.

Fortunately the second Northfield experiment fared better. Harold Bridger, Tom Main and S.H. Foulkes, who masterminded it, had learned from the mistakes of their predecessors and brought the hospital administration in on the decision-making process at an early stage. This corrective input saved the project and established as a principle the involvement of administration at the planning stage of any group therapeutic enterprise. This was to become a cardinal principle of later therapeutic community work.

The postwar era

Northfield proved to be the testing ground for community and group methods which were to be translated into civilian contexts after the war. Several of the psychoanalysts who had worked there went on to become prominent in the field of group therapy and therapeutic community work. In addition to Bion, Rickman, Foulkes and Main, there was E. James Anthony, who pioneered the use of analytic groups for children, and Joshua Bierer, who elaborated the idea of community groups into the concept of a day hospital. Another community-minded military psychiatrist, Maxwell Jones, who had worked in the army's Cardiac Syndrome Unit at Mill Hill, established the Henderson Hospital in Surrey as the first therapeutic community for civilians.

Bion went to the Tavistock Centre in London, where he established his reputation as an outstanding thinker in the field of psychoanalysis and group dynamics, and it was there that he ran the groups which provided him with the material for his classic work, *Experiences in Groups*. However, he did not pursue his practice as a

group therapist, devoting himself instead to clinical and philosophical studies of the workings of the mind. His writings on the theory of thinking represent a conceptual leap forward in our understanding of psychodynamic processes.

Foulkes, who had been running a private group in Exeter before his posting to Northfield, went to the Maudsley Hospital, where his teaching on group analysis influenced a new generation of psychiatrists, notably Malcolm Pines and Robin Skynner, who collaborated with him in the establishment of a learned society devoted to the promotion of group analysis. From this base, and through the columns of a publication which he named *Group Analytic International Panel and Correspondence* (later to become the journal *Group Analysis*), he attracted a large circle of interested colleagues, especially in Europe. Foulkes also placed group-analytic psychotherapy firmly on the map of private practice with his establishment of the Group-Analytic Practice in central London. In 1971 he initiated the foundation of a training institute in London, the Institute of Group Analysis, which in turn has generated further trainings and institutes of group analysis, both in the United Kingdom and abroad.

Other models of analytic group therapy

In the United States group therapy had been born in the hospitals and clinics of a stable society, with religious-minded physicians serving as its midwife. The progression from educational to analytic methods had been helped along by academics who were able, through their positions in the medical establishment, to set up training programmes which integrated these approaches and made them part of the therapeutic culture.

By contrast, group therapy in the United Kingdom had its origins in the social ferment of a Europe devastated by the First World War and waiting apprehensively for the next one. Group psychotherapy established itself relatively slowly on the European mainland after the Second World War. German-speaking therapists in particular began to reconnect with their Freudian roots and from there developed a number of psychoanalytic models of group therapy.

Analysis of the individual by the therapist

Analytic group therapy in the United States retained a strongly individualistic flavour. The psychoanalyst tended to be seen as the central figure in the group, as the repository of analytic expertise and the sole source of interpretations. This was a model championed by Alexander Wolf and Emmanuel Schwartz, two Freudian psychoanalysts who fought a polemical battle with the psychoanalytic establishment to achieve credibility for the application of psychoanalysis to group therapy. Group members were clearly in role as analysts, prone to all their individual defences, able to contribute their free associations and dreams greatly enriched by their collective presence. This allowed multiple sibling-type cross-transferences to arise as well as the 'vertical' transferences to the analyst as a parent figure. Wolf and Schwartz also introduced the notion of 'alternate sessions' - meetings of the group without the analyst - to bring out additional material for analysis.

Samuel Slavson was another pioneer of the analytic small group who strongly influenced its acceptance and development in the United States. He treated children and adolescents in activity groups, in which he offered himself as a parental transference figure, while at the same time valuing the interrelationships between the children as an important therapeutic factor. For this reason he set his groups at a membership of no more than eight and no fewer than five. Like Wolf and Schwartz, he did not take up group processes and group dynamics as such.

Yet another concept of group psychotherapy has been developed by Heigl-Evers and Heigl, known as the *Goettinger Schichten Modell* (model of stratification). It follows the topography of psychoanalysis in the sense of conscious, pre-conscious and unconscious. These constitute the three layers in which the group functions and which are separately addressed by the group analyst. In this model, normative behaviour regulation corresponds to the conscious in the group, psycho-social compromise resolution to the subconscious, and collective group dreaming to the unconscious.

Analysis of the group by the therapist

Bion's ideas were taken up by one of his analysts at the Tavistock Henry Ezriel, who worked more clearly in a clinical context. Ezriel

evolved his own ideas on group process. Like Bion, he worked with the group as a whole, but he looked towards object relations theory for a working therapeutic model. For Eziel the individuals in the group were its part objects, jostling one another at an unconscious level until they reached a stable position, the 'common group tension'. Driven by its unconscious fears and wishes the group passed through a series of relationships with the therapist before settling on the one which provoked the least anxiety. At any one moment, Eziel believed, the group was in conflict over its wish to get close to the therapist and its fear of what would happen if that closeness were to be achieved. A compromise relationship was therefore settled on. In this model the therapist was to maintain an impeccable analytic stance in the 'blank screen' tradition, confining his interventions strictly to interpretations of the group's changing relationships to the therapist as observed in the 'here-and-now'.

This method of therapy, with its relative disregard for individual susceptibilities, lends itself in our view more to a training experience than a therapeutic one. It is at odds with Foulkesian group-analytic technique, although Eziel's observations on the three forms of primitive relationship which govern group life offer an interesting perspective on the unconscious processes at work in groups.

In Germany, H. Argelander, influenced by Bion and Eziel, has developed a model of group psychotherapy in which communication and behaviour patterns form what he calls a dynamic collective constellation. This process creates a gestalt - the group. Consequently he treats the group as an entity with an ego, superego and id. The exchange becomes bi-personal between the group and the group analyst.

Dorothy Stock Whitaker and Morton Lieberman provided a related model of group process in which the group was seen to pass through a series of conflicts arising out of unconscious wishes, each of which evoked a corresponding fear. The group members would struggle to find a solution to each conflict as it arose, as a way of moving forward. Some solutions, however, would restrict the group's development, and it fell to the therapist to steer the group towards the more enabling solutions and away from the restrictive solutions. Whitaker and Lieberman's method has found application in organizational settings and also provides useful insights into the functioning of therapeutic groups.

A very different conceptualization of the analytic group comes from R. Schindler, an Austrian psychoanalyst and group analyst who advances the view that group building comes about through the perception of an adversary, an oppositional entity (*Gegner*). The tension between the collective group aim and the perceived adversary situates and ultimately maintains the group. Theoretically, any old group formation outside one's own group constitutes an adversary. The interaction amongst the group members is determined by social dynamic role distributions. Schindler calls them Alpha, Beta Gamma and Omega, where Alpha represents the most assertive person in the group and Omega the most conciliatory. The distribution changes as the therapy proceeds.

Analysis of the individual by the group

Foulkes broke away from the dyadic model of group therapy. Neil the dyad of analyst and analysand nor the dyad of analyst and group as-a-whole satisfied him. Instead, he introduced a model of analysis based on the notion of a communication network, in which distance, but also normality and analytic capacity, was lodged in the group as a whole. In Foulkes's model the therapist is important, but not central to the analytic process. Group-analytic therapists have accepted that the group will invest them with analytic authority, especially at the beginning of the therapeutic process. However, one of the therapist's tasks is to help the group to recognize its own independent ability to act as a collective therapeutic agent towards members of the group.

Postscript

History flows alarmingly into the present. The pioneers of the twentieth century have already slipped into the category of history but what of the veterans of the mid-twentieth century? We believe that many of the classic writings on groups deserve to be revisited perhaps visited for the first time. It is always a rewarding exercise to study great minds at work, and there is a fair chance that new insights can be discovered in old writings. This chapter has been in the nature of a selective tour, but we hope that it will stimulate further reading into the fascinating history of our field.