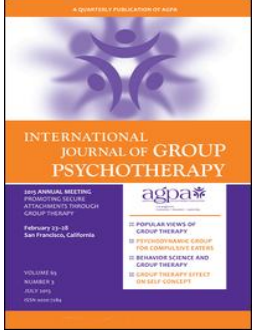

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The Group Analytic Model

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The Group Analytic Model

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ABSTRACT

Drawing upon psychoanalysis, sociology, and group dynamics, the basic clinical model of group analysis was first described by Foulkes (1948, 1964) and Foulkes and Anthony (1964): Four men and four women, plus the conductor, sit around a small table and engage in free-floating conversation for a 90-minute session once a week. Groups might meet more often and be supplemented by combined or conjoint therapy (Maratos, 2000). All group members actively engage in treatment processes, but the conductor is responsible for monitoring and maintaining the boundaries of the group and facilitating the processes of clarification, translation, and interpretation. The conductor should resist being tempted to give personal information to patients and should not violate the boundaries of the group in ways that impede the development of the group and the individuals within it (Sharpe, 2005). Further descriptions of this model can be found in Roberts and Pines (1991).

Earl Hopper is a Psychoanalyst, Group Analyst and Organizational Consultant in private practice in London. Marion Brown is Chair of the Board of Trustees of the Institute of Group Analysis in London. Robi Friedman is a Clinical Psychologist in private practice in Haifa, Israel. Dale C. Godby is a member of the Group Analytic Practice, Dallas and Clinical Professor of Psychiatry at the University of Texas Southwestern Medical Center at Dallas. David Vincent is a Group Analyst at the Institute of Group Analysis in London. Gerda Winther is a Clinical Psychologist, Psychotherapist and Group Analyst in private practice in Copenhagen.

In order to reflect the unity and diversity of the broad church of group analysis, Earl Hopper invited his colleagues Marion Brown, Robi Friedman, Dale Godby, David Vincent, Peter Wilson, and Gerda Winther to join him in writing about group analysis, which has much in common with the other orientations listed. Assuming that his replies to the questions posed by Dr. Shay would be most resonant with the interests of colleagues in the United States, Earl asked Dale to start off, and his other colleagues to join Earl in building on Dale's replies. Earl has edited these contributions into a virtual dialogue, but the limits of space have prevented including all the replies to each question. Generally speaking, the team were in agreement, but with some variations (Kennard, Roberts & Winter, 1993).

QUESTIONS AND ANSWERS

Does Your Model Work with This Population?

Dale Godby. Foulkes defined group analysis as the treatment of the person in the group, of the group, and by the group, including the conductor. Group analysis provides an "emotional education" through which patients will learn about themselves in relationships with the members of the group, subgroups, the group-as-a-whole, and the group analyst. Usually, it is necessary to stay for at least two years.

Group analysis is definitely suitable for the population described in the clinical vignette presented. However, the work described is very different from a group analytic approach. For example, at this point in time, I might not have spoken at all. I tend to speak infrequently. Some of my colleagues are more active, depending on the material involved, the phase of group development, and their own personal styles.

Marion Brown. Group analysis is entirely suitable for this population. But I really wonder why after three months the therapist seems not to have addressed a core issue: this collection of individuals has not become a group. Nor do they see that understanding why they impact on one another might lead them to discover why they defend themselves from becoming more conscious of their internal conflicts, which appear as psychological and/or physical symptoms, problematic relationships, and disturbed patterns of communication. Therefore, I would have said, "We seem to be afraid to explore our thoughts and feelings about what we have in common, as well as our differences. Why should this be so frightening?"

What Are the Goals of Your Model?

Dale Godby. Freud's criteria for maturity in terms of satisfaction in "love and work" are relevant. To what extent has a patient been able to resolve the problems that led him to come into therapy? Therapeutic progress can be seen in the members of a group moving from the conviction that they were made by history, to the view that, in turn, they also make history. They become citizens in the deepest meaning of that word (Behr, 2000; Hopper, 2000). However, the group analyst should not "underrate the patient's ability to manage without him" (Foulkes, 1964, p. 236).

Gerda Winther. Group analysis tries to uncover interpersonal and intrapersonal conflicts, putting them into words and working them through, thus bringing communication to higher levels. I feel satisfied when in order to understand a particular member's problem, the group has worked together like an orchestra, which is consistent with our wish to follow the "music of a group." We hope that group members are able to develop insights into how their past has shaped their present, to mourn past losses, and to cope with anticipated challenges.

Earl Hopper. With regard to bringing communication to "higher levels," I am reminded of Ormont's (1999) concept of progressive emotional communication.

Peter Wilson. I feel a sense of success when group members recognize an analogy between the material under discussion and their current interpersonal relationships. This is a kind of development in the communication of the group.

Marion Brown. In a successful session or series of sessions, group members are engaged with each other, responding to structure, process, and content (de Mare, 1972), reflecting about these responses and linking experience in the here-and-now with experience in other modes of time and space (de Mare & Kreeger, 1974; Hopper, 2003a). I look for improvement in interpersonal relationships, greater tolerance of self and other, increased resilience, and the ability to continue clinical work on their own.

Earl Hopper. The goals of clinical group analysis include an enhanced sense of reality connected to the development of "psychic muscle" or "ego strength" with respect to pressures from the "inside" and "outside," which are completely intertwined. This includes pressures from the id as well as from the super-ego (to use a traditional way of thinking about this), as well as from the unconscious restraints and constraints of the foundation matrix (Hopper & Weinberg, 2011, 2016). A person who is ready to

terminate will be somewhat sadder but also wiser than when he entered the group, which can be discussed in terms of depressive position functioning, as well as the capacity to sublimate. I look for the containment of envy and jealousy, the transformation of envy into rivalry, and the expression of gratitude. I also look for an increased awareness of the tendency to personify the roles associated with basic assumptions as expressions of shared psychotic anxieties (Bion, 1961). This involves becoming aware of processes of projective and introjective identification in daily life and in the group, and becoming sensitive to common group tensions (Ezriel, 1950).

What Does Your Model View as the Change Agent(s)?

Dale Godby. The group is the primary change agent. Observing that group members tend to reinforce each other's "normal" reactions and correct each other's "neurotic" reactions, Foulkes formulated what he called "The Basic Law of Group Dynamics": the members of a group collectively constitute the very norm from which they individually deviate (Brown, 1998).

Gerda Winther. The gestalt notion of figure/ground illustrates the relationship between the dynamic matrix of the group and the personal matrices of the members. It would be worthwhile calling to the group's attention that its members speak not only for themselves but also for the group-as-a-whole. Thus, when I speak to a person I am also speaking to the group, and vice versa. The group processes of amplification, resonance, echoing, magnification, mirroring, and exchange offer opportunities to hear and see oneself in others. The concept of the anti-group is important (Nitsun, 1996), provided that we focus on anxieties about destructive processes as well as on the processes themselves.

David Vincent. The group is preoccupied with their anxiety about the mental state and competence of the therapist, who seems to be inexperienced. The group analyst is, and should be, a trouble-making misfit in the middle of the group. His illness and incompetence are likely to emerge immediately. Moreover, in its collective wisdom the group is usually more sane, democratic, and clever than the group analyst. One of the essential elements in the change process is the group's wish to cure the group analyst, and the group gets well by making the group analyst well. However, a competent group analyst should be aware of what is being projected onto him, be able to contain the projections, and try to return them to the group through exploratory interpretations in a compassionate way.

Marion Brown. The hall of mirrors phenomenon allows members to see themselves in the mirror of the other and in the mirror of the group-as-a-whole (Pines, 1998). Working through unconscious relational difficulties, especially in connection with achieving insights into transference processes, provides the possibilities for change.

Robi Friedman. Other group-specific agents of change are also important, such as: insight (the ability to grasp some of the unconscious motives which are obstacles to change); outsight (the ability to understand some of the motives in others and in our relationship with others); and practice (sometimes called "ego-training-in-action") in order to experience the actual change of interpersonal patterns.

Earl Hopper. Group analysts appreciate the comprehensive lists of group-specific agents and processes of change provided by Yalom and Leszcz (2005); Rutan, Stone, and Shay (2014); and by Behr and Hearst (2005). Although I prefer the notion of healing to that of "curing" (Pines, 1998), I focus on the interpretation of transference and countertransference processes, both vertical and horizontal, connecting experiences in the modes of the time/space paradigm. However, interpretations are explorations of the meaning of communication-in-relationship, more than they are explanations in terms of psychoanalytical models of personal development and intrapsychic life (Kauff, Personal communication). Alert to my own contribution to the developing relationships in the group, I try to find an optimal balance between involvement in and detachment from the life of the group (Elias, 1956), while allowing my own "voice of authority" to emerge. Nonetheless, I accept that very often insight follows change, rather than the other way around, which is a testimony to the clinical efficacy of the group and the power of its dynamic matrix (Foulkes, 1964).

What Are the Core Elements of Your Model Regarding Etiology and Treatment?

Dale Godby. Psychological problems originate between people, and symptoms disguise what cannot be communicated in relationships. Group analysis helps people translate their symptoms into communication (verbal and non-verbal, conscious and unconscious) through which they can re-discover and re-define themselves, making more of their energies available for creative expression and involvement with others.

Gerda Winther. Group analysis is based on the notion that we are first and foremost social beings. This starts in the family, but families do not exist in a historical vacuum: social, political, and economic factors influence how they are structured and function. The dynamic matrix of a group develops

in the context of the foundation matrix of the society. Thus, groups are considered to be the best way for treating people, with very few exceptions.

Marion Brown. Difficulties arise when a person is at odds with the groups in which they exist. People can marginalize themselves, building defenses against feelings of isolation, loneliness, inferiority, unacceptability, shame, and guilt, which show up as symptoms and replay themselves in relationships.

Earl Hopper. I am always both a psychoanalyst and a group analyst. I appreciate the importance of unconscious fantasy and phantasy, psychic conflict, repression, and denial/disavowal with respect to anxieties and phases of personal development; and I interpret both the content of communications and transference and countertransference processes. I pay particular attention to affective communication. However, I have come more and more to emphasize the importance of transgenerational strain, cumulative and catastrophic traumatic experience (Hopper, 2003b). I have also come to think in terms of general systems theory, and to be aware of the degree of isomorphism among sub-systems and levels of social psychological and somatic realities (Agazarian & Gantt, 2011). The group and the group analyst are not in a position to make good the damage that arises from deprivation and failed dependency. Group analysis is not replacement therapy, social work, and/or political activity, although at times it may function in this way. I am sure my patients register that I enjoy being in my groups. I am also fairly certain that in the group described in the vignette I would have explored the competition for my interest and attention.

What Are Some Typical Interventions of Your Model and How Might They Be Applied with the Group Under Discussion?

Dale Godby. In this vignette, the conductor seems anxious about leaving as much as possible to the group, and anxious to direct the group toward something he thinks would be helpful. Yet, he misses that Betty is saying she is considering leaving. The therapist elicits this from Betty by asking, "Anything more?" This needs to be followed up by the group. Perhaps Betty is speaking for the whole group. At three months in, I would want to explore this with each member and possibly their subgroups. I would take seriously Betty's statement that she might leave and use it as a way to develop the group's working together around the theme of what the members came to work on. Therefore, I might say something like, "I wonder if Betty is speaking for the group. Are others here not getting what they came for?"

Gerda Winther. The conductor of the slow-open heterogeneous group works towards creating a culture of acceptance and tolerance. The therapist should be listening, observing, following more than leading, and certainly not striving to interpret resistances and defenses, and to translate the communications completely. Interpretation is often better left to the group. Sometimes, just putting together the things that the group has not been able to see for itself can be very useful.

In the present clinical example, we have an anxious group, probably dominated by the basic assumptions of fight/flight and of Incohesion. They feel lost, sensing the therapist's insecurity. They fear that the group will disintegrate. The most important task is to address their anxieties and their personifications of roles associated with these unconscious basic assumptions. Angela is the spokeswoman for the criticism of the therapist, and Betty, for the hidden aggression. Angela's criticism is probably shared by the rest of the group, and Betty's thinking of leaving the group points in this direction. I would explore the negative transference to me, starting with something like, "I wonder why you don´t feel safe with me." I would be more active than usual, because such a new group needs containing and holding, but I would then be prepared to address the hidden aggression and issues of jealousy, envy, and rivalry. I might add, "I sense that you are getting more and more frustrated and angry with me. Can we talk about why, and about how the group can become a safer place?"

David Vincent. The therapist makes his despair and anxiety apparent immediately. The group talks to make him feel better. Like many individually trained therapists, he has a grim fantasy about group life and is hungry for some love and attention. This is immediately experienced (accurately) by the group (Diane and Ned) as "flirting." His desperate wish for contact from the group is experienced as "pressure for sex." This turns into a discussion about what sort of group (job, company) this is. Obviously, this should be addressed in terms of transference to the conductor and to the group-as-a-whole.

Peter Wilson. I would draw attention to the dynamic relationships with which the group is preoccupied, perhaps directed towards a particular group member whose story illustrates the group's concerns, or towards the group-as-a-whole as a means of illuminating the concerns of this person. This group appears to be mostly about competition and rivalry caused, or at least exacerbated, by the therapist's directive approach. This divides the members to the extent that they may need "tickets" to become the "focus" of attention, particularly from the therapist who acknowledges his own difficulties. I would have said nothing when I entered the room.

Disregarding the sequence of events that I suspect unfolded from Dr Newland's directive approach, I might have used Angela's challenge to "focus on what is going on in the room" to suggest that the group is preoccupied with whether it is safe to allow for intimacy. Diane's story might have been doing just that. An intervention could be, "Might we be attacked or robbed if we allow someone in?" The purpose of such an intervention would be to introduce the group to unconscious analogy as a primary source of understanding how apparently personal stories can be understood as an expression of the dynamic matrix of the whole group in the here-and-now. This might be reinforced later in reference to discussions about "tickets" to ensure that everyone gets a turn.

Robi Friedman. The therapist seems to be driven by the group's anxieties and need for direction. He stops the first interaction between Angela and Diane, which in fact is dialogical, when he feels that the women, who seem more verbal and awake, are taking over the group. I would have said something such as, "For the moment, everyone seems to be trying to promote their own point of view without actually listening to how people are responding to each other, and without actually relating to one another." I would have asked if this is something that they recognize or would like to change.

Earl Hopper. It is necessary to address the fears associated with frustration, aggressive feelings, and aggression. I am prepared to work very early on with feelings of helplessness, psychotic anxieties, and envy. It is essential to explore the motives for projective and introjective identification, for example, expulsion, aggression, sadism, control of the object, and especially communication of that which is not available for the use of language.

In association with the material about a "ticket," I cannot get out of my mind the tune and lyrics of "Ticket to Ride," made famous by the Beatles in the 1960s. When I first heard this song, I thought that Paul was singing "Ticket to Rye." There is a Rye on the South Coast of England and a Rye on the New York/Connecticut border. I might have shared some of my associations and even my understanding of my countertransference, confident that this would lead to the exploration of boundaries, loss, and separation. I am comfortable sharing some of my feelings, fantasies, and thoughts, but less willing to share factual aspects of my life, although nowadays it is very hard to maintain the classical stance of abstinence, because patients seem to know so much about the lives of their therapists. I wonder how much the group in the vignette knows about their therapist. Might it have been

helpful if he had been more conscious of his emotions and shared them with the group?

How Does Your Model Address Multicultural Issues?

Dale Godby. Group analysis is particularly well suited for dealing with multicultural issues. In fact, group analysts define the "social unconscious" in terms of the existence of social, cultural, and communicational arrangements of which people are unaware (Hopper & Weinberg, 2011).

Gerda Winther. I have had a lot of experience with multicultural groups in international congresses and workshops, especially in traumatized countries. Hopper's (2003b) theory of the 4th basic assumption of Incohesion: Aggregation/Massification in the unconscious life of groups has moved us forward in our understanding traumatogenic processes. It is often the first indication that traumatic experience should be considered.

Peter Wilson. In Foulkes's basic law of group dynamics, the "norm" and the "deviation" are in an eternally recursive relationship. Group norms never belong to any one individual or subgroup but to the group as a whole. These norms will be informed by the sociocultural context, but also by the cultures and backgrounds from which the group members originate.

What Is the Research Support for the Model?

Dale Godby. A clinical trial of 167 patients randomized for short-term psychodynamic group psychotherapy (20 sessions) and group analysis (80 sessions) showed that patients changed in both formats, but changed more in long-term groups. Moreover, patients with personality disorders changed only in long-term groups (Lorentzen, 2013).

Gerda Winther. Much good clinical research does not meet the modern standards of "evidence based." However, the early work of Catina and Tschuschke (1993) should be mentioned as well as the Systematic Review of the Efficacy and Clinical Effectiveness of Group Analysis and Analytic/Group Psychotherapy commissioned by Institute of Group Analysis (IGA) and Group Analytic Society International (GAS) (Blackmore, Tantam, Parry, & Chambers, 2011). Lorentzen's (2014) manual also warrants special mention.

Earl Hopper. I would like to be the devil's advocate for including careful, detailed clinical illustrations as "research" and "evidence." This should not be neglected in assessing the value of our work.

What Are the Drawbacks of This Model?

Gerda Winther. Group analysis is not generally useful for acting-out personalities with very little reflective capacity or for acutely psychotic or demented patients.

Earl Hopper. As you (Gerda) say, "generally," because some of us have had favorable experiences with such patients, as well as with the learning disabled, who are often both victims and perpetators of sexual abuse, and with "forensic" patients, although the basic clinical model must be modified for them.

Marion Brown. Slow-open heterogeneous groups require a long-term commitment and some degree of ego strength and psychological mindedness. The work is taxing and often destabilizing for the patient and may affect their close interpersonal relationships. It is important to ascertain the availability of support systems. Many outpatients manage psychological containment through family, friends, work, and/or leisure activities, but some need the greater security of, for instance, a therapeutic community.

Earl Hopper. To end our virtual dialogue, I would say that S. H. Foulkes was sincere when he claimed that group analysis was itself an open system, which would thrive only if the contributions of other schools were regarded with respect and interest. While continuing to embrace the central ideas of Freudian psychoanalysis, Jungian analytical psychology, the sociology of Norbert Elias (1938), and German social psychology and social psychiatry in general, we have begun to digest the work of Klein and Winnicott, Kernberg and Kohut, and their respective students, especially those in the United States. Some of us have rediscovered the work of psychoanalysts such as Abraham and Ferenczi, as well as Racker and Pichon-Rivière. I am pleased that as its general editor, I have been able to include in the *New International Library of Group Analysis* such diverse authors as Giraldo (2012) (on Lacanian ideas), Horwitz (2014) (on group-as-a-whole), Ormay (2012) (on the social instincts of "Nos") and Tubert-Oklander (2014) (on operative groups and relational group analysis). Still, I have no doubt that group analysis, especially in England, is developing an oppositional/not-me identity, becoming anti-classical psychoanalysis, and more "interpersonal." Group analysts have many professional role models, including scientist, priest, artist, political activist, poet, and magician. It cannot be accidental that, in conclusion, my mind turns to: "Now my charms are all o'erthrown… Let your indulgence set me free" (Shakespeare, 1564–1616).

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