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**GROUP ANALYSIS  
INTERNATIONAL  
PANEL AND  
CORRESPONDENCE**

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**Edited by S. H. FOULKES**

**The Group-Analytic Society (London)**

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PANEL AND CORRESPONDENCE

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CONFIDENTIAL

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88 Montagu Mansions, LONDON W. 1

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## I - INTRODUCTORY

This is to introduce an international correspondence on group analysis and cognate fields. It will be based mainly on the experiences in group-analytic psychotherapy, including approaches to the primary group in an operative sense, e. g. family therapy. For the time being I am prepared to act as editor in collaboration with some of my colleagues here and abroad.

In my observation there is an enormous waste of energy in that a multiplication of work takes place on the same problems by individuals or whole groups in this field, nationally and internationally. To link these efforts up by intercommunication will be a great step forward and will also lead to cross-fertilisation. There is a great need for such an exchange as to questions of method, technique, and concepts. Problems should be raised and ventilated. An important task is the establishment of unified concepts and a unified theory which would be of practical use in this whole field, comprising not only therapy but the use - dynamic use - of small groups in teaching, education, industry and many other human endeavours.

The enthusiastic response evoked by my provisional enquiry has shown that this feeling is shared by almost everyone who was approached. As to my own personal contribution I hope - as will probably be expected of me - to present group analysis in practice and theory.

This correspondence is therefore essentially an expanded circular letter, an international workshop or study group. It is expected that the format of this publication will preserve the intimate quality of a correspondence with its free exchange, views and information. We must be free to talk to each other or write to each other respectively

with greater frankness and liberty than is usual in professional journals. Equally, worthwhile clinical communications tend to endanger the usual barriers of professional discretion. It is therefore self-evident that in both respects communications are treated as strictly confidential between us, that is to say that they cannot without special permit be quoted or published elsewhere, except of course the writer's own contribution.

This discussion will have to be guided by a relatively small number of persons emerging who will undertake to act as a central and more regular panel. Their number will have to be limited as a rule to one or two representatives in each country or linguistic region. For qualification as a member of the central panel it is an important consideration that they should be representative of a larger active circle of workers in the field, so that apart from their own contributions they can stimulate contributions by workers in their own circle.

However, it should be stressed that everybody is in the same position as to his active participation in the discussion and the influence he might wish to have on the development of this endeavour. Membership of the central panel, as I see it, establishes itself as a result of quality and regularity of participation and service rather than by appointment.

It is expected that a greater number of qualified persons than are now being approached will join and that there will be a sufficient number of subscribers to make this publication internationally representative. Qualifications include a special interest and experience in an analytic approach to the therapeutic group or in allied approaches to other groups, in particular also for study and experimental purposes. Recommendations for well qualified subscribers are welcome, particularly at this beginning stage.

ORGANISATIONAL. Material previously published can be used as basis for discussion. For the time being original publications prepared for these columns are not precluded from later publication elsewhere. This correspondence will thus serve as a forum and exchange for ideas and information, and also as a sounding board.

It may be anticipated that, as a result of a distillate as it were of our correspondence, a more regular publication might emerge. As I see it this may well take the form of a year book in the first place. We have already promise of help from a forward-looking publisher here in London.

From a perusal of the answers to my preliminary enquiry the following seems to emerge:

- (1) There will be a place for forming subsidiary panels concerning special topics which interest a smaller number of people particularly. These would report their proceedings and results back to the central panel. They may be able to be more explicit in the publication of their discussions and the problems they find, so as to give others opportunities to join in their discussions. There will also be room for special contributions, on invitation, from one or other of the subscribers or from outside sources.
- (2) We may have to think in terms of different areas or sections such as clinical, technical, methodological, education and training, theory, concepts and so forth. However, there will be general

agreement that the clinical section based on analytical therapeutic experiences should always form a central part. A specific feature should always remain the emphasis on brief but comprehensive current correspondence which we hope to be able to reproduce as fully as possible in so far as it is pertinent.

- (3) The basic language is English. If you wish to send your contributions or correspondence in your original language please add as good an English translation as you can obtain.
- (4) Please send now or at the latest with your first contribution a little vignette of yourself to say who you are, and what you are doing, and what your particular interest and attainments in the field are, for the purpose of your introduction to others. If you can add an actual photograph it would be appreciated.

Please send all correspondence and communications to me, at 88 Montagu Mansions, London, W. 1., and mark it "Panel".

Mr. Harold Kaye who is at the same address has undertaken to look after the administrative side of this venture. I hope that we can soon assess a subscription rate which would defray the expenses. We would, nevertheless, already at this stage, be grateful for help and advice in this respect from those experienced in these matters and for any suggestions and ideas which you may be able to make.

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I will proceed now to the main content of this first number, namely a digest of the contributions already received for which I wish to thank all those who have responded so generously. For this one time I will have to act as a panel in my own person, but I sincerely trust that this will already be different next time in the light of this communication.

## II - DIGEST OF PRELIMINARY CONTRIBUTIONS

The response to my preliminary approach was very positive and in most cases quite emphatically so. About one quarter left it at that but promised to send contributions soon, or practical help.

I want to thank particularly Dr. Werner Kemper of Rio de Janeiro and Dr. Martin Grotjahn in Beverly Hills, California. Dr. Kemper who takes a very extensive interest in group analysis in the whole of South America is for the moment prevented from taking an active part himself. However, he took the trouble to acquaint himself thoroughly and positively with the whole idea and to recommend a number of very suitable colleagues from all parts of South America. This project seems to be particularly welcomed there. Dr. Raúl Usandivaras from Buenos Aires has recommended in turn a number of people in the Argentine to whom I will send the present number. Here are excerpts from some of the replies from this region.

Dr. Bernardo Blay Neto who is Founder and First President of the Sao Paulo-Brasil Group Psychotherapy Society writes :

"I wish to congratulate you on your idea of congregating our colleagues all over the world and am entirely in accordance with the suggestion that the International Panel on Group Analysis be created contributing to the enlargement of the sources to which we will be able to apply for better solutions in group therapy."

Dr. Waldemar Oliviera from Rio de Janeiro writes in a similar vein, as does Dr. David Zimmermann of Porto Alegre, who states :

"I have expected for this opportunity of exchanging ideas and points of view in an international field for many years."



Dr. Martin Grotjahn who is very understandably more than busy at the moment with his own new enterprise, "The Psychoanalytic Forum" which he edits, writes nevertheless with genuine personal interest and wishes to remain informed. He recommended Drs. J. B. Cohn and Andrew Ollstein both of whom responded very positively. Dr. Grotjahn mentions that he has three research projects going concerning group analysis.

"I find them most interesting, especially my observations with patients in a group after they have been in analysis for many years. Nothing of my work is ready for publication but sometime they will be completed."

In the same sense my thanks are due to Dr. O. Kühnel and Professor D. Langen both in Germany and many others who cannot all be named.

Professor Jerome D. Frank of Johns Hopkins Hospital, Baltimore, answered with some reservation. He gives as reason for his hesitancy :

"..... over the years my thinking has diverged further and further from psychoanalysis, so that including me in the initial group might be upsetting to some of the others. I note that in the future you plan to invite contributions from people who differ theoretically. At that time my participation would probably be more appropriate."

With Professor P-B. Schneider in Lausanne and his colleagues I had personal and active contact and I am glad to say that there is no doubt about their interest and their collaboration.

Professor E. Seeger-Meistermann of Cologne University and a psychoanalyst, saw me personally in London and expressed her serious interest in such collaboration.

There was a specially warm and understanding reply from Max Rosenbaum who is the President of the Association for Group Psycho-analysis and Process Incorporated, New York. Not surprisingly he says :

"My specific interest currently is in the relationship between GROUP PSYCHOTHERAPY AND GROUP PROCESS."

As this theme has also been mentioned by others, for example Dr. W. J. Stauble in Toronto, I intend to ask our member here, Dr. Dorothy Stock Whitaker now in Leeds, to write on this theme for the next number.

Another area of interest is the question of TRAINING. This was raised by Dr. C. van Emde Boas in Amsterdam and also by Dr. Francis W. Graham in Melbourne. The latter is particularly interested in training in group analysis in relationship to training in psycho-analysis.

Professor J. Zellermyer of the Department of Psychiatry at the Hadassah University Hospital in Jerusalem mentions as special problem areas of interest to him

- (a) retrospective APPRAISAL of group therapy
- (b) COUNTER INDICATIONS.

Reports on systematic investigations into these problems would certainly be welcome. I think it important that one differentiates between different forms of group therapy, and it would be of particular interest to us to hear of such investigations or clinical impressions relating to group analysis conducted in a competent and adequate manner. I myself have no systematic study at my disposal although we

should be in a position here in London in the Group-Analytic Practice to make a contribution to these questions.

My own contribution is based on clinical experience. For instance, I am analysing just now individually a former group patient. Her unresolved oedipal attachment to a married man and all sorts of inherent complications were quite clear during the time when she was in a group. However during the last year or so when this became active it was not possible to prevent her from acting out, or rather living out, this experience. She did not allow herself to become deeply involved in the transference situation. This was characteristically an exact repetition of the way in which she had originally dealt with her unresolved oedipal situation. There was nothing specific for the group situation in this type of unresolved problem, as the same can happen occasionally in individual analysis. It remains to be seen whether her working through of this now with me in the individual situation will enable her to find a better solution. I have mentioned this as one type of clinical experience which may be relevant for 'retrospective appraisal', especially if others can report on similar observations (see also my paper on 'Group-Analytic Observation as Indicator for Psycho-Analytic Treatment', read at the 18th Int. Psycho-Analytical Congress at London, July 1953. Int. Journal Psycho-Analysis, Vol. XXXV, 1954.) This particular type of experience is not frequent. I am glad to say that few of my patients need further attention after termination.

Here is another example of a different kind of follow up. An ex-patient of mine had considerably improved in regard to somatic symptoms (colitis), depressions and a number of personality problems. Her treatment came to an end in a state of crisis. A pre-existing paranoid component had become very active. She got herself involved with an

immediate superior; this involvement assumed such proportions and prominence in the group sessions that I decided to confront her rather actively with her own part in this. As a result she broke down with a recurrence of somatic illness which broke up her professional situation and her group attendance. She was examined in hospital physically as well as in a psychiatric department, but had by then already improved so much that no particular treatment was found to be indicated. About two years later she came to see me with a view to further group treatment. She felt that it had helped her very much but she was hoping that she could derive further benefit. She had completely recovered in practical terms, had a new position, been promoted Senior Lecturer and looked considerably better and younger than I had ever seen her before. In view of her constructive spirit I agreed that she should be considered for further participation in a group with one of my colleagues who had a suitable vacancy for her age group.

As to CONTRA INDICATIONS, again one cannot refer this to a total entity called group therapy as Professor Zellermyer would undoubtedly agree. It is necessary to consider the particular type of group composition, its aims, its limitations, its conductor etc. and to relate possible counter indications more specifically to the form and exact method of group psychotherapy intended.

These are preliminary responses on my part and it will be very interesting to have other contributions. While we are still on the subject of first responses I should like to quote the following from Saul Scheidlinger, Group Process Consultant of the Community Service Society, New York City, New York.

"I very much like your plan of a "correspondence sheet" focussed on an exchange of ideas among a limited number of

people. A good beginning might be to have selected individual's comment on one or two pieces of writings - something along the lines of brief reviews of group therapy papers which appeared in print. The more constructive criticism and disagreement, the better. In view of the currently existing splits and regrettable personality conflicts, I would advise strongly against any new Journal or organization at this time. The more informal and content oriented the undertaking, the better!"

The apprehension about a possible intention to found a new journal became very much more outspoken in a letter from Scheidlinger of August 1st, 1966. He then expressed his opinion that such a publication should from the very start be co-sponsored by established professional group psychotherapy societies from various countries. This would be contrary to our intention of keeping away from 'establishment' in that sense, and this for good reasons. The concern about a "new journal" is shared by a number of my friends from the American Group Psychotherapy Association. It is ill-founded and I hope will not prevent these esteemed colleagues from co-operating and that they will realise that this present enterprise, far from being a threat to the International Journal of Group Psychotherapy which I myself estimate quite highly, will only be a help and spur. I am quoting this here so as to make better understandable a letter received from Max Rosenbaum in September 1966 which reads as follows:

"Let me state that you are to be admired for your enterprise. I am completely in sympathy with you and do not at all agree with Scheidlinger. It is the unhappy fate of seminal thinking that it must fight through the fog of over-organized professionalism. In short, thinking of creative magnitude falls victim to the "organization." I know your background and know that when people reach a level of professional maturity they are receptive to fresh ideas. It is my observation that

there is a paucity of creativity in the majority of the professional journals. Often there is a rehash with little effort made to conceptualize soundly or follow systematic research. Worse yet, the "maverick" is often isolated."

While appreciating Scheidlinger's reasoning, I will not conceal that my sympathies are here with Rosenbaum who has grasped the spirit which moves me - and I hope others - in this field. Personal polemics are not our object but I do not think that we should shut our eyes to this type of problem which could have serious effects on really fruitful co-operation.

My friend and co-operator James Anthony writes :

"I returned from a lengthy visit - Spain and Canada - to find the advance notice regarding the International Panel. I feel this format of publication (The International Journal of Psychiatry would be another example) is particularly suited to cross-national interchange.

"It is very difficult to gauge the strength of the analytic group movement in the United States, because people who profess to practice it frequently include additional esoteric and sometimes bizarre activities within the meaning of the term. I wish there was some easy way of identifying the group analyst from among the various hybrids in existence."

I will now proceed to report and discuss more fully some of the contributions, progressing from the more general to the more particular as far as possible.

In the first place I want to thank Professor Enzo Spaltro of the Catholic University of the Sacro Cuore in Milano, who raised a number of pertinent questions as regards general policy. I think what I said in the introductory part of this number will answer them

sufficiently. Dr. Spaltro also raises a question concerning 'extra-therapeutic' interests, as for example, industry. He asks, are outsiders from analysis dangerous? Well, no, they are not dangerous, cross-fertilisation is welcome and things which are really of common concern are without doubt admissible and welcome.

There were ideas shared by Mrs. M. Trappe who is a psychotherapist and is initiating projects in education on dynamic group lines in Münster, Germany, and Mrs. A. L. Kadis, Director of the Group Psychotherapy Department, Post Graduate Center of Mental Health, New York City, who both think in terms of groups or circles of participants working together. This again is, I think, sufficiently clear. Local circles are of course entirely a matter for the local people in each place and if some are working in harmonious groups so much the better. They should appoint one of their circle as a regular correspondent or they may take turns according to the subject, as long as someone will report reliably.

Where there are different societies or other groups of workers with different orientations, as is for instance the case in New York, I should like to see them represented by at least one and we hope more than one qualified member of their respective circle. These are not necessarily people who are compatible for close co-operation locally but this must be understood as a different issue.

In this connection I would like to say that not all people asked will necessarily be psychoanalysts or group analysts in our sense. I think we should deliberately include some persons who are rather different in their approach, for instance with a strong bias on the existentialist side or with very particular ideas of analysis in their minds and in their method. We can learn more in this way about specific features

of our own method which we often take for granted. There will be some examples presently as to what I mean. It should be clear however that the main emphasis of this correspondence is and should remain on analysis. Thus there will be more or less agreement on a basic attitude to the principles of theory, orientation, methods, technique etc.

Mrs. Trappe thinks more of a close circle of CORRESPONDENTS. This, as I have already pointed out, can also be done and should be started straight away. Those who are specially interested in a particular topic can make up a smaller correspondence circle. They can arrange that between themselves, sending us copies, but more important they should appoint someone of their circle as secretary and reporter who can be relied upon to keep us all au courant with what is going on, with problems raised, tentative answers given, interesting points which have arisen and so forth and in this way link their work up again with the general correspondence.

Mrs. Trappe expresses a special interest in the theme of the PERSON AND THE FUNCTION OF THE GROUP PSYCHOTHERAPIST, his being and way of behaving in regard to his therapeutic function in relation to the group of patients with whom he works group-analytically. She would be interested in ideas as to how this area could best be methodically studied. She adds "perhaps I touch with this on a sphere, which in many circles is still taboo or is merely touched upon in a very general and not very meaningful way and the matter is allowed to rest at that, if it is not entirely omitted." She also states that one can expect that amongst the discussion participants something will develop like a tension not unlike that in a therapeutic group and asks "would it be possible to get hold of this subterranean climate in the study circle and to make this conscious in the first place for practical and later,



beyond this, theoretical reasons?" Correspondingly she thinks it important to know whether correspondents are in the first place theoreticians or practitioners. Whether they approach the problems on the basis of real and true personal practical experiences or merely from a more detached theoretical angle. Mrs. Trappe is less interested in discussions between analytic group psychotherapists who base themselves on past experience than in those who contribute in the here and now of their actual work with groups and discuss matters from this situation. (This is a free rendering rather than a literal translation of Mrs. Trappe's letter.)

Dr. W. J. Stauble of the Department of Psychiatry at the University of Toronto, is concerned with the organisation of group psychotherapy in a department of psychiatry. He is sure to find a lot of information waiting for him. Personally I am a little surprised at his question as he worked with me and my circle while in London. I myself introduced group psychotherapy in the army, at St. Bartholomew's, at the Maudsley Hospital in that order and particularly also in private practice from which eventually arose our Group-Analytic Practice. A number of the members of the Group-Analytic Society have by now organised group psychotherapy, particularly of a group-analytic type in many teaching and other hospitals, child guidance clinics, and other places in and outside London in Great Britain, so Stauble should be able to get much information 'at home' as it were. Nevertheless I can reassure him, as he expressed doubts about this, that this whole problem is very topical for this correspondence.

Dr. Helen E. Durkin author of "The Group in Depth", (International Universities Press New York 1964) has also written interestingly. Amongst other suggestions she writes :

"I have a few hypotheses in mind to which I really would like to get some reactions. Would that be a suitable approach? I've mentioned some of them in my book but need feedback. They concern briefly:

- (1) The nature of Transference in groups
- (2) The relationship between analytic group concepts and group dynamic (in the American sense) concepts.
- (3) The group as the preoedipal mother."

Another of Dr. Durkin's suggestions we can immediately endorse. It reads :

"I suggest short pithy statements on some research or theoretical position with clinical illustrations published along with a number of also short critical comments, questions or readings."

Dr. J. A. Schossberger who is President of the Israel Association for the Advancement of Group Therapies, raises as his first reaction the following :

"It occurs to me how little we know about the NATURE OF GROUP COHESION. Nevertheless, modest as it is, our experiences in this field may yet yield valuable foundations to the urgent question of elucidating "the nature of the social bond." Tentatively I might say that the emergence of a common language promises most for our understanding of this process. The vicissitudes of group language (or shall we say "slanguage"?) may yield valuable pointers towards our comprehension of the evolution of group cohesion. Conversely the study of aggression may well do worse than concentrate on the decay respectively eventual destruction of communication in groups. Adding to this that the psycho-sexual stages of development are probably each marked with their own characteristic expressivity, it does not

seem far-fetched to hope that we shall, in time, be able to trace the vicissitudes of group development through the evolution of group language to the ontogenetic psycho-sexual level corresponding essentially to sensitive linguistic indicators."

This is of course a fundamental theoretical problem which I am sure will occupy us for a long time. The way in which it is approached here is very close to my own; see particularly "Therapeutic Group Analysis" pp. 74, 114 and 288-93, also "Group Psychotherapy" (Pelican) chapter 7 (3), 9 (4-5) and 10 (1, 2, 3, 4).

I should like to point out here an opinion which I have at various times formulated in various of my writings and books and which seems difficult to understand or at any rate easy to misinterpret. I believe that for historical reasons, economical reasons, cultural reasons, it appears to us that the individual is in himself a basic unit, biologically and otherwise, and we behave as if all psychology is au fond individual psychology from which we have to explain other formations. This has been reinforced in more modern times by the influence of philosophers going back to Descartes and it only recently seems that some thinkers, psychologists and biologists begin to emerge from this type of thinking (although Schopenhauer had already made Cartesius' mistake clear). This concept of an individual is so deeply rooted in our own upbringing and in our own day-to-day living in Western culture, that there is an enormous resistance, organised institutional resistance, erected inside and outside ourselves against viewing the group as a primary entity. The group is older in the historical and pre-historical sense and group psychology is the primary psychology as even Freud said. Our family life is permeated in every single detail by the community or the sub-culture, class etc. of the community in which the family lives. Its values are completely determined by these, and in a sense even the biological rhythm and life inside the individual, even his

somatic life, the function of his organs, of his sexuality. The first relationship with the mother is quite certainly completely conditioned, completely determined by the surrounding culture, and to my mind it would be no exaggeration to say that even the unborn child is not an isolated individual but is already the recipient of the surrounding culture.

Nothing has shown this more clearly perhaps, than the writings of our modern field workers and theoreticians in anthropology, Margaret Mead, Meyer Fortes amongst others, namely the fact that every single tribe seems to have developed in such a way that its future members are made to fit, are imbued with the right values and ways of life, and ways of thinking and feeling. Language itself is part of this from the word "go". From birth to death these so-called primitives live as group beings.

If this is true then the cohesion of groups appears in a different light and the real question is, how does what we call the individual arise from its group matrix? One of the difficulties seems to be the apparent physical autonomy of the individual. To me it does not seem difficult to accept that communication, verbal or otherwise, can take place, from one mind to the other with complete disregard of whether the brain substance is located in one or the other skull of the participants. I have been struck for many years in this connection by certain observations made on white South African ants as described in a book "The Soul of the White Ant" by E. N. Marais (Methuen, 1937). I cannot go further into details here although these are highly interesting. These ants can communicate over incredibly far distances in relation to their size by means which are extrasensory from our point of view. Actually Marais' hypothesis is that these ants are only apparently individuals. They are in fact, as it were, cells of a vast organism which stretches

over miles and is connected by (to us) invisible bonds. We would describe as (possibly telepathic) communication between separate individual ants over large distances what Marais after lifelong observation was forced to look upon as the function of one single organism. Naturally these circumstances cannot and should not be transposed to human beings who especially in Western modern society very much feel themselves to be independent individuals. Such a transposition would indeed be dangerous and could have far reaching and disastrous consequences.

My point is that we too can observe immediate conscious or unconscious perception, understanding and communication in the same group between different individuals, which we need not explain by the assumption of complicated processes of identification, introjection, projection, etc. This seems to me to be a given fact of observation.

I venture to put forth very tentatively as the most appropriate hypothesis to assume as a primary fact the existence of contact and communication in a group. This of course concerns basic assumptions in psychology. It touches for instance on the problem: can we or can we not share the immediate experience of the other person. I believe that we can though it is hard to imagine for us. The idea is however not more problematical than that of a primary identification as the first relationship to another object. In connection with this as I have already pointed out in a paper 'On Introjection', 1937 (Int. J. Psycho-Anal., Vol. 18). I believe that the state of primary identification is the original one and is not due to a particular act but that originally the world and the infant are one. Mother and infant are one and the 'individual' child had to be born mentally over again in a slow process of trial and error (here a deep link, mother = group). The individual thus emerges from a state of primary identification through a process of DIFFERENTIATION just as I claim the individual to emerge from the group 'matrix'.

These matters touch on basic assumptions in the whole of psychology and I hope there will be plenty of opportunity in these correspondences to discuss them thoroughly and widely. Rightly understood we can study this process even better in our own patient groups, in so far as they are constituted on the model of the group-analytic group, because they are in fact, composed of relatively isolated individuals with no bonds; yet they bring with them the common bonds of their culture. Without these they might be too far apart from each other to understand each other, as for example is shown by the very fact that they must have a certain language in common. It is possible that some highly intelligent and perceptive people out of quite different cultures could learn to understand each other, but this would literally include that they would have to agree on a common language or form a common language in which they could talk to each other. Perhaps thus the example of language makes clear that even when we have relatively isolated individuals in an artificial setting that we nevertheless silently presuppose a vast shared area on which much of their understanding is immediately based. All this does not infringe upon the importance of Dr. Schossberger's proposition.

A related point is raised in a letter from Dr. George Vassiliou, Director of the Athenian Institute of Anthropos. As he has formulated his contribution in a more finalised form I will quote it in full.

"The proposed correspondence sheet is a most useful channel for an exchange of ideas. In behavioural sciences we have approached the stage in which a flood of ideas, hypotheses and research data create an impasse and block almost all existing channels of communication. Journals are forced to strangulate contributors by asking for shorter and shorter papers. Contributors are resigning now in publishing their contributions in the form of "technical reports". They submit for publication in the journals their findings in capsule form. If one wants to

discuss a published paper one is forced to write a short letter. Of course, it is inconceivable to submit a paper in which you are discussing somebody else's paper. The slogan is that one has to report always "original" work. On the other hand specialists are confronted with ever-increasing reading tasks. Consequently the journals they are receiving, are left for the most part untouched.

Conventions become more and more formalized and ritualized and so often are turned into peculiar kinds of scientific "fashion shows". "Established" contributors are given about half an hour to repeat (in summary) themselves and make a few jokes. Recognized specialists doing original work in areas in which the convention is focussing, are given in different symposia, 15 minutes to summarize the summaries of their research projects. Other participants are given 5 or 10 minutes to get up, read in a hurry the summary of a short paper and then sit down. All of us have again and again agreed that this is a mockery of scientific exchange, but nevertheless we repeat the ritual regularly year after year to fulfill the demands of the constitution of our established scientific organizations. The crucial point is that all these difficulties in communication emerged in times when behavioural sciences need more than anything else patient, free, and uninhibited exchange of ideas around the existing hypotheses and the produced research data. More painful difficulties arise when two or more original contributors participate in a convention. Due to the existing ritual they find themselves playing the role of omnipotent prophets. All of us, contributors and participants, we are quite unwillingly forced to participate in a bullfight.

One in view of the above described situation will readily agree that the proposed International Panel as a forum for free discussion, without applauding (or otherwise) audiences, is a much needed opportunity and is bound to create more fruitful communication in our field.

#### B. Problems to be discussed

We are personally involved with problems related to the introduction of Group Therapy in a new socio-cultural milieu. Consequently we would welcome a discussion in this area. We find these problems to be quite complex. Cultural, social, psychological, economic and at times, broadly speaking, political variables enter a transaction which poses special problems to each milieu.

For instance, as we have reported elsewhere\* in Greece one is confronted with the following :

The public has been found to be largely uninformed or misinformed about mental illness. It has a vague image about it. Only individuals with serious open symptomatology (mainly psychotic) would be pressured to seek psychiatric advice. Social or occupational maladjustment, marital difficulties, school difficulties, are not considered as problems requiring special psychiatric help. They are usually neglected until more serious disturbances develop. Precipitating factors are considered as aetiological. There is a tendency to underplay the seriousness of mental illness.

Concerning the role of the various members of the psychiatric team, there is considerable confusion. Only small percentages of the population have a clear idea of how and from whom one can find help when in psychological difficulties.

When finally people come for help, among the difficulties with which one has to deal are difficulties imposed by some general trends of the Greek character. Low frustration tolerance, impatience, a strong tendency to judge outside reality in terms of personal likes and personal dislikes, strong conflicts with authority figures, together with a need, if an authority figure were to be accepted, he has to prove his efficiency immediately and tangibly, certain difficulties in verbal communication stemming from the prevailing child rearing pattern, were found to characterize the average Greek.

Under the circumstances we started experimenting with different solutions. Certain group techniques seem to succeed better. But before presenting our observations and introduce into the discussion our own biases we would welcome a discussion on the above. More specifically how one should deal with the problems involved in introducing group therapeutic techniques in such a socio-cultural milieu?"

\* G. Vassiliou and V. Vassiliou: A Transactional Approach to Mental Health. Contribution to the International Conference of NIMH on Evaluation of Community Mental Health Programs. May, 1966.



The following is a letter received from Dr. Alan Sheldon of the Laboratory of Community Psychiatry of the Harvard Medical School, Boston, which is very clearly formulated and puts forth many salient points, problems, questions and stimulations in line with the intentions of this correspondence. I will give it in full :

"There are in general three areas which are of particular interest to me at the present time, arising out of the nature of my work. This work consists of running a variety of different kinds of groups in different situations - I am doing a certain amount of training group work in a managerial context, I do a certain amount of family therapy and group therapy and I am also responsible for a course in "Group Processes" for specialist post graduate students in community mental health. These three issues seem to cut across the variety of groups that I am engaged in. The fundamental issue is the **PROBLEM OF TRANSFER OF LEARNING**. It may well be that the optimal situation for certain kinds of insight or change is one of such exclusivity that while learning may occur within it, it is difficult to apply this learning outside. This problem naturally evolves into two further problems or issues - the extent to which the optimal learning situation is the natural system i. e., the system in which the person operating or in which their major problems reside or whether it is some other system, possibly artificial, but from which links must then be made. The second issue is the extent to which it is possible or desirable to **UTILIZE THE WIDE VARIETY OF TECHNIQUES** now available and being developed in the many situations in which group work of one kind or another is carried on in group therapy or analogous situations. I suspect that at least some of these techniques may be more fruitfully employed than is often believed possible.

I would be very interested to learn if others working in this area have any interest in these problems and any light to shed upon them in their experience. I do hope this small statement of my present concerns will be of use and would like to convey my very best wishes to you."

It is very interesting that the three situations described by Sheldon as learning situations correspond exactly to the ones I have described already in my Introductory Book (1948) from the point of view of therapy and developed from that time onwards. The same problems

raised here by Sheldon have a complete parallel in the therapeutic field itself. I made a distinction between three main types of therapeutic groups.

(1) The group is treated as a whole in view of its better functioning (team, work group). This would refer to a staff group in hospital for instance. It is for this type of group that I formulated: "if you look after the group, the individual will look after himself." This is a short reference to the fact that in the approach to these groups the group as a whole is the main body or unit addressed. It is true and in itself very important, at least from my observation and I am sure that of many others, that in spite of the whole group being addressed, individuals also often improve in areas apparently quite remote from those under discussion (see Introductory Book for examples). A good illustration of this I could observe many years ago, I think it was 1949, at the Bellevue Hospital in New York. The group consisted of parents of schizophrenic children. The psychiatrist in charge told me that, although this group had no direct therapeutic intention as far as these parents were concerned, it frequently acted as therapeutic in the sense of resolving and curing symptoms of disturbance in them individually. This fact is of high interest for group psychotherapy in general and has considerable therapeutic significance. This example in being concerned with family relationships is halfway to the next category, namely

(2) The Network. By this is meant a psychologically interactional conglomeration of closely related persons. It is the operational group of which the patient forms a part but it frequently overlaps with the family or extended family, and by way of Transference with the original primary family. This field of investigation mostly now known as family therapy (cf. the work of Ackerman, Ehrenwald, Grotjahn and Knobloch) forms therefore an integral part of group analysis (group-analytic psychotherapy).

(3) Our usual group-analytic groups. These (and other group psychotherapeutic groups modelled on group-analytic groups) are definitely formed for the benefit of the individuals' composing them and for nothing else. It is essential that they have no common ground in ordinary life and a minimum of contact. The method in approaching them and the technique applied by the therapist are totally different from those applied to the groups outlined under (1) and (2) above. In this case the functioning of the group itself is quite unimportant. What is important is the analysing of the individuals inside this group's context.

There are other groups of high interest which I have tried to delineate apart from these types. Some are as it were intermediary, as for instance, teaching groups. In my own experience in teaching psychiatrists in a mental hospital, in particular in psychotherapy, and in group psychotherapy these groups showed a high degree of personal involvement. This was taken up by me in terms of their own problems only in so far as they arose in their own work with patients, analytically known as countertransference problems. It would be too long to go further into this matter here but it does seem that all these different propositions which we know in the psychiatric and psychotherapeutic field and which I have tried to account for in a more systematic way, that all these types and experiences are of importance in fields outside the psychiatric activities in the strict sense.

I will deal now with two contributions which foreshadow the range of methodological differences which we have to face and which we should gradually be able to bring into some alignment. These are merely two examples and have no connection with each other nor much, if any, with the method which we use here. Yet all these different methods are practised under similar names, at any rate under the common denominator of an analytic approach to groups.

The first is a very personal contribution by Anne Ancelin Schutzenberger, Secretary of the Groupe Français D'Etudes de Sociométrie - Dynamique des Groupes et Psychodrame, Paris. Perhaps we should allow for the fact that she wrote it on a flight from Paris to Moscow. However I am grateful to her for taking so much trouble to enumerate some of her problems and also for the generosity with which she agreed that I could make use of her material even though I told her it would have to be in a critical sense. Mme. Schutzenberger raises quite a number of points, not all of the same order, and I cannot go into all of them explicitly. Some are in fact of a mere technical, methodological elementary order; for instance when to decide to stop? How to detect people for whom the group may be dangerous? The selection and matching of group members. It is a little puzzling that she raises these points which have been elaborately presented and discussed by quite a number of experienced authors in at least a dozen books. Naturally the authors do not all agree with each other but they do agree in many important points and where they disagree there is the possibility of comparing their different opinions and experiences and deciding between different views in the light of one's own experience. If I may refer to my own work, a fairly systematic account of my experience and attitude and theoretical reason for my way of handling groups can be found in my Introductory Book (1948) when there was no other experience with which I could compare my own and none of these books existed. To some extent this information is also available in the more recent theoretical and practical volume "Therapeutic Group Analysis". I am aware of the need for a more explicit exposition of method and technique. Perhaps Mme. Schutzenberger who is a special exponent of psychodrama is not as familiar as she might be with the analytical literature and this may be part of the answer to her 6th question which is: how is it possible to discover these kind of problems only after sixteen years of group work?

Mme. Schutzenberger reports that one man, a doctor doing psychotherapy and "having had three years of orthodox Freudian analysis" started borrowing money in the group. He had started this by playing different games with cigarettes, cigarillos, cigars. This was analysed after the borrowing of money. "I was uneasy but could not put my finger on anything enough to analyse it before. " It is already at this point clear that the culture and atmosphere in her group must be poles apart from the one obtaining in our groups. The most important point seems to me how impossible it is to compare views or ways of handling certain problems or certain conclusions drawn in so different an atmosphere unless and until one is clearly informed about all the circumstances. This however presupposes that the conditions under which each therapeutic group meets and works are clearly defined and maintained.

Now I come to the two points which interested me particularly (3) People who disappear from a group during the year without a word and (4) People who start individual analysis in the middle of a group without telling about it. (In one group one quarter of the members got into outside private secret analysis during the second semester). It was disclosed and discussed in the group only two months later with transference analysis.

I cannot at this point discuss all the implications of this as it would lead to a discussion of every single point of method and theory. I must however categorically state that both these questions could not possibly arise in any one of our own groups here, even though we are impressed by the very personal way in which each therapist conducts his or her own group. There are innumerable reasons why this type of event could not occur in groups conducted on analytic lines as understood by many of us and in particular on group analytic lines. The group analytic method and situation in which therapy takes place has been accurately

described. There would seem to be no other way for a discussion like this to be fruitful than that everybody, in this case Mme. Schutzenberger, would describe very clearly, as clearly as she is able to do, how her groups form, what are her ideas, what is her frame of reference, what are the conditions in which the group meets etc., as explicitly as possible and without taking anything for granted. Without having a clear understanding of the situation in which we work, what we do and don't do, what we encourage or discourage, in short of the culture we foster in our groups, without this there can be nothing but misunderstanding of every single observation and conclusion.

Now to a totally different type of handling by contrast which raises also highly interesting problems of the same kind. This contribution comes from Dr. Udo Derbolowsky from Hamburg who was kind enough to send me a reprint of a paper he read at the Second International Congress of Group Psychotherapy, Zurich 1957, which appeared in the German language in *Acta Psychotherapeutica*, Karger 1959.

Dr. Derbolowsky is obviously an experienced psychotherapist and group psychotherapist and adhered to an analytical approach to group psychotherapy. What he reports in this paper refers to experiences in private practice. I will in the following excerpt some of the data and his statements in free translation of my own.

Unlike the previous communication Dr. Derbolowsky describes very exactly the conditions under which he works. He began to practice group therapy in Berlin under Kemper at the Berliner Central Institut. On the recommendation of the neo-analyst Schultz-Hencke the patients were brought into a state of somnambulism before each session. Now the following sentence seems very significant, namely, that the main reason for this measure was the idea that anonymity could be preserved

and "in a certain sense the identity of the participants in the group protected." The author then describes how gradually he developed away from this method to a more analytic kind following the patients own reactions. He worked later for two years under the direction of Dr. Kühnel at Tiefenbrunn.

In giving up hypnosis the author states that the giving up of the anonymity which followed "did limit very clearly the really analytic work and remained an important problem, a problem of the first order ever since." This point is of special interest and we will return to it later.

Now to the main points of the therapeutic situation in which Dr. Derbolowsky works.

He divides thirty-five patients into five groups with seven participants each. They are mixed in sex and mixed in occupations. About the indication he says that both the duration and the result corresponds with that of individual analysis except that he principally excludes psychoses, prepsychotic states and certain forms of psychopathies.

Before admission the patient is thoroughly examined in the usual psychiatric way. The fee is fixed in relation to the income of the patient, the implication being that the fee varies considerably between individual members of the group. The fee remains one of the personal confidences between the doctor and the patient. The patients are seen in turn at least for two hours, one every week, that is to say, once every seven weeks and the fee is paid on this occasion. There is an additional session of a more occupational kind conducted by Mrs. Derbolowsky.

Now we come to this point of anonymity. All the patients remain during the whole duration of treatment anonymous. They are not

allowed to tell anything which could violate their own anonymity or that of their fellow patients, for instance, name, social position, amount of fee which is different in each case. Communications concerning actions which are contrary to the law they may not make. All these conditions are called 'rules of the game' and are in part available in writing and handed to the patient in written form. Paragraph 5 reads for instance, any kind of intercourse between patients outside the sessions is 'verboden', is disallowed. In contrast to this appears to be that there are little festival occasions, like celebration of birthdays or tours which have been suggested, nobody contradicting. "Then we may go to the slaughter-house or to the theatre, in a dancing place, to the fishing harbour, in a night club or the like." It seems to be the case that these excursions take place only in the presence of the therapist and when the whole group participates. Physical contact during the session is also forbidden. On the other hand there is a peculiar method which would lead us too far here to describe in which each member has a reciprocal responsibility for his right or left neighbour respectively.

Dreams seem to be of special importance so much so that each member has to bring to each session one of his own dreams in writing. It is made very clear what use is made of this material and that the therapist has a very special knowledge of the meaning of these dreams on the background of his intimate knowledge of the biography, symptomatology and problematics of each individual patient. Now we come to a very significant statement, namely, "that is therefore the individual secret language which each patient speaks with me and which I speak with each individual quite alone myself. Though all others are present nobody can notice this as regards the others."

I do not wish to pass any judgment on the value of the treatment here described, when I say it is in almost every single point diametrically opposed to what we do under the same name and idea of group analysis.



This would need lengthy discussion but has obviously to do with one's fundamental view of group psychotherapy, of group analysis, as well as of individual analysis. The merit of this description is that one can clearly see the differences of the situation in which we work. From the point of view of group analysis the dynamic limitations of this method and the configurations which follow from this can be clearly defined. One can understand that changes can be brought about and upon what such changes rest under these conditions. I am not sure that the same can be said the other way round because we work under much freer conditions, and therefore situations with which we are familiar cannot arise in Derbolowsky's groups and he cannot therefore be familiar with the atmosphere and culture prevailing in our groups. As a consequence, any statement based on the group-analytic situation, considered as an experimental situation, must be liable to misunderstanding.

Inevitably all our techniques, the situations which we prefer for our working are conditioned by our own psychology and psychopathology, by our own personalities. Moreover even in these therapeutic groups in our consulting rooms we are inevitably influenced strongly by the surrounding culture. I could not help wondering whether the emphasis on secrecy and anonymity may have culturally something to do with the situation under a totalitarian regime and its after effects, from which all these German patients and colleagues have emerged and to which they have been submitted. This is of course purely speculative on my part. The sort of method which I practice here in England presupposes that the society is free, democratic and that the individual feels reasonably sure that there is no threat for him, whatever his opinions or actions are and that he has nothing to fear from outside even if the group session was not in itself confidential. We consider it as confidential but in no way secret and rely on the group members' own discretion. In doing this we put our trust in the cultural and traditional sense of fair play of the British middle classes. I have never had any serious problem arising from this.

May I once more say that this communication has the great merit that it makes clear to the reader what is the situation in which the group find themselves and therefore it is possible, however different the approach, to come to an understanding of what may be going on, possibly to arrive at agreement or disagreement and to learn from each other.

In this connection those interested may be referred to a recent discussion of group psychotherapy as practised today in Soviet Russia and its implication, in which Jerome Frank, Herbert O. Levine, J.L. Moreno and myself participated: "A Soviet View of Group Therapy" (Int. Journal Psychiatry, Vol. 2, 1966). By further comparison and contrast this will throw more light on the interdependence between principles, practice, dynamic considerations and theory.

It is hoped that the perusal of these preliminary communications will prove as interesting for the reader as it has been for me. I should not say 'reader' because you should all now join in the discussion. It seems to me that these communications fall naturally into certain categories.

- (1) General questions of a broader significance. Some of them more and some less specifically relating to group analysis.
- (2) Clinical observations and considerations in particular questions of method.
- (3) Concepts, e. g. group cohesion, group process.

- (4) Theory. It should be our special aim by common work of those interested to arrive at a unified theory over this field as I already stated but in particular the interdependence between method, practice, theory and concept formation.
- (5) Experimental. The present batch of communication has not referred to this important area but I know that work of this sort is going on and is no doubt of great interest for all.

To round up this first number I would like to make a short personal communication which was in fact my intended final contribution to the discussion at my recent visit to Lausanne. This will be self-explanatory. As you will see it is particularly concerned with the interest in a unified theory and indicates at least some of the principle view points of group analysis in that respect.

FINAL REMARKS TO THE DISCUSSION, at the Closing Session of the  
second International Seminar on Group Psychotherapy,  
Lausanne, 1966.

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You may have noticed that I embraced with some enthusiasm what Dr. Mertens de Wilmars had to say. This was in connection with the need for a unified and comparatively simple theory over the whole field of human behaviour, including psychotherapy or group psychotherapy or community therapy of all sorts. I understand that he is particularly engaged upon this work. Professor Schneider's observation that such a theory should be concrete enough to help the practising clinician is relevant here.

In this connection I would like to point out that - in my own mind at least - I always had such unified concepts before me, whether my work was in the original 'therapeutic community' during the last war, or in analytic groups or in individual psychoanalysis or in didactic and teaching groups or in diagnostic work. In my own work in the small analytic group I use consistently such concepts as they arise from the clinical evidence in favour of the view that the psychodynamics of the individuals, and the group of which they form a part, are two aspects of the same processes. I have tried to formulate some of the theoretical concepts which emerged. I may mention here the insistence on the multipersonal nature of neurosis and the configurational model (location) inside the interactional communicational network called 'matrix' which develops under our eyes in the group-analytic situation. These concepts are not perhaps as well known as they might deserve. In view of the great interest in and understanding for these problems in this particular circle this may be to some extent due to the fact that my recent book "Therapeutic Group Analysis" is not translated into the French language. However that may be, I am convinced that such a theory has to be the

outcome of the combined work of a number of people who approach the problem in the first place perhaps from different angles.

It will be necessary, in my opinion, that such a comprehensive and unified theory, while taking all the epoch-making experiences from psychoanalysis into account, should nevertheless, not be based on psychoanalysis or for that matter on any other system of thought alone. If we do this we are lost in a cul-de-sac. We have no check on our own inbred concepts of our own individual school. As I have said before, I think studies in the group-analytic situation and its derivatives are the natural meeting and testing ground of these various approaches.

For the moment I would like to make clear one point. You may also have noticed that I put considerable emphasis on the distinction - sharp distinction - between different situations in which we work, such as for example in psychoanalysis, in psychotherapy, in group-analysis or in teaching and training situations. There is no contradiction in this to what I said above of a unified theory. Quite on the contrary, only if we have clear concepts on which we can agree can we accurately describe different situations, qualitatively or quantitatively. I felt particularly in agreement with Professor Mertens in the view that all situations contain, in a way, all the elements. It is the conditions we set and the approach we apply which brings out more of one or the other aspects of a total process. It is therefore true that these situations can be kept strictly apart, while we realise at the same time that they are cross-sectional in relation to what is in fact a sliding scale.

I should like on this occasion to thank Professor Racamier for his sympathetic and thoughtful review of my contribution here. (This refers to a paper: On Interpretation in Group Analysis)

It is not the usual phraseology of thanks when I say that this 'Seminaire' will remain in my memory as one of the best organised I have ever attended, one of the most stimulating and at the same time socially agreeable I personally have experienced. This is certainly connected with the deliberately small circle of participants. While thanking you all without exception, my special thanks are due to Professor Schneider who invited me and who is the organiser in chief of this whole enterprise. I wish there would be more circles of psychoanalysts and group analysts so high in standard and quality in the world as this one is. It was a real pleasure and a great honour to participate on this occasion.

What to do next:

1. It is assumed that you have read this first number with attention.
2. Please enter straight into the discussion. Further new points are always welcome.
3. Any comments regarding improvement in organising this correspondence are welcome.
4. Please keep your contributions as much to the point as you can, but this should not be taken as a reason for falling short of what you think important. For the present longer communications may have to be abstracted, but may be considered in full for the yearbook.
5. Please send your contributions in English, or if you wish in the original language with an English translation attached. Where necessary and possible we shall try to improve such translations.
6. Please send a short profile (relevant personal and professional facts) and photo with your contribution.
7. I would provisionally suggest that we concentrate correspondence under each of the categories outlined on page 32.
8. Please state a subject - if any - on which you wish to enter into intensive correspondence with others (see page 13).
9. Let us know, for the benefit of everyone, about significant work in progress. Also include significant references to the literature on the subject you discuss.
10. Other things being equal, the earlier your contribution arrives, the better its chances for immediate inclusion.

May I send you all the best wishes and greetings of the season.

S. H. FOULKES

London, December 1966.