A PSYCHO-ANALYTIC APPROACH TO THE TREATMENT OF PATIENTS IN GROUPS.*

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DR. RICKMAN, in his address to-day, has raised the whole range of problems concerning the dynamics of groups. I think he has rightly drawn attention to the fact that "three-body" problems with which psychoanalysts are accustomed to deal form only part of the dynamics of a "multi-body," a group, and that a fuller understanding of the dynamics of a multi-body is bound to influence our therapeutic technique.

During the last twelve months I have paid a good deal of attention to multi-body dynamics, and though my observations and theoretical views on this subject are still too incomplete to be presented to a larger audience, I have recently tried to include in my interpretations *specific* multi-body problems, i.e. problems which can *only* arise in groups. My impression is that this, on the one hand, does more justice to the complexity of the behaviour observed in a group and therefore widens the scope of treatment to a considerable extent, and, on the other hand, that the discussion of multi-body problems does not make redundant the working through of unconscious two- and three-body conflicts, especially when the group members have originally come to the Clinic, not as a group but as individuals. I am therefore going to present to you to-day a technique which tries to make use of a group as a medium for the solution of three-body problems of individuals who come to us for treatment as individuals. Such individuals require help because, in their adult lives, they find themselves hampered by the intrusion from their unconscious of unresolved infantile three-body conflicts, i.e. the Oedipus situation. I mean by that, that in their infancy and early childhood such individuals did not manage to find satisfactory solutions (in Gestalt terms "closure") in three-body situations, in which they felt that *their* needs could not be satisfied because two other individuals, essentially their parents, seemed to gratify *their own* needs by excluding the child, our present-day patient.

In 1945 I had the good fortune of participating in the first patients' group which Dr. W. R. Bion took at the Tavistock Clinic. Though my present technique is in various respects different from what I learned there, Bion's principle of adhering strictly to "here and now" interpretations is also characteristic of my own approach.

My first group started more than four years ago, and some of its original patients are still under treatment. I can only say, therefore, that I have had a fair period in which to follow a few of the patients and to gain some impressions of the stability of the changes in their behaviour as a result of the method

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used. It must be emphasized that I do not for a moment think that this strictly psychoanalytic technique is the only way of giving effective help to patients. It is not unreasonable to expect that future psychotherapists will have at their disposal a number of techniques which have been established as effective and economic for particular cases under particular conditions.

My approach to groups makes use of two trends in recent psychoanalytic thinking. The first is the development of a theory of "unconscious object relations"; the other is an increasingly "rigorous use of transference interpretations," originating from the work of Ferenczi (1), elaborated mainly by Mrs. Klein (2), and Strachey (3), and applied to groups by Bion (4).

The basic assumption underlying an approach, which makes consistent use of transference interpretations, is that the apparently incoherent thoughts and actions produced by the patient one after another in a temporal sequence belong together dynamically. That is to say, there exists a common unconscious dynamic source, a need, which sets up a tension in the patient's mind, and which tries to find relief through his establishing a certain kind of relationship between himself and his analyst in the "here and now" situation of the analytic session. This attempt is considered as one particular instance of a more general tendency, as one of many unconscious endeavours which the patient makes to establish such a relationship between himself and his environment in general.

The "transference situation" is therefore not something peculiar to treatment, but occurs whenever one individual meets another. A person's manifest behaviour contains (in addition to many consciously motivated patterns) features which represent an attempt to solve an unconscious tension arising from this person's relations with unconscious phantasy-objects, the residues of unresolved infantile conflicts.

In the analytic situation, which the patient enters to satisfy his conscious need for treatment, the adoption of a passive non-directive attitude by the analyst allows all these unconscious needs to emerge in the patient's attempts to establish appropriate relations with the analyst. Strachey (3) emphasized that it is only the analysis of this "here and now" relationship which represents a "mutative" interpretation, i.e. one which can permanently change the patient's unconscious needs, and hence his personality. A number of analysts (especially Rickman (5), whose point of view I am following) have gradually tended to the view that none other than transference interpretations *need* be used.

Now what happens when several people meet, as when we put several patients together into a group, and each of them brings to the group meeting some unconscious relationship with "phantasy objects," which may be dominant in his mind at that moment and which, unconsciously, he wishes to "act out" by manipulating the other members of the group into certain positions like pawns in a private game of chess? It has already been stated that in individual treatment, where the analyst (except when he interprets) takes up a passive, non-directive role, the patient will try to push him into roles which aim at relieving his unconscious tensions. The situation in groups

is that, though the analyst assumes his passive role, this is not so with regard to the other patients in the group. We therefore have to clarify what the behaviour of a fellow patient means to another group member.

Even in individual analytical practice there are sometimes incidents which allow us to see how an occasional non-interpretative action on the part of the analyst becomes included into the patient's unconscious phantasies. I am thinking of an individual patient whom I had kept waiting for a few minutes on a number of occasions. In one particular session, however, the fact of being kept waiting formed the major theme in his transference relationship with me, since it fitted into his then dominant unconscious phantasy of being kept waiting by another man and woman who made love to one another and excluded him—a phantasy which had found expression in a dream the night before.

The behaviour of fellow patients in a group seems to have effects similar to such non-interpretative actions on the part of the analyst. They act like the stimulus of a projection test, e.g. a Rorschach picture or a T.A.T., which elicits in the mind of the onlooker reactions born out of unconscious phantasies dominant in his mind at that moment.

The *manifest* content of discussions in groups may embrace practically any topic. They may talk about astronomy, philosophy, politics, or even psychology ; but it is one of the essential assumptions for psychoanalytic work with groups that, whatever the manifest content may be, there always develops rapidly an *underlying* common group problem, a *common group tension* of which the group is not aware but which determines its behaviour. This common group tension seems to represent what I should like to call the " common denominator " of the dominant unconscious phantasies of all members. In the beginning of each session there is always some probing when some member of the group, who seems to feel a particular urge to speak, broaches one subject or another. Often a remark made by one member is not taken up by anybody, apparently because nobody can fit it into what is unconsciously at the back of his or her mind. If, on the other hand, it can be fitted in (as the incident of being kept waiting was taken up by the individual patient quoted before), if it " clicks " with the unconscious phantasy of another member, and then perhaps with that of a third, then gradually the subject catches on and becomes *the* unconsciously determined topic of the group until the next interpretation produces " closure " of this particular phase of the session. Apparently this is so because some aspect of the subject under discussion represents something relevant to the dominant unconscious phantasy in each member's mind. In dealing with this common group tension every group member takes up a particular role, characteristic for his personality-structure, because of the particular unconscious phantasy-object relations which he entertains in his mind, and which he tries to solve through appropriate behaviour in the group. When several people meet in a group each member projects his unconscious phantasy-objects upon various other group members and then tries to manipulate them accordingly. Each member will stay in a role assigned to him by another only if it happens to coincide with his own unconscious phantasy and if it allows him to manipulate others into appropriate roles. Otherwise he will

try to twist the discussion until the real group *does* correspond to his phantasy-group. It is by analysing the role which each group member takes up in dealing with the common group tension in the " drama " performed in that session by the group as a whole, that we can demonstrate to each group member his particular defence mechanism in dealing with some unconscious tension of his, and we do this in the same manner as in individual psychoanalytic sessions.

To give an example: in the first part of a session a female patient had made a remark about the group's behaviour, with which I showed agreement when I made an interpretation to the whole group later on. As soon as I had finished speaking a male patient immediately remarked upon my agreeing with that female patient, and said that I was favouring her. Then there was a silence of several minutes and one male patient suddenly suggested that one should discuss politics. Another man picked up the suggestion, and started a discussion on the respective merits of socialism and communism and, although such ideas were quite out of keeping with the usual views of the group, in that particular session all the men and one woman seemed to turn communist. The main issue was that " political " democracy without "economic" democracy was really a disguised form of dictatorship. They pointed out especially that the owner of a factory could always sack people as he liked, and even seduce his typist. The female patient I had quoted before remained silent, but looked worried and embarrassed. Another female patient agreed with the men. The third female patient, however, disagreed and thought that these communist views were only a disguised form of greed which one must not have, that all the misery in the world, and all the quarrels and wars, were only due to greed, because somebody could not tolerate anyone else having something which they had not got themselves. The discussion became more and more heated and suddenly broke off. After a short silence, somebody started teasing the notoriously weakest male member of the group, and this teasing very soon turned into a rather unpleasant attack on him.

What was the *un*conscious problem the group was dealing with in that session? When I asked myself my usual psychoanalytic question—what makes these people say these things at this moment?—the answer became obvious. The common group problem was what they felt to be my " flirting " with the " favoured " female patient. The factory owner who could sack people, and who could even seduce his typist was obviously myself " favouring," as one of the male patients had pointed out, the female patient with whose remark, in the first part of the session, I had agreed. It was, by the way, the same male patient who, on many previous occasions, had pointed out that one could not criticize me because I might refuse to treat whoever criticized me, and even turn that particular person out of the group, and stop him from attending any further, in other words, sack him. The men obviously resented that I could, so they imagined, use my position as a doctor—as the " owner of the means of production," the man who could give or deny treatment—in order to make love to a female patient, while they were apparently barred from doing the same. Moreover, the female patients seemed to prefer me, as the " owner of the treatment factory," who had something to offer which they

badly required. The female patient who had agreed with them was one who, on many previcus occasions, had openly expressed affection for me, and was apparently very annoyed and jealous that I seemed to favour another woman in preference to herself. The so-called "favoured" patient unconsciously seemed to have felt that the attack was directed not only against me but also against her, and therefore remained in embarrassed silence. And finally, the female patient who had accused the others of greed was one who had, herself, considerable problems with regard to her own unconscious greed which found expression in a symptom, viz. an inhibition about eating in front of certain people. Her behaviour was obviously a reaction formation, an attempt to deny her greed, and to fight against that part of herself which she felt was so greedy and might get her into trouble. Finally, the attack against the weakest member of the group, after the political discussion, was obviously a displacement of hostility from me to that male patient, whom they were less afraid to attack. When I made these remarks to the group, the woman who had agreed with the communist beliefs openly admitted her jealousy, the men, on the other hand, equally openly turned against me and started criticizing my treatment, its "uselessness," my having been late at a particular session, and so on.

Time does not allow me to go into many problems of technique. I do want, however, to raise one more point. My interpretations are directed primarily to the "common denominator," the common group tension, and any particular patient's reactions are only referred to in so far as two things can be shown to him: (*a*) that his behaviour represents his specific way of coping with this *common* group tension; (*b*) *why* he acts in this way in preference to other ways of dealing with this group problem. A patient in a group may, for instance, often try to obtain a "private interview" within the group session by offering "tempting" material to the analyst. He may recount a dream or some outside experience, or describe his symptoms in great detail. On such occasions I pick out of his material only what seems to me to be relevant to the common group tension.

A male patient, for instance, who in preceding sessions felt rejected by the women of the group gave a long narrative of difficulties with his wife. He then asked me to do something about it outside the group, since this was a "real" problem. In interpreting this material, I pointed out to him only those features that seemed to me relevant with regard to the inter-personal relations prevailing in the whole group at that moment, namely, that he was trying to secure my help against the supposedly overpowering female members of the group. I did not refer to various other things that he had mentioned on this occasion. Several difficulties which he had with his children, if reported in an individual session, would no doubt have had to be interpreted as signifying something quite different, since they would then represent material elicited in a "two-person transference" relationship. I only took them up in the group session as demonstrating his wife's "badness." I think that in this respect this technique differs from that of many other group workers, and also from the technique followed by many analysts who, as far as one can gather from published accounts of their group work, tend to interpret a patient's remarks independently of the common group tension. I use material only in so far as

it finds expression in the "here and now" relations of the group members toward one another, i.e. as it forms part of the general group tension; I do not go beyond that.

I have tried to present to you a brief account of the essential features of a psychoanalytic approach to group treatment as practised at present by myself, and in a similar form by several other analysts at the Tavistock Clinic, and the results of which we have found encouraging. I wish to emphasize, once more, that this particular technique is still in its early stages of development and it is certainly not the only kind of group treatment that helps patients.

References.

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