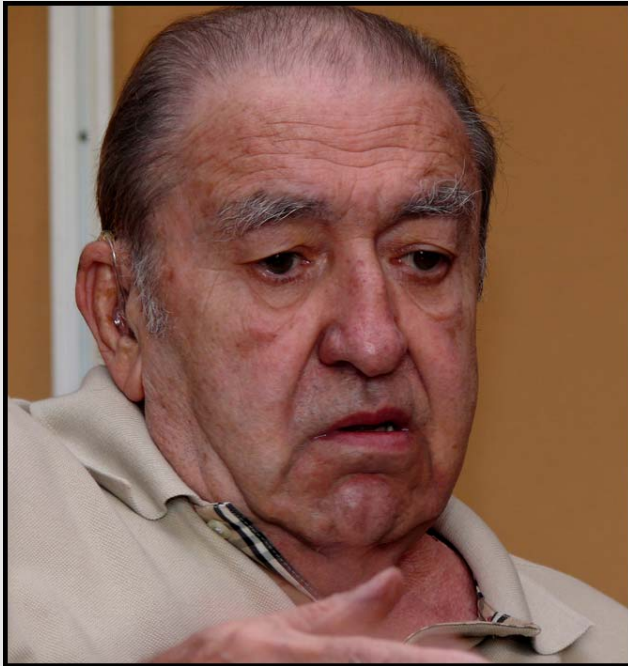


## Histories of Groupanalysis

Interview<sup>1</sup> to  
Professor JUAN CAMPOS  
by Iñaki Markez



### Brief curriculum

Juan Campos Avillar, Doctor in Medicine, psychiatrist, psychoanalyst and groupanalyst. Trained in psychoanalysis and groupanalytic psychotherapy at the Postgraduate Center for Mental Health, New York, and in Group Analysis with S. H. Foulkes at the Maudsley Hospital, London. The areas of his interests in teaching and investigation are the multidisciplinary training of professionals and the analysis of the development of institutions and their possibilities of change. Founder and promoter of various professional associations on the national as well as the international level, and author of numerous publications in the ambit of psychoanalysis, groupanalysis, medical education and sociology of medicine. The author has promoted the development of specialized sections within the IAGP and particularly the creation of the Group Analysis Section of which he has been co-president. He has actively performed directive functions in various associations, between others as vice-president and first archivist of the IAGP. He is honorary member, between others, of the GAS and the SEPTG.

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<sup>1</sup> Markez, I. (2007). Historias del grupoanálisis. Entrevista al Profesor Juan Campos. *NORTE. Salud Mental. Sumario*, 29 ([http://www.ome-aen.org/NORTE/29/NORTE\\_29\\_120\\_94-108.pdf](http://www.ome-aen.org/NORTE/29/NORTE_29_120_94-108.pdf))

**QUESTION 1:** You started with Trigant Burrow and with S. H. Foulkes, being a passionate collaborator of the latter, and having introduced his thinking in Latin America, in 1981 you publish the prologue to his book "Group Analytic Psychotherapy: Method and Principles".

In effect, I started as a group analyst on S. H. Foulkes' side. In view of occupying the chair of psychiatry at Navarra University which at that time was being founded, in 1958 I went to London with a British Council Scholarship for the Diploma for Psychological Medicine of the University of London. I stayed one year at the Maudsley Hospital, half of the time with S.H. Foulkes in his Unit, the other half with F. Kräupl Taylor. Since there they still did not have a formal training in group, Foulkes directed me to the Postgraduate Centre for Mental Health in New York (See <http://www.pqcmh.org/training>) where one was started just then. There I worked and was trained by Asya Kadis, Helen Durkin,

Wolf and Schwartz between others. Before my arrival, Foulkes had visited the Postgraduate Center, giving a conference which stirred up a polemic about the myth of group dynamics. Since I came from the Maudsley I found myself defending the points of view of Foulkes, with which I gained the identity of "group analyst". Upon my return to Spain in 1963 with a double training in individual and group analysis—I believe I must have been the first group analyst formally trained in Europe—I re-established contact with Foulkes and the Group Analytic Society (See <http://www.groupanalyticsociety.co.uk>). In '66 Foulkes, during a Mediterranean cruise, brought me personally the Number Cero of one of his most important creations: Group Analysis International Panel and Correspondence (GAIPAC), a large group in writing, a paper group, which I have fought for cloak-and-dagger, although it inevitably was converted into a journal in the 80ies. As you say, in 1975, for the Congress of the International Association of Group Psychotherapy to be held in Madrid, but could not be, Foulkes asked me to translate his last book "Group-Analytic Psychotherapy. Method and Principles" (See DVD "*Obras Completas de SHF 2009*"), with the aim of making it available to the

Spanish-speaking world, for which I wrote a prologue and which now forms part of the Collected Works of Foulkes edited and published in Castilian in 2007 by Pere Mir (See

[http://groups.yahoo.com/group/SHF\\_Obras\\_Completas\\_en\\_Castellano/?yguid=61395166](http://groups.yahoo.com/group/SHF_Obras_Completas_en_Castellano/?yguid=61395166)). My relationship with the work of Foulkes has been intimate and my professional life, varied as it is, can be considered groupanalytic in theory and practice.

My relationship with Trigant Burrow is different. I did not get to know him personally. He died in 1950, when I still was heading to be a heart surgeon. In 1988, on occasion of a book review which to me seemed unjustly critical and superficial, I penetrated into his work, looked for and made contact the people of his original group still alive, as Hans Syz already elderly and then president of The Lifwynn Foundation (See <http://www.lifwynnfoundation.org>) and Alfreda Galt, one the last and most creative promoters of Burrow. The latter has maintained alive the work of Burrow and The Lifwynn Foundation, the social context he had created for communal living and continuous dialogue of the people who included themselves in the practice of this group method of analysis developed in the dawn of last century. My collaboration, particularly with Alfreda, has been continuous and intense. Perhaps the imprint of Burrow's thinking has been the most important in my own experience. Grup d'Anàlisi Barcelona (See <http://personales.com/espana/barcelona/gabarcelona>), which I founded together with other colleagues in 1989, is a testimony of it and all the activities of this group and my own writings include the thinking and work of Burrow. The chapter on Freudian groups of my eternally unfinished book "The Group Method of Analysis" includes a large sub-chapter on Burrow, who knew Freud during his journey to America in 1909 and went to be analyzed by Jung the following year.

**QUESTION 2:** Over more than a decade that you set up the Virtual Interactive Workshop on History, which took form when Windows '95 arrived on the market, coinciding with the International Congress which took place in Buenos Aires. We suppose that you enjoyed this initiative but, how was it received and how did it develop?

I suppose you are referring to the "Foro de Grupo Análisis en castellano" (See <http://www.rediris.es/list/info/grupo-analisis.es.html>). The Congress of the IAGP in Buenos Aires—meeting under the theme of "Groups on the Threshold of a New Century"—was important in many aspects, but in what concerns group analysis and the group psychotherapies in general I would choose three: First, this had been the first time that the Sections of Group Analysis, Psychodrama and Family Therapy had conjoint and separate spaces in the Congress. This was the partial realization of an ambition that goes back to the prehistory of the Association. Second, it was precisely this novelty that spurred Nora Speier Fernández and Graciela Ventrici of the Argentinean Association of

Psychology and Group Psychotherapy on to ask me for an interview as the principal promoter of the movement of specialized sections in the IAGP. These colleagues transcribed the 90 pages of tape recording of the interview which was reduced for its publication in the journal of their Association. It is with an interview by e-mail just as the present one that my "*Una historia de la AIPG: hechos y hallazgos*" / A History of the IAGP: Facts and Findings" was started, bilingual in Castilian and English. Third, the fact that Bill Gates launched just at that moment his famous Windows '95 reinforced the conviction upheld by me for over fifteen years that our future as professionals passes through the multidisciplinary, cultural, social possibilities offered by

the new technologies. So, upon returning from Buenos Aires I opened with the help of Redlris [Foro de Grupo Analisis en castellano](#). This Forum has had a vivid participation during twelve years. It counts with members of different countries, and some of them have come to face to face encounters of the Sociedad Española de Psicoterapia y Técnicas de Grupo —the veteran of

Spanish group societies. In 2000, from the dialogue in the Forum we created a working document on “Integración: ¿Cómo y para qué?” as the base of a one-day workshop convened by Grup d’Anàlisi Barcelona, attended by two well known Argentinean members of the Forum.

**QUESTION 3:** I understand that you were member of the Board of Directors of the IAGP and the Executive, the international association of group psychotherapy, with an intensive activity, inviting and interviewing participants, questioning and analyzing all types of documents...

My interest and collaboration with the IAGP (See <http://www.iagp.com> ) and its activities goes back to its foundation during the V Congress in Zurich in 1973. I could not attend. Malcolm Pines was the president of the organizing committee of the following congress which first was to be held in Lyon, then in Madrid, to finally take place in Philadelphia in 1976. The year before, when it still was to be held in Madrid, I was invited to be part of the local organizing committee. In London, coinciding with the Congress of the IPA, the Group Analytic Society organized a colloquium between group analysts and psychoanalysts interested in group psychotherapy which Foulkes began by reading his paper on “The training in psychoanalysis, advantage or hindrance for the future group analyst? For me this paper was a turning point in my life, I who by force had to pass through training in psychoanalysis to be able to accede to training in group analysis. At the end of this colloquium we met at Foulkes’ house and I suggested to him to translate his last book “Method and Principles” for the congress of Madrid. Although, the latter being cancelled, the publisher Gedisa lost interest, more so when the following year its author had died. The book is not published until 1980. During the long correspondence and visits I made him in London, our relationship of teacher-pupil converted into one of colleagues and friends, and I, from being the first group analyst trained at the same time in individual and group analysis, resigned myself to be simply a group analyst and I converted to being an active member of the European groupanalytic movement.

The following Congress of Copenhagen en 1980 —on “The Individual and the Group, Boundaries and Interrelations in Theory and Practice”— was one of the most important ever held. Malcolm Pines, who was the president of the scientific program committee, finished

being elected President of the IAGP. The paper I presented there was on “Foulkes’ Network Theory and the possibilities of group analysis in Family Therapy”, which is what I had been doing and teaching in my Psychiatric Service in the old Hospital Hospicio of San Juan de Dios, and in the professional school of psychology of Professor Siguán of the University of Barcelona; practice and teaching which from the beginning and for ever more I realized with a groupanalytic ideology.

I was a member of the Executive of the IAGP as first and second vice president, first two terms and then two more, and on the Board two more as co-president — jointly with Malcolm Pines— of the Group Analysis Section of which I was founder and the promotion and institution of which took me quite some years. And, I eventually left the Board as the first archivist of IAGP. My first objective in the IAGP as in other associations has always been communication between people, disciplines, between different associations, between past and future... I implemented the association of the SEPTG as member organization of the IAGP and fomented the articulation of the themes of its annual symposiums with those of the international congresses of the IAGP. Last but not least, my struggle to introduce the new technologies and the impressive possibilities of communication via Internet has been constant, has had its fruits and merits which not always were appreciated. I finished my association with the IAGP as an individual member and after having published as first archivist, on paper and in Internet, in English and Castilian, mi “A History of the IAGP: Facts and Findings” (See <http://www.grupoanálisis.org/historia> ). This book was presented at the London Congress in 1998 and uploaded to the Web for the Jerusalem Congress in 2000.

**QUESTION 4:** Possibly due to all this you have been defined as a “historic” of group analysis, after five decades of in depth study. How would you define those origins and posterior development?

In group analysis, more than a “historic” I consider myself a historian, but a frustrated historian. The Dossier “Group Analysis: its roots and destiny”<sup>i</sup> (See <http://www.geocities.com/jca4074> ), my contribution to the last key conflict of the Group Analytic Society, makes explicit the role which was my lot to play as “historic” in the development of this organization. The last version of the

Dossier of 2004, was in the Web of the GAS (London) during a little while, and the Directive Boards of IAGP did not ever dare to include in their Web my “A history of the IAGP...” although it was written by its first archivist. Both of them I put into Internet on my own account, given my intention that they were to be histories of a group, written by a group in an interactive and cooperative way.

Although both finished with an e-mail address to invite and enable commentaries, in all these years I have received only one single commentary. The XIV congress of the IAGP in Jerusalem was held under the theme of "The Spirit of Groups 2000: From conflict to generative dialogue". If I had to define what type of dialogue I intended to "generate" during this last half century between professional associations of psychotherapists in which I militated, I would say it is to have encouraged with that group spirit which the founders of group analysis —Trigant Burrow and S. H. Foulkes — have implanted in me.

We should not forget that the IAGP is an umbrella association (See <http://www.iagp.com/affiliates/index.htm>) child of a conflict born between two national group association, American, which Moreno and Slavson had founded in New York and which the first intended to resolve by proposing in Paris in 1951 an international association.

You will ask yourself into what that groupanalytic imprint was transformed in me. This I made explicit in my interventions in GAIPAC, at a moment of institutional crisis. Responding to a call of the then last editor, Pat de Maré, I asked myself what was going to be the future of our "home journal" —our very own journal— and finished with the following paragraph: *"Let us return to the question of which I would like to talk. What are the possibilities of an international association of group analysts? Or, without being so ambitious, what is left of our pretended international workshop or study group by correspondence? I feel that without face to face contact of all the ones concerned in this common venture, GROUP ANALYSIS runs the risk of institutionalization and the dynamics of power will take away all the wit and soul of what could have been. The hierarchic organization will kill the possibilities our affiliate association had at its beginning. In the preliminary number of GAIPAC there is the whole blueprint of what it was supposed to become. It was thought that it would be guided by groupanalytic principles. Are we still going in this same direction? We need a more active participation between ourselves to carry out the necessary tasks of reflection that would permit us to know where our large group is going. I asked myself, if the next International congress in Copenhagen could be a good occasion for the Group Analytic Society (London) and Group Analysis to organize a large meeting between the "overseas members" and the correspondents? As a member of the silent majority, I would like to thank Pat, the last one who called us to meet, for all his efforts and the magnificent*

*work he realized as Editor of Group Analysis. Also, I would like to congratulate Harold [the new editor] for the work falling on his shoulders and to promise him all our help. Let us see if we correspondents dare to unfasten our seatbelts of silence and stop being readers for the good of this new era of Group Analysis."*

My message was directed towards opening a dialogue

From: Martin Grotjahn  
416 North Bedford Drive  
Beverly Hills  
California 90210



*The Paper Group*

Greetings to the Paper-Group!

between separated parts of the GAS. It was welcomed by the then president Jane Abercrombie, who called a meeting during the Congress of the IAGP in Copenhagen. In consequence of this meeting a debate was initiated in the pages of GAIPAC which led into the European group analytic movement. Martin Grotjahn commented in the following number with the vignette shown in the other column: *"To Juan Campos: I have unfastened my seat belt and try to express my response to the twice born Paper-group"*. The only victim of this movement was our dear old "home journal" which passed away two years later in the Bedford College Meeting in 1982 when, as a consequence of another proposal of mine, it was divided into what today is the prestigious *Group Analysis. The journal of group analytic psychotherapy* and a poor Bulletin, edited as it was at the beginning and which has gone on changing format and name, to-day finally in the Web under Contexts.

My determination to integrate face to face and live voice communication with the analogical or digital tinned word is what has earned me the by-name "network knitter".

**QUESTION 5:** Nowadays, which is the state of health of Group Analysis? How do you estimate the present state of Psychoanalysis? Here in Spain and on the international level? It seems that of the younger sectors who intervene in the field of mental health there are less "vocations" for psychotherapy and psychoanalysis, however, the degree of productivity of the psychoanalytic currents is great.

I suppose that my previous answer has led you to formulate this double or multiple questions which would well serve to finish the book we have been incubating with Hanne for more than ten years: El Método Grupal de

Análisis<sup>ii</sup>. The state of health of group analysis, from what I have been saying, I believe is tan critical as the one of psychoanalysis itself. It is internationality which their ruin is. There is no way that neither one nor the other applies

to themselves my saying "group, first cure thyself". All started badly. On board of the George Washington in 1909, on the way to New York, when the three musketeers took the pest of psychoanalysis to America, they started to mutually analyze their dreams. Freud refused to free associate to one of his dreams as Jung asked him to in order "not to risk his authority". In this failure of what could have converted Freud not only in the father of psychoanalysis individual but also of group analysis, the seed was planted of all future dissidences and scissions from which the IPA has suffered, an error consolidated by the foundation of this association in

Nuremberg in 1910, inspired in the defensive model of the family proposed by Ferenczi.

Theoretically, the IPA is born to defend psychoanalysis from its internal enemies. But in reality, it is born following the model of the "private schools of Medicine" which had been denounced in the Flexner Report this same year. The "pest" which the group of Freud took to America made that psychoanalysis, at least commercially, resulted there more successful than in Europe. This is the same problem that confronts today organized group analysis and the rest of the organizations of psychotherapy —for example EAP, FEAP (See <http://www.feap.es>), EGATIN, etc.

**QUESTION 6:** While the positions and divergences between psychoanalysts grow everywhere, it so happens that you, more pragmatic, dedicate yourself to train professionals in clinical management, and you even have published various books centering on community psychiatry. How does psychoanalysis fit into this psychiatric practice?

Books I have written really few, but articles and presentations in congresses, and documents for the boards on the functioning of the societies to which I belong heaps. However, it has never occurred to me to do it for the reasons you adduce. The first time I dedicated myself to train people was upon my return from the United States in 1963 in San Juan de Dios. I tried to transplant what I had learned during my training in democratic countries to the situation of the national-Catholicism which Franco had imposed. My teachers and colleagues at the Postgraduate Center for Mental Health bade us farewell with this aquarela which tells more than a thousand words. It reflects the image I left there or which they forged of me. I returned as a spearhead, like San Pablo to convert unbelievers. I said to myself: "This is what I will try, fight against psychosis which is Spain. Although I may become mashed in this intent, the system will have changed somewhat." Seven years afterwards I was invited to give a conference in the New York Institute of Psychiatry on Ward's Island which I entitled "Psychiatry and Society: The case of Spain"<sup>iii</sup>. This was

before we had started here with the Democratic Psychiatry. The way I chose was education in mental health of the health professionals and agents of social change.

On one hand I created a Department of Child and Family Psychiatry in the Hospital Hospicio de San Juan de Dios with a group oriented multidisciplinary training (child psychiatry, clinical psychology, psychiatric social work and therapeutic education) with the local resources I could find and thanks to adopting a system of "geographic dedication" for the teaching professionals and the trainees. On the other hand I acted as a consultant to the Hermanos Hospitalarios in the reform they had started in the "lunatic asylums" managed by them in the province. Although Child Psychiatry did not figure in the educational plan of the PCMH of New York, I had a wide experience in community medicine. Those were the years of "Action for Mental Health" and I participated in the setting up of the Essex county Mental Hygiene Clinics, one of the first therapeutic communities, of which I already was vice-director when I left, and this in public health. Privately I worked in low-cost centers dedicated to psychotherapy. In the same PCMH I together with two others I set up the "Living Room", a social therapeutic club which converted into a successful enterprise when the new law of mental health opened the doors of the State Hospitals and these were privatized.

Your specific question is: How does psychoanalysis fit into this psychiatric practice. My answer is: not much and badly. Psychoanalysis can not ever be promoted in a national system of health. The intent was made in England and I received my training during the first part of that epoch, but afterwards this orientation had to be dismantled. Even though, in 1963, the colleagues with whom we created a group of peers in group psychotherapy published a paper of mine on the theme of the



III Congress of the IAGP in Milán entitled *Tendencias Actuales en Psicoterapia de Grupo*<sup>iv</sup>. In it, after comparing my psychiatric experience in the Anglo-Saxon world on either side of the Atlantic, I upheld that in Great Britain group therapists were theoretically and in their social applications more imaginative and creative. On the other hand I stated that "... *It is very difficult to imagine what would have occurred with psychoanalysis if it had not counted with America, and it seems to me that with group psychotherapy is happening something similar. The effort the Americans are making in relation to the training of group psychotherapists is something the English, in particular, and the Europeans, in general, are for the moment not in condition of even dream of. The*

*logical consequence of this state of affairs is that the American group therapists, not so genial perhaps as the Europeans, but better prepared than these, in a very short time will be in condition of taking on the leadership in the field of group psychotherapy and, what is more, in a scientific and not only speculative way, and this thanks to the fact that the human instrument we need for this type of investigation —the scientist therapist professional— will be more adequate for this work and this thanks to the effort they have been making in the field of training.*" I don't think that if I had stayed there I would to-day be the type of psychotherapist I am nor adhere to the same principles.

**QUESTION 7:** Medicalisation of mental health practice, or better the hegemony of psychopharmaca is being dominant. The positivism and empirism the APA expresses in the DSM, taken as a catechism by the professionals, also favours a greater "biologism" between psychiatrists, while, funnily enough, in primary care there are every day more professionals who psychologize their practice. What do you think in this respect?

When in the hospital of Caracas in 1954, a real "lunatic asylum", I entered as a voluntary, we did not have any psychotropic medicines and, apart from ECT and the lobotomies, we only had insulin shock. There I took charge of the insulin ward, a median group of about twenty patients who we induced into and brought out of shock every morning; don't know how many times to week. At the Maudsley, although we were more advanced in psychopharmacology, we even had Meleril, the ones diagnosed with depression still were subjected to ECT and it was fashion to send many serious obsessive to have a temporal lobotomy.

Obviously it is cheaper, at least in time, the administration of psychopharmacology than psychotherapeutic care, independently of it being individual or in group. This was one of the reasons for that dynamic therapies were practically abolished from the Thatcher government onward. In the United States, for different reasons —popularization of the DSM, privatization of public health services, el "Medicare" and

"third party control" of medical insurance— make an analytic approach practically impossible.

That nowadays in Spain, contrary to this current, "in primary care there are every day more professionals who psychologize their practice", could have, between others, two reasons. One is that these are more and more tired of being bureaucrats, demanding a minimum of ten minutes per visit; the other is that the depersonalization of the care system includes the ones being attended as well as the professionals that attend them and the groups the latter belong to. Are these still further consequences which free market policy and globalization brings us up against? Perhaps Hippocrates was right with his oath, which we doctors have taken for centuries. The possibility of psychologizing primary care through multidisciplinary teams sensitive to mental health could encourage the hopes that our efforts to improve the health of the Kingdom of Spain has not been completely in vain.

**QUESTION 8:** There are authors which insist on the error of considering the mental patient an irresponsible person. What do you think about the public responsibility of mental patients in respect to their acts? Should they be held responsible, for example, legally if it be the case? What would be the limits of this responsibility?

I know that this question is in vogue. I, who have always refused to appear before tribunals as an expert, I found myself frequently, summoned "de oficio" by a judge to testify in cases of "patria potestad". I shall not go into these experiences here. Only once

in a case I succeeded that a judge gave the mother — diagnosed as paranoid by the highest psychiatric authorities of the country— custody of the children, considering that her interest for the children was much more authentic than the father's who tried to blackmail me in his favour and who surely obtained the corresponding expert witness report of the other party this way. This decision, which for sure made

jurisprudence, I don't believe, has been applied on further occasions.

But this is not what you asked me. Today is news the legal *ex-carcelacion* (out of prison) of the "violador del Vall d'Hebrón", who is freed and without knowing where he hides in spite of not being rehabilitated after serving only 16 of the 311 years of the sentence for 16 sexual aggressions. Civil society revolts, agitated by the debate exploited by the communication media. In reality this is a case of the civil rights of the victim and the aggressor. But, what I ask myself: Which are the rights or responsibilities of the professional expert who gives his opinion about his social danger in the future. I remember

an experience in community psychiatry in New Jersey, in the Essex County Mental Hygiene Clinics. There they sent all types of hot cases for which nobody wanted to be responsible, be they social workers, probation officers, psychiatrist, clinical psychologists, or general practitioners. I remember also that under the national-catholicism, the old law "against villains and vagrants" which gave origin to the psychiatric hospitals was converted into the law of "social danger". But the latter was not applied for psychiatric reasons but for political ones. In those times to get that the sentence was to be served in a psychiatric prison hospital instead of a "lunatic asylum" was much worse, since from there they

could not be discharged unless the patient was cured. Imagine, who dares to consider cured, for example a case sent to us by probation officers of Essex County, of an assassin recently excarcerated, diagnosed as paranoid-schizophrenic, after killing his wife and her boy friend and having shot a hole in his own head?

In my opinion, the question which you put forward is not of a legal one but more of professional responsibility and of human rights of the professionals. Trigant Burrow<sup>v</sup> as well as S. H. Foulkes<sup>vi</sup> have considered the questions raised in these fields.

**QUESTION 9:** You knew how to combine the more academic group analysis with clinical psychoanalysis, public or private, in your intense clinical activity but, don't you think that sometimes they confront each other? On occasions would they appear opposed and this way being problematic at the moment of creating new programs of intervention?

I don't quite know to what you refer when you say clinical psychoanalysis, because as far as I know psychoanalysis as therapy was never applied and will not be applicable on a public level. It always was and will be a question of private praxis and on the individual level. The bequest which von Freund left to the IPA on the occasion of the Budapest Congress to create public clinics, at the end was invested in the Verlag and in the Institute of Psychoanalysis in Berlin. There, like in all the others that followed, the few gratuitous treatments were given to future psychoanalysts in training. There was only one exception which was the Institute of Frankfurt, of which Foulkes was the first clinical director, and where such treatments were propitiated rather to agents of mental health.

The intent by psychoanalysts formally trained of securing a psychoanalytical orientation in public practice leads to a kind of group psychotherapy with a psychoanalytic approach or simply to groupanalysis, this is to say the one adopted by S. H. Foulkes and James Anthony, both psychoanalysts.<sup>vii</sup>

Now this is clear, I knew Foulkes in 1958, in Barcelona during the symposium on Group Analysis which he organized within the Group Section which he presided in the III International Congress of Psychotherapy that had as a theme Existential Analysis. Foulkes opened with a communication titled "The training of group therapists in my Unit at the Maudsley". This ambulatory unit he describes the following way<sup>viii</sup>: *It is a model in the sense that it shows a way which does justice to the demands of psychotherapy in an outpatient clinic, at the same time that it creates optimal conditions for teaching and learning, clinical studies and research. It is not a model in the sense that it could or should be translated as it is to other contexts. In fact, an intrinsic part of the groupanalytic approach consists in avoiding the rigid organization and institutionalization, in view of permitting a maximum of flexibility to ever changing circumstances.* Foulkes said that it was not a model to be translated. It is precisely this model which I have adapted to all teaching and clinical situations throughout my professional life.

In consequence, when I arrived at the Maudsley I asked the Dean to assign me to this Unit. As it was, Foulkes was in the United States at that moment as a visiting professor, I had to wait a semester while I was assigned to Ward 6 directed by Kräupl Taylor, another member of the GAS, and the best clinical professor I ever have had. By then I had been working for over ten years with groups as a tutor in college-residencies of the Opus Dei. The consultant psychoanalysts of the Maudsley, between them Foulkes and Kräupl Taylor, were not too well considered in spite of that the condition of the Institute of Psychiatry of London University imposed their inclusion as professors in the Diploma of Psychological Medicine (Psychiatry) and as consultants of the teaching hospitals. The DPM taught there was one of the most prestigious in the Commonwealth and made the Institute of Psychiatry into the capital of psychiatry of the whole world.

Personally, I never met with any difficulty in combining my analytical orientation with the clinical situations, therapeutic or teaching, with which I developed my practice. If anybody met with difficulties they were the directors of those organizations and institutions where I tried to introduce my orientation. This became manifest in the investigation made by the Collective of Study of Group Work of Barcelona which unites the majority of group experiences carried out in Catalonia previous to 1980, a study which was presented in the VIII Symposium of the SEPTG held in Mallorca this same year with the title "Group Approach in a National Health Service" ("Enfoque Grupal en un Servicio Nacional de Salud".<sup>ix</sup> ) The study comes to a series of conclusions which are resumed in the final paragraph: *Without doubt the group approach implies a new conception of what is health or illness. Health and illness is something relational, something which concerns a family, a group, an institution or a society. Illness has to do with something we could call asphyxia of relational resources. Health is a new form of communication. To more mature forms of relationships and communication we can only aspire in group. To arrive at conceptualize a group*

*approach and put into practice what this implies, we need to count with professionals, personally and professionally more and more prepared.*" La SEPTG, in a crisis situation, was the first and only one I know of in applying to itself the same principles derived from this investigation. In the Extraordinary Assembly during this same Symposium it was decided to delegate in some of its members an institutional analysis in view of resolving the conflict which it carried over from the previous Symposium.

**QUESTION 10:** After the processes of assistance reform in the 80ies, surely, as a result, you then excitedly imagined a hopeful panorama for the care system. Twenty-five years afterwards, how do you evaluate what has been achieved? What has been worth the effort and what has not been achieved of what was hoped for?

You ask me about the reform of the care system in the 80ies. For me this reform starts in Spain with the movement of democratic psychiatry, the new law of education and the creation of the autonomous universities at the end of the 60ies. The last years of the late Franco era have been the ones which at least in Catalonia fed our hope for a change. New democratic winds blew everywhere. The Academia de Ciencias Médicas de Cataluña called in 1976 in Perpignan, after forty years, the X Congrés de Metges i Biòlegs de Llengua Catalana. The conclusions to which the second main section "The Social Function of Medicine" came, were in turn adopted by the area of health of the Congrés de Cultura Catalana, between others the following definitions of health: "The health of every one is responsibility of all, and the health of all is responsibility of every one. Also: Health is a way of life, autonomous, solidary and joyful. The Colegio de Médicos de Cataluña y Baleares elected the democratic Board of Directors and this in turn created the GAPS (Cabinet for Consultation and Promotion of Health) and approved the establishment of professional sections at the request of the Professional Section of Psychiatrists of which I was Secretary.

The atmosphere which we breathed at the beginning of the Transition is reflected in the chapters I contribute in a couple of books. In the first in 1978, *Planification and Sanitary Reform*, Jesús de Miguel, its coordinator, includes in the first part on "Health and Social Change" our "Qualitative Characteristics of medical activity" <sup>x</sup> and in the second part on "The Critique of the Human Capital" <sup>mi</sup> "Towards a model of educational breakthrough for a sanitary reform" <sup>xi</sup>. In the second book of 1980, *Transformation of Psychiatric Assistance*, the book of position papers of the XV Congress of the AEN, coordinated by Manuel González de Chávez, appears my "Towards a democratic alternative for the training of human resources in mental health". <sup>xii</sup>.

In effect, at the turn of the 70ies and 80ies the Franco regime had not managed to kill the hope. I remember that in the Annual Bulletin of the Bonanova College, in 1945, the year I graduated, there appears a photo with my five brothers with the following caption: The brothers Campos, full of health and enthusiasm for their school.

The programs of intervention in mental health are a question of politicians, legislators and of the local and State Administrations, all entities with little interest in mental health and the human rights of their citizens and of the professionals which attend them. There is no space here to describe in detail the many occasions in which we have tried to apply to organizations their very same principles. I can only add that the groups organizations have been the most resistant in apply them.

The truth is that the education received from the Hermanos de la Doctrina Cristiana was not for having much enthusiasm. El '78, invited by Jose Guimón, I went to the VII Symposium of the SEPTG to talk about training in group psychotherapy and the enthusiasm with which my words were received made that I subscribed as member of the society. I started then also to collaborate with the program in group psychotherapy of the Institute of Psychotherapy of Bilbao, conducting two peer groups in co-vision—in group psychotherapy and family therapy—in this Institute and in the Department of Psychiatry of the Hospital of Basurto. The development of group analysis in Spain is amply described in "Epilogue to a Posthumous Prologue to S. H. Foulkes" <sup>xiii</sup> (See [http://www.ome-aen.org/NORTE/29/NORTE\\_29\\_090\\_63-77.pdf](http://www.ome-aen.org/NORTE/29/NORTE_29_090_63-77.pdf)) by Juan y Hanne Campos in the dossier about S. H. Foulkes published in this same number 29 de Norte, essential reading if one want to understand this development.

As I already said, my training experience is marked by the democratic context in England and the United States. In London my training develops within the National Health Service and in a teaching hospital where research, education and clinical work are intimately linked and have a social projection. My years at the Postgraduate Center of New York coincide with the reform prompted by the project Action for Mental Health of the Kennedy Administration. The aquarelle I included above gives an ideal of what was the "mission" with which I returned. My intention would have been to be able to work full-time as a psychiatrist analytically trained in assistance and training institutions. In fact, when a inscribed myself professionally in Barcelona I did so as psychiatrist and psychoanalyst.

Returning to my experience at the Maudsley. There the imprint of group analysis comes from the two consultants for which I worked. I went there seduced by the model of learning in the Department of Foulkes described by him in Barcelona. How to fill in protocols as the Archives of the Hospital demanded, basis of the hard research prevailing there as a teaching hospital of the University of London, this I learnt with them. Not long ago, finally fell into my hands *The analysis of Therapeutic Groups* de Kräupl Taylor <sup>xiv</sup>, a book written with a scholarship of the



Research Council del Institute which was not published until '61. Foulkes, on the contrary, had to pay all his publications from '48 to '75, and did not have time to investigate until his retirement. In spite of this, something of the spirit of research that reigned there rubbed off on me. When I arrived at the PGMH they had finished an investigation by correspondence of ex-patients, ten years after having finished their treatment and they contracted me to verify in a face to face interview the validity of the

responses. It occurred to me to add one question to the protocol: "And how is the family?" With surprise we came to know that many of the cured cases had been accompanied by physical or psychological disorders in other members of the family or by separation... 2007: And I still investigate. The theoretical formulations with which I have contributed to group analysis are based on my investigation related to the family and professional plexus of the therapist.<sup>xv</sup>

**QUESTION 11:** This type of objectives having been diluted and also the associated enthusiasm, how do you think this will influence the feelings of pertaining and identity of the new professionals as a group?

As of now, I am not about to write perspectives of the future as did Bion in his time. But I dared to do so, however, in the paper I have just mentioned. There I conclude as follows:

*"If we compare the "Berlin model", the classical for the instituted analytical training with the one you arrive at when adopting a groupanalytic frame of reference, this is to say the "Training Network in Action", one observes that both rest on the same fundamental tripod: personal analytic experience in the method which afterwards one wants to apply to others, application of the method supervised by people more experienced and transmission and advancement of theory and technique. What is radically different is the model of professional development with which one operates. The first is based on the "model of two" described by Freud in Mass Psychology, totally in consonance with the structure of the patriarchal family or the primitive horde prevalent in a cultural community whose neurosis expresses itself in competitive, possessive and egocentric attitudes and in which the order resides in ascender the hierarchical ladder. The second, on the other hand, is a democratic and developmental model based on cooperative action and where the necessities, the dependencies of the analyst are satisfied following the principle of progressive "decrecendo" of Foulkes.*

*You will ask me, how does this translate in practice? Very simple. **The group of identification**, in which the student learns and identifies himself with his trade and which should be a temporal and not a permanent institution, for the student as well as for the teacher. **The group to which one pertains**, in turn, is the one which*

*provides the necessary cooperation between colleagues in relation with the society in the wider sense. **The group of reference** (See DVD "A prototype of group model for psychoanalysis: form the <<Group of two>> to the <<Group of 2 + n people>>"), on the other hand, is a peer group, one which permits the analyst to advance in his own science, one which radically applies to itself the principles it preaches. If we make use of the old alma mater of Psychoanalysis, Medicine, the first one would correspond to the Faculty, the one which grants the right to practice and teach the profession, the second would correspond to the Professional Colleges and Medical Orders and, finally, the third would correspond to the Laboratory and the Academy of Medical Sciences."*

Nowadays, however, I think that the feelings of pertaining and group identity do not so much depend on the training one received but on the social and economic conditions in which the latter develops and which afterwards prevail in professional practice. Now, globalization swallows everything and training is measured and is paid for in credits. All can be bought and sold. I ask myself, from which breasts are they going acquire their values? In my case, medical training was paid by the State and the specialization in analytic Psychiatry I paid myself by working in low-cost clinics, in the public service of community psychiatry in New Jersey which I mentioned, and also with the help of a couple of scholarships. So, in the training program of the Hospital Asilo de San Juan de Dios I established a training system of work and geographic dedication. The only one who was not paid was myself.

**QUESTION 12:** What do you think of Psychiatry based on evidence (or better said on trial)? Do you think we can make science starting from the actual conditions of psychiatric practice and psychology?

As long as this assistance is principally based on the administration of drugs and behavioral therapies, it may be efficient. From the old system of network diagnosis and treatment by "shooting with pellets" we have changed to treatments based on protocols and derived from the meta-research which is the essence of Medicine based on evidence. If this is applicable or not to the psychotherapies, and more so if analytic, I don't know. But, of what I am convinced is that the data on which all

investigation is based are more in the mind of the investigator than in the population investigated. For example, while I was at the Maudsley, the investigations about the efficiency of the analytic and behavioral therapies which lead Hans J. Eysenck to proclaim that the first were based on case histories carried out by medical residents who had no other training nor experience than the one received in maximum six months they stayed in a psychotherapy unit. This is the

way he obtained his professorship in psychology and the place of investigator in the Institute of Psychiatry.

There is never money for the type of investigation as the one suggested by Foulkes with his Ford Foundation

project. However, serious investigations have been carried out as are the ones realized by H. D. Malan and Balint at the Tavistock.

**QUESTION 13:** In relation to another aspect in vogue right now. What is your position in reference to the developments in Bioethics applied to Psychiatry? In the present contexts of work in psychiatry, do you think it is possible to be ethical? Of what kind of ethic are we talking?

In the study plan of 1945 which I followed, "three Marías" were taught —religious and political education, and physical education— and also one on Deontology. If this had an impact in us, I don't know; neither the obligation of militating in the SEU of the Falange. Actually, I know that in the plan we designed for the Autonomous University, the three Marías were eliminated. To me this education was not useful at all. However, the one I received in the Opus Dei did teach me to respect human values. When I took leave from there, I was professor of human factor of the IESE which we had founded just then in Barcelona. While I directed the Department of Child Psychiatry in San Juan de Dios and cooperated with the Hermanos Hospitalarios de San Baudilio, in the psychiatric transformation there I participated in a study group about Pastoral ethic. The year I left I wrote a prologue to the book *Presencia*

*cristiana en clinicas y hospitales* de J. L. Redrado<sup>xvi</sup>, which is worthwhile being read whole, because there I explain what I understand of bioethics: "*For me, illness is the external expression of the fight between life and death; but what is more, the pain, the suffering has a communicative sense, for the subject who suffers — permitting him to become conscious of the fact that life is not eternal— as well as for the others who surround him, to whom he can turn for life, love, which permit him to overcome the death which threatens him and exercise in him the principles of life which sustain it.*" My mentor, S. H. Foulkes, described the therapy he imparted as a personalized psychiatry and his emphasis in therapy and training always was to promote interior liberty for change as an objective of all psychotherapy or, I would add, of all psychiatric training, in other words, unlearn that which impedes us to learn anew.

**QUESTION 14:** In the Web page of OME-AEN we pose the question "¿In the XXI century does it make sense to defend a model of community care in mental health? How would you respond and why?"

I look up the results of the enquiry. Frankly impressive. (See table at the end of the interview)

Unfortunately I am not very much up to date on the functioning of community assistance in mental health in our country.

Emotionally I would vote affirmatively, but unluckily I have not been able to follow its evolution here. As for what I remember when we initiated it in the United States from the "Living Room" and the Essex County Mental Hygiene Clinics, it was an experience extremely exciting. It gave the impression that we were going to leave not a single madman in the State Hospitals. But, soon, the

exploitation of the lunatic was privatized and the cases of extortion and abuse to which it gave rise, it was a real scandal. For example, I remember a psychiatrist who privately attended cases of Medicare charging 75 dollars an hour and dedicating scarcely five minutes. Or, the very same "Living Room" which attended this ex-asylum population with the same criteria as applied low-cost ambulatory clinics, this is that the charge was for concerted visits, if they had taken place or not, it became so rich that it was converted into PGMH West, a property building five times larger than the one where I trained years before.

**QUESTION 15:** More subjects, also related to the community, like the question of drugs, violence, immigration, was marginality in general, have scarcely been approached. It could seem that what is related more with aspects of the call social psychiatry, beyond the mental illness, was not in your agenda.

In effect, it was not on my agenda, but it was of great interest to S. H. Foulkes, who in 1975 was elected chairman of the Psychotherapy and Social Psychiatry Section of the Royal Medico-Psychological Association. There, from 1949 the relationship between social psychiatry and psychotherapy was being debated. With the chairman, G. Stewart Prince, who chaired it, they opened a debate which finished being published in the shape of a book titled *Psychiatry in a Changing Society*.

<sup>xvii</sup> Following a prologue written by both, the book in its first part "Two opposed points of view of social psychiatry", starts with an article of E. H. Hare, "The relation between Social Psychiatry and Psychotherapy" and another one of Foulkes himself, "The Issue", the basic question under debate. This is one of the most lucid writings of Foulkes. I almost know it by heart for having read and cited it so much. Foulkes also wrote the chapter "Resume and Conclusions". Curiously, however,

nowhere does he mention the interest demonstrated in social psychiatry<sup>xviii</sup> which precedes the publication of any of the writings on group analysis, it is even before

“Group-analysis: a study in the treatment of groups on psychoanalytical lines”<sup>xix</sup> and the AMD 11 BM which heads this dossier.

**QUESTION 16:** And to finish, having to be grateful to you many of the professionals of our generation for the training options you made possible, ¿what World you recommend to the younger generations that approach the world of mental health?

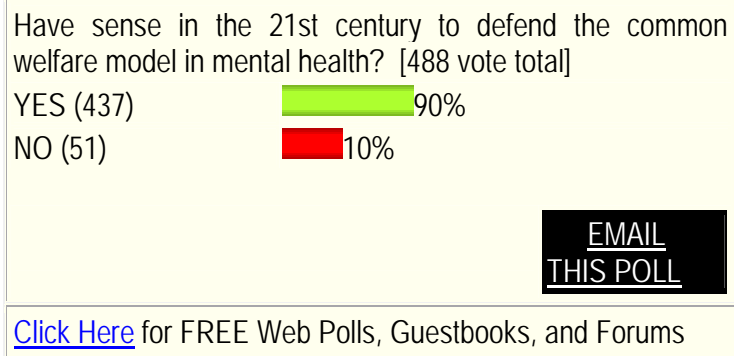
It would be necessary to talk together, the young and the ones who we are not so young. No theory, no ideology assures health, and conflict is not necessarily unhealthy. We need spaces where in regular and continuous analysis we could question the conscious aspects as well as the unconscious ones of our practice and prejudices. The creation of these continuous and regular spaces, privately and in institutions, is the actual challenge. The habitual clinical sessions in the departments are not sufficient, even if they are technically good and interesting. There, in general, the psychosocial aspects of care of the patient are neglected and there is no room, of course, for ventilating the conflicts which finish by burn out of the professionals. We need to create group of reference, peer groups for the co-vision of our practice and our points of view. There we could generate the hope and motivation which seems to

slacken so much. We have to look for the time which we never find.

I shall share a saying which has guided me on my way:

The world turns, and turns,  
and cannot stop.  
Stop de world, I want to get off.  
The world is mad, raving mad.  
The shrink who brings it to its senses  
a good shrink will be

I don't know if I was a good or a bad shrink,  
But I tried that nobody had to get off.



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- i "Group Analysis: its roots and destiny, the gaipac way, ...of course", in its different versions, 1993-2004 (Group Analysis XIV/1, April 1981), reports the "Milestones in the History of Group Analysis: The European Group Analytic Movement and the Question of Internationality of Group Analysis".
- ii Comprobar publicación en Clínica y Análisis Grupal los grupos freudianos.
- iii Colgar y linkear
- iv Juan Campos "Tendencias Actuales en Psicoterapia de Grupo", BOLETIN INFORMATIVO del INSTITUTO de MEDICINA PSICOLOGICA, nº46, Barcelona, 1963 pp 16-24
- v Trigant Burrow "Crime and the Social Reaction of Right and Wrong: A Study in Clinical Sociology". *Journal of Criminal Law and Criminology*, 1933, Vol. 24, pp. 685-99. (Translation: "Le crime et la force sociale de la notion du bien et du mal: etude clinique de sociologie", *Revue Internationale de Droit Pénal*, 1935. Vol. 12, pp. 265-84.)
- vi S. H. Foulkes "Crime begins and ends within the community: It's you and me", *Horizon*, 14, 260-72, 1946
- vii S. H. Foulkes y E. J. Anthony Psicoterapia de Grupo. El enfoque psicoanalítico 1ª edición en castellano 2007: Barceona, Cegaop Press. (Primera edición en inglés 1957 y primera edición en castellano de Paidós, Buenos Aires, como *Psicoterapia psicoanalítica de grupo*, 1964.)
- viii Colectivo de Estudio de Trabajo Grupal de Barcelona constituido por 26 trabajadores grupales de Barcelona y Cataluña, Ponencia "Un enfoque grupal en un sistema Nacional de Salud", presentado al VIII Symposium de la SEPTG de Mallorca 1980. 143 pp.
- ix Colectivo de Estudio de Trabajo Grupal de Barcelona constituido por 26 trabajadores grupales de Barcelona y Cataluña, Ponencia "Un enfoque grupal en un sistema Nacional de Salud", presentado al VIII Symposium de la SEPTG de Mallorca 1980. 143 pp.
- x Juan Campos, Jordi Gol i Gurina y J. Jesús Moll "Características cualitativas de la actividad médica" en *Planificación y Reforma Sanitaria*, compil. Jesús M. de Miguel (1978) Madrid: CIS, pp. 49-63.
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- xii Juan Campos i Avillar, "Hacia una alternativa democrática para la formación de recursos humanos en Salud Mental" en *La transformación de la Asistencia Psiquiátrica*, Coord. Manuel González de Chávez (1980), pp. 347-359.
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