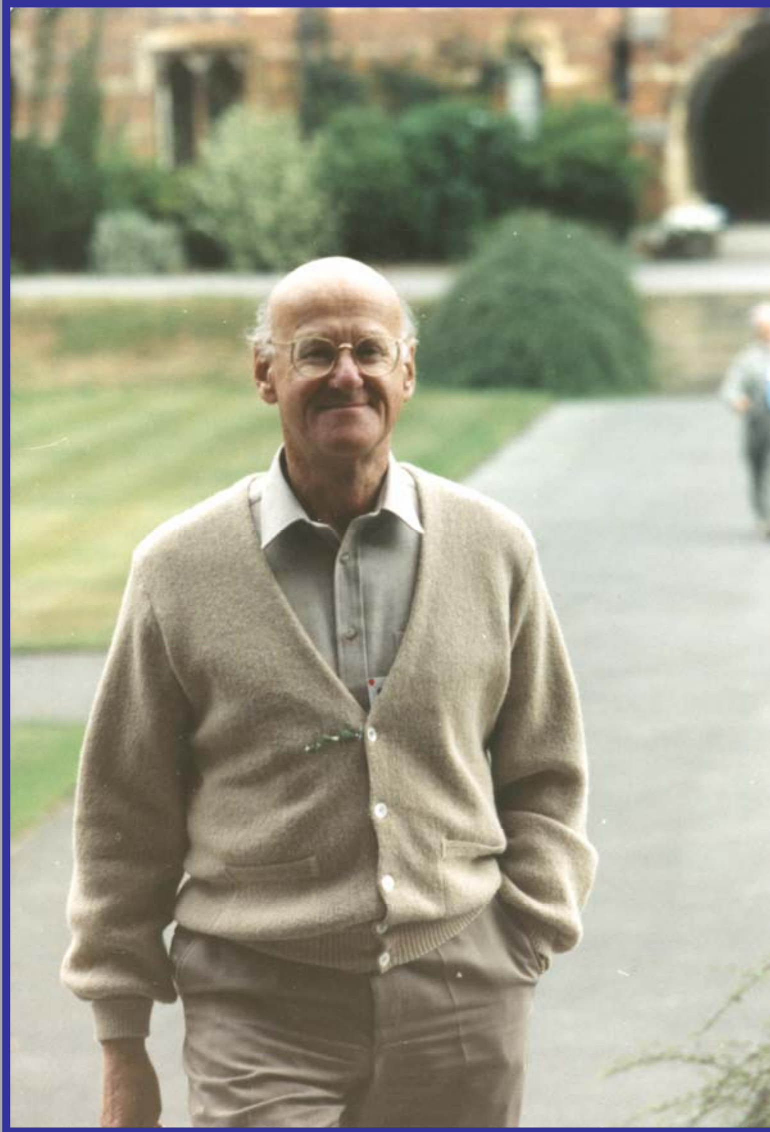

STANDARD-BEARER FOR GROUP ANALYTIC PSYCHOTHERAPY:

An interview with Dr. Malcolm Pines

By Dorothy Flapan, Ph.D.

There was a knock. I quickly walked across the room to upon the door for Dr. Malcolm Pines. We were attending the Annual Conference of the American Group Psychotherapy Association in Houston (1981), and Dr. Pines had graciously consented to give me time for an interview in the midst of his very busy schedule --cutting short the time he would have available for lunch.

I had last seen Dr. Pines in Copenhagen at the Congress of the International Association of Group Psychotherapy at which time he assumed the position of President of that organization. All those meetings, I had seen Malcolm as a sophisticated and urbane man, in his 50s, about average height, dressed in a business suit, with shirt and necktie, seeming quite self-contained. I was impressed by his charm and his sociability. He managed to convey to therapists from many different countries the feeling that he was interested in their ideas about group therapy as well as in them as individuals. His conversations with each were brief, because there were so many hundreds for him to meet and become acquainted with; yet he did not seem rushed or impatient. Instead, his manner was calm and friendly.

When I opened my hotel-room door, this time I saw the same friendly face, but the man standing there was dressed informally, in a grey sweater over a blue shirt with matching grey slacks, and seemed more relaxed and more open than the last time. We waked into the sitting area and settled ourselves by a low coffee table, Dr. Pines in a soft, overstuffed rocking chair and I on the sofa to the right. It was noon, and bright sunlight shone through the curtains

I asked him how he had gotten started in the field of group therapy. He leaned back, paused for a brief moment, and then recalled the period during World War II when he was a medical student, about 19–20 years old. He had applied for psychoanalytic training to London and was interviewed by John Bowlby, who was then Major Bowlby in an Army uniform. To Dr. Pines' surprise –he explained it to himself as being that consequence of everybody else being "away at war"– he was accepted. So, he started his training analysis immediately, even before he qualified in medicine.

After a time, his analyst died; so, having qualified in medicine by then, he moved away from London. A few years later, he was back in London, Maudsley Hospital, and decided to go back into analytic training. In those days, there was a great deal of discussion about whether one had a Kleinian analysis, a Freudian analysis or a "middle-group" analysis. Dr. Pines had to make a choice, and "eventually ended up in analysis with someone called Foulkes." Later on, he discovered others 'doing groups' and "I started doing groups as well. Dr. Foulkes was at the Maudsley where there was a "big investment to group therapy." Dr. James Anthony was also there at that time, in the Department of Child Psychiatry; and he joined with Dr. Foulkes in starting the Group-Analytic Society. Dr. Pines began going to the meetings, his interest developing from his personal contact with Dr. Foulkes, from the work itself, and because there was so much interest in groups at the Maudsley Hospital.

When Dr. Pines left Maudsley he went to the Cassell Hospital, "which is very well known in England, but probably not very well known here," and stayed there about 10 years. The Cassel1 was organized very much as a psychodynamic community, with much investment in group dynamics. We did inpatient group work and outpatient group work. We were the first hospital that had a family unit to which we admitted families - first, mothers and children, and then complete families." So, Dr. Pines began working with families there.

At the same time, he was also developing his analytic practice and starting group therapy privately. With a number of colleagues, he began the Group Analytic Practice, which has continued ever since. It

became "a big private practice in group psychotherapy." At that time, it was not possible to get training in group therapy, except in the Tavistock Clinic or the Maudsley Hospital. People who did not belong to those organizations had nowhere to go. Although there was a Group Analytic Society, it was not involved in training. Prospective students asked Dr. Pines and his colleagues to set up a training program privately, so they founded the Institute of Group Analysis. It "became very successful inasmuch as so many people wanted to get involved," and now does much training, even though it is entirely a private enterprise.

Dr. Pines sees himself as carrying on the group analytic tradition, founded by Dr. Foulkes, in the context of the Institute of Group Analysis, which has had both national and international influence. The work of this private institution has affected the policies of the National Health Service and the social services in Great Britain, acting as a "leavening" influence. In Dr. Pines' opinion, psychodynamic work is underrepresented in the British State Services, particularly outside of London and the other main centers. Therefore, the Institute of Group Analysis has made it possible for many important people in the mental health field to be seen and heard who otherwise would not have had this opportunity. In addition, Dr. Pines has carried on the group analytic tradition by writing about the contributions of S. H. Foulkes and arranging to have the books of Foulkes reprinted for wide distribution to those not yet familiar with his thinking.

Over the years, Dr. Pines has struggled "to keep a foot in both camps --psychoanalysis and group analysis," and has tried to define their differences and to make the boundaries between the two disciplines "more permeable" so that information can flow back and forth between the two.

Finding him so willing to talk and so giving of himself, I asked Dr. Pines which of his personal qualities he thought were most helpful to him as a group therapist. He paused a moment to think, as previously, and then said, *"I can only speak for nowadays because it is a development over 20 or 25 years." "Early on" he had been interested in groups and had seen group therapy as a legitimate area of interest, one in which he could be a participant-observer.* In a confiding tone, he said. *"That is something I am quite good at – being a participant-observer, allowing things to happen and not having to be at the center, not having to make things happen. In that sense, I am not so much activator of groups in a conscious, direct sense, as a person who becomes involved in the group. I left myself get involved and then try to understand what is happening and make use of it. What I do have is an ability to absorb a lot, to be there while things are happening, and then be able to stand back and get a perspective on it. I am not so much caught up in it I have learned not to get caught up in the immediacy of what is happening. To have a developmental view. That is very important to me –the way the group develops."* Dr. Pines further commented that he has a strong belief in the value of and the intrinsic powers of the group situation. In his opinion, the job of a therapist is to facilitate the potentiality of the group; to be a part of the creative process rather than to feel that he/she is he is responsible for creating it.

I questioned what early We experiences might have oriented Dr. Pines toward becoming a group therapist. He immediately and enthusiastically responded that he is the youngest of three children. He has a brother two years older and a sister five years older. Both of his parents, as we11 as his brother and sister, were physicians, which made them 'a very medical family. I could not help exclaiming at that point, "*Five* physicians in the family!" Dr. Pines went on to inform me that his fathers uncle had been a very prominent ophthalmic surgeon in Eastern Europe, with a very fine medical reputation; and that his own father, following in the uncle's footsteps, had also become an eye surgeon. Because the uncle left Russia and immigrated to England, he had to practice as a family doctor, though he kept an interest in eye surgery and ophthalmic medicine. So, Dr. Pines was "brought up in

a very medical atmosphere". He said they used to joke that they would start a Pines Clinic –like the Menninger Clinic–but they never did. All went in different directions and "none of the children have gone into medicine.

Coming back to his own early experiences, Dr. Pines remarked that being the youngest one is always to some extent a focal point in the family. In addition, at school, he was identified with his father. Being a doctor's son put him into a particular position among friends of being seen as having some special knowledge or authority. His range of interests was wide, including literature and the arts, and as a consequence, he sometimes became a center in those interest groups. Dr. Pines speculated that these early experiences might have had something to do with his becoming a group therapist. He enjoyed being part of a group and found he was often put into leadership positions, though he thought "that must be partly because of myself. *"He to id me that he really did not enjoy the leadership roles very much –particularly if they are administrative or institutional."* However, being a group therapist –"*of the sort that I am"*–is quite a *"nice compromise between having a leadership position but at the same time being able to share leadership."*

Because my curiosity was teased by this last remark, I asked Dr. Pines how he would describe the role he takes as a group therapist. He responded, *"As a facilitator, a commentator, a guardian in many ways of the group process. A facilitator of a deepening interaction and involvement between people. On the lookout all the time for how what is going on between these people is going to enable each of them and all of us together in the group to become more sensitive, more in touch, more reactive and responsive to the situation that we are in. How are people going to bring into the group situation those parts of themselves which they need to become aware of, more conscious of? How to move the boundary between public, private and secret parts of the self so that in this situation people to come into contact with parts of themselves which are both private and secret–which means both conscious and nonconscious –and find it possible to share them and, through the sharing, to begin to have the capacity for some sorts of change. Change can only come about with that experience of sharing and responsiveness and reactivity."*

Shifting direction slightly, I asked Dr. Pines about his own experiences as a member of a therapy group and said that I assumed this had occurred during the period he was in training. But he corrected me, informing me that in those days, 'like so many 'grandfathers'," he didn't have training "because there wasn't any." Instead, they had supervision groups and discussion groups. I inquired if he had ever been a member of one of these groups. He seemed to enjoy recalling that he was a member of a group for a little more than two years, with Dr. Foulkes as the conductor of the group *"just before he died."* Dr. Foulkes had not really wanted it to be a therapy group. Rather, he wanted it to be an opportunity for exchange and discussion among senior colleagues. *"But group dynamics took over and led it in the direction of a therapy group."* Dr. Pines said the he had also had experiences in workshops and short-term groups, but the group with Dr. Foulkes was the only time he was in a long-term group.

Reflecting aloud, Dr. Pines felt that 'it is only when you are actually in a group therapy situation that you discover how difficult it is to use it." He had discovered *"the difficulty of giving up the therapist's role–therapist to oneself as well as to other people–and allowing things to flow."* In therapy groups, Dr. Pines had to take account of the situation he found himself in *"where people again wanted to put me into a leadership role."* However, he also had the opportunity to *"find out how I got sucked into it–what I was doing to get myself into it."* Along with this, Dr. Pines said he found out how to get the balance between being myself in the group and saying, 'Well, I don't want to change. This is me, and you've got to accept me on that basis–as I am in the

group,' and at the same time to allow myself in the group to go beyond that. It meant doing two things: First, resisting the pressure; saying, *"This is me and this is who I am; these are things I don't want to change and I don't need to change, however much you in the group want me to change. You have your point of view and I have mine and I can be quite firm about my point of view. But, second, to negotiate and recognize areas that needed more disclosure, more involvement, more receptivity, more understanding. And to understand and to accept the needs that other people had of me in the group as well as the needs that I had of them."*

I felt I was rapidly beckoning better acquainted with Dr. Pines and liked very much the person I was getting to know. I asked whether his ideas about group therapy had changed over the past 20–25 years? With a thoughtful expression, he mused, "I am sure they have, although it would be difficult to look back. I don't think they have changed all that much over the last 10–15 years. I think I have settled into it." However, as he thought a little more about my question, he commented that he now needs to do less individual work in the group. He sees himself as much more able than previously to facilitate the group doing the necessary work itself. Dr. Pines mentioned that he has had an interest in borderline states, narcissism, emergence of the self, construction and reconstruction of the self, and that he thinks group is *"a particularly appropriate place for this type of thing"*

For a while, Dr. Pines was influenced by the impact of family therapy some of the activity methods that came with it, such as family sculpting. In fact, at the Institute of Group Analysis there were training courses in family therapy. Almost as an aside, Dr. Pines mentioned that *that* was another time he was a member of a group, working out his own family genograms, patterns, and sculpting as he learned; and that he had found it an interesting and useful experience. About that same time, he sought training in psychodrama, which was being offered by Dean and Doreen Elefthery. He attended weekend meetings over a couple of years because he wanted *"to know more about that type of activity."* He added that it was quite striking to him *"how quickly certain ego states could be evoked in people, memories, the going back very quickly and the many perspectives that people can get about themselves in a well-functioning group."* He also became aware of *"what a rich source of group dynamics the psychodrama group situation is; but how it was all left on the side."*

Realizing we had little time left, I hurried to ask Dr. Pines about his family. He informed me that he has three children. Leaning back comfortably. with a pleased look on his face, as though he wore savouring his thoughts, he said, *"I am very proud of them."* His daughter, 21 years old, is "reading history at the University." He sees a lot of himself in her in that among her friends she is quite a counsellor and therapist. *"Partly they put her in that position; partly I think she takes that quite naturally; and I think she might eventuality possibly move into that sort of field."* His eldest son, 19 years old, is at Cambridge, "a difficult school to get into." Dr. Pines himself had been at Cambridge, and said he was very pleased his son was there, reading biological sciences and physiology, things close to medicine; 'though he does not want to go into medicine yet.' He sees his son as "academically-minded, very thorough and careful, problem-orientated." His youngest son, 16 years old, is still at home, and "he is mad, keen, on getting into some sort of communication-entertainment." In fact, the very day of our interview his son was taking part in a school review, including sketches and musicals, and Dr. Pines and his wife were sorry to be missing it.

Dr. Pines met his wife when she was a nurse and he was doing "straight medicine"– internal medicine. Later, she went into training as a "health visitor' a public health nurse who visits people in the home with special responsibility for small children and for the elderly. This involves much work with families, and he sees his wife as *"a very*

sensitive person to children and families." Dr. Pines said he has *"learned an awful lot from her that I find I can use as a therapist. It has to do with containment and caring and enjoying the development of people."* Related to this, he remarked that this is something which one sees in a group situation –how the group becomes a nurturing place where people really share in the enjoyment of change in other people. *"Time and time again people in group say, 'Look, you don't realize how much you have changed, but I do. I see how differently you deal with this now.' Particularly when someone says, I don't know why I am still in this group; nothing has happened.' That's very important – those things. They are subtle and they are outside the conscious awareness of people. But having heard that, they can then begin to take that in and actually recognize some change."*

I was also interested in Dr. Pines' work in professional organizations. He explained that, at the moment, he is the President of the International Association of Group Psychotherapy. In England. he has been President of the Group Analytic Society, Chairman of the Training Committee of the Institute for Group Analysis, and President of the Psychiatry Section of the Royal Society of Medicine in London. This latter is quite an honour for an analyst because the position is usually held by "straight psychiatrists." The two analysts who preceded Dr. Pines in this position were Ernest Jones and Edward Glover, which, he commented, *"is a very fine tradition to follow in"*

Dr. Pines has worked with the Royal College of Psychiatrists, which is the principal body that organizes training of psychiatry; and with one or two other colleagues he represents the analytic and dynamics body of people within the College of Psychiatry. For a number of years, he was chairman of the committee that dealt with pushing training programs to develop psychotherapy in the United Kingdom.

One thing Dr. Pines is especially proud of is that, with some colleagues, he originated and participated for about 10 years in the Institute of Psychoanalysis, in what was called "The Section for the Application of Psychoanalysis to Allied Fields." It was a way for qualified psychoanalysts to have their *own* forum where they could talk about "groups, community work, and any sort of thing other than straight formal psychoanalysis." This was considered very successful in terms of what psychoanalysts actually do. Dr. Pines pointed out that over 50% of the people do *not* spend their time just doing five-times-a-week classical analysis. Rather, 'they do all sorts of other things that do not get represented in the scientific world." Against considerable opposition, he and his colleagues made an area for communication. Not only did they have their meetings, but they 'broke up the structure." instead of a podium, with chairman, a microphone, a formal papers and discussion with *"no life to it,"* they had their meetings in a circle, encouraged people *not* to give formal papers, and got "good discussions going" in the groups. In fact one or two meetings "really made people very aware that the structure of the society *needed t*o be changed, but that in fact not much has happened to change the structure of the society."

Dr. Pines expressed a great sense of achievement in having organized a training program in group psychotherapy in Denmark over the past five years, which led to the International Congress being held in Copenhagen. At the same time, he helped to organize a course on the supervision of individual psychotherapy on behalf of the Danish Psychiatric Association. This work has had a significant effect on Danish psychiatry, bringing about new psychodynamic ways of understanding patients and how they are affected by the hospital system.

Given that so much of his time is devoted to professional activities, I asked if Dr. Pines had time I or recreation or other interests. He immediately replied in a lively manner, *"I am a reader!"* He said he *like* to read history, biology and literature, but added, *"I also like to read about psychoanalysis and group psychotherapy."* He enjoys bicycling and

running with his dog. Though he likes music, he does not get a chance to go to many concerts because of his long work hours. He loves travelling and feels very much a European. So, whenever he has an opportunity to go to Italy or France, he enjoys that very much. Dr. Pines regretted that he does not have "a creative hobby." It is something he misses and looks forward to having an opportunity to do at some future time.

Finally, noticing that we had already run over the time allotted –though Dr. Pines assured me that it was quite all right– I asked how he sees the future for group therapy. He immediately stated in a confident tone of voice, *"I see a good future for the growth of group analysis. People in Europe are becoming very much more interested in what we do, and I think our time is coming. A lot of other models which have had prominence, including humanistic psychology and the encounter movement, have sort of faded away. So I think we have a lot of growth ahead of us."*

Dr. Pines also thinks, *"We have to get much more into institutions and hospitals with this way of working. That presents a big problem because then it becomes political. It changes the power structure and is no longer a mode of therapy. It is a way of structuring and relating."* At one time, Dr. Pines was responsible, with a number of other people, for founding ah Association of Therapeutic Communities, which is still flourishing. However, many therapeutic communities in Europe and England have floundered. They lose support and get closed down or people become disillusioned. *"And it is a struggle to keep this way of working going in the hospitals."*

One of the other developments Dr. Pines would like to see is for the International Association of Group Psychotherapy to have a carry-over from one Congress to another. He felt it was a very good meeting in Copenhagen, with people forming continuing bodies, and hopes people who have met and started something can carry it forward and present paper in Mexico in 1983 on the work they have done in between and then continue from where they are.

As he rose to leave–for a very quick lunch and then un afternoon meeting– Dr. Pines handed me an article he had written on "The Contribution of S. H. Foulkes to Group Therapy," which will soon be published. Before leaving the room, he paused to remind me that the first two volumes of the International *Library of Group Psychotherapy* were on display at this Conference and could now be ordered. Finally, he said that there are plans to publish other analytically oriental works and to translate, into English, books currently available only in other languages.

BIBLIOGRAPHY OF WORKS BY MALCOLM PINES

- *Scientific Proceedings of Sixth international Congress of Group Psychotherapy*. Co-editor with T. Spoerri, White Planes, N.Y.: Karger. 1965.
- A discussion of the work of Masters & Johnson. *Journal of Psychosomatic Research, 12*. 1968.
- Human sexuality revisited. *Bulletin of the British Psychoanalytical Society, 28,* 1969.
- Sexuality observed. *Bulletin of the British Psychoanalytical Society, 62*.1972.
- A brief precis of Kobut's "The Analysis of tbe Self" *Bulletin of the British Psychoanalytical Society. 67.* 1973.
- Anorexia nervosa, *Bulletin of the British Psychoanalytical Society, 69,* 1973.
- Psychotherapy outside the MHS. In V. Varma (Edi. Psychotherapy Today. London: Constable, 1974.
- Training in dynamic aspects of patients. In V. Varma (Edi. Psychotherapy Today. London: Constable, 1974.
- The borderline syndrome (background notes to the Symposium on Borderline States and Narcissistic Personality Disorders. *Bulletin of the British Psychoanalytical Society 76*. 1974.
- Borderline personality organization. *Psychotherapy and Psychosomatics, 26,* 1975.
- Group psychotherapy with difficult patients. In L. Wolberg and M. Aronson (Eds.) *Group Psychotherapy 1974*. New York: Stratton Intercontinental Medical Books, 1975.
- The large group–An overview. In L. Kreeger (Ed.), *The Large Group*, London: Constable, 1975.
- Doctor patient relationship. In S Kraus (Ed.) *Hand bock of Medical Psychology*. London: Butterworth. 1976.
- Sleep and self cure. *Bulletin of the British Psychoanalytical Society, 4*, 1976.
- The psychoanalytic theory of sleep. *Postgraduate Medical Journal, 52,* 1976.
- Group analytic psychotherapy of the borderline patient. Bulletin of the British Psychoanalytical Society, 2, 1977.
- Discussion of Dr. Rosenfeld's paper: Notes on the Diagnosis and Psychoanalytic Treatment of Borderline Patients, *Bulletin of the British Psychoanalytical Society, 3,* 1977.
- Group psychotherapy of the borderline patient. *Group Analysis,* 1978.
- The contribution of S. 14. Foulkes to group analytic psychotherapy. In L. Wolberg and M. Aronson (Eds.), *Group Therapy 1978,* New York: Stratton Intercontinental Medical Publication, 1978.
- The Evolution of Group Analysis. In Regan Paul (Ed.) *How a group develops over time.* Boston: Routledge, 1979.
- The frame of reference in group psychotherapy. *Group Analysis, 13,* April 1980.
- The frame of reference of group psychotherapy. In W. de Mare & H.R. Wingarden (Eds.), *Psychotherapy Research and Training.* New York: Elsavier /North Holland, Bio Medical Press, 1980, pp. 233–244.