

**Curative Factors of Group Analysis
JAGP38 - March 2021
Exploring the Wisdom for Group Psychotherapy**

Elisabeth Rohr

In this lecture, I would like to talk about curative factors of Group Analysis (GA) and explore how and why GA is able to cure psychologically distressed people. I will focus on those therapeutic tools, methods and theoretical aspects that enable GA to cure and generate change of pathological psychic structures and bring relief from suffering.

But first of all and in order to understand how GA works, it is necessary to talk shortly about the history and about some of the basic concepts of GA - to get an idea what is specific about GA theory and practice.

Therefore, I would like to focus on 3 issues:

1. A short history: What is it that makes Group Analysis different from other psychotherapeutic group concepts - concerning its theoretical frame and its methodological practice?
2. Theory and practice: Why is Group Analysis so efficient?
3. What cures and what are the specific curative factors of GA?

1. History:

Group Analysis, as we know it today, was founded by Michael S. Foulkes, a German-Jewish medical doctor and psychoanalyst, who was forced to take refuge in the United Kingdom and lived there from 1933 to 1976. During the Second World War, he worked in a psychiatric hospital, treating traumatised British soldiers, who returned from war with the diagnosis of shell shock. Foulkes decided to put them in a therapeutic group together. This was something completely new at that time. Since they had similar symptoms, he thought, that they would be able to understand each other better than he actually would, being their psychotherapist, but never having been a soldier in any war. This turned out to be the experience that gave birth to Group Analysis. Looking today at this historical event, we have to say; GA was born amidst massive trauma.

Foulkes developed Group Analysis from here on in many other settings. Nevertheless, I am convinced that this setting with the traumatised British soldiers and with a therapist, who had been forced to flee from the terror of Nazi-Germany, shaped theory and practice of Group Analysis decisively.

We can say, the experience that took place in Northfield was the key incident creating Group Analysis and what made it special is the political and social context that has shaped, in many ways, its development and its inherent theoretical understanding until today.

Now, what is the basic concept and understanding of Group Analysis?

Through his experience with these traumatized soldiers and later with patients in other groups, Foulkes came to the conclusion that the individual is primarily a social being. This is one of several essential differences from Freud. One could say Foulkes took, from the beginning on, a relational perspective, always stressing the point, that you cannot understand an individual as an entity in itself, without taking into account the impact of the surrounding network of relationships that formed and shaped his or her identity.

Foulkes, in fact, was convinced that “the individual is permeated to the core by the colossal forces of society” (Foulkes, 1964: 52). This is one of the most important statements of Foulkes and describes the core of his group analytic theoretical concept. As Nitsun writes, this statement ...”distinguishes group analysis from most other psychotherapies by its emphasis on the social as a primary force in individual development” (Nitsun, 2015, s. 15). But it is important to understand that Foulkes not only said “social factors are important and influential but that all that is human, including paradoxically the individuality of individuals, is a reflection of the pervasive impact of social processes (Stacey 2003)” (Nitsun 2015, s. 15)

This understanding of the individual is the fundamental idea of all of Foulkes’ theoretical and methodological concepts.

Based on this understanding is his methodological view of what is happening in a group analytic process and here again, he differs from Freud. Group Analysis is not psychoanalysis of an individual in a group and it is not psychoanalysis of the group, like Bion stated. Malcom Pines emphasized it, by saying: group analysis is not analysis in the group (Wolf, Schwartz) or analysis of the group (Bion), but analysis by the group (Pines, S. 43).

When Freud talked about free-floating associations as the methodological core of the psychoanalytic talking cure, Foulkes talked about free-floating group associations or discussions that are essential for the unfolding of any group-analytic process. In this sense the ever-expanding network of communications are vital and “can only proceed when the group-analyst refuses omniscience and refuses to possess knowledge supposed to belong only to him”/her (Pines, S. 45).

This means that the conductor is not considered so important, his position is on the edge of the group, and he is at the same time, in and out of the group, emotionally involved, but keeping up his position as a conductor and convenor, being responsible for the setting, the frame and what we call

the dynamic administration. However, he is not such an outstanding, central figure as in psychoanalysis.

The group conductor recognises and values individual mentalities as well as group fantasies and group culture. Group analytic conductors will encourage the communicative flow in the group, taking into account that each member is a nodal point in the transpersonal network of the group. The main task of the conductor is to intervene with minimal interventions and only if necessary, to uphold the communicative process in the group, and to refrain as much as possible from interpretations of unconscious aspects of the group dynamics. However, this might vary from case to case and from group analyst to group analyst.

Specific about GA is also that it takes into account that there are multiple transference processes happening, within the group, and at the same time. There is transference happening between all of the members of the group; there are transference processes happening between each member of the group and the conductor and there are transference processes happening between the group as a whole and the conductor.

This is one of the main factors for the efficiency and creativity of Group Analysis. This multiplicity of transference processes is – and that is easier to understand – quite an advantage, comparing them with the dual situation of a classical psychotherapeutic or psychoanalytic situation. As an individual in a group setting, you may experience this multiplicity of transference processes all happening at the same time. The diversity is enriching, but of course also bewildering and confusing and there cannot be any doubt, you cannot avoid this multiplicity of transference processes. Foulkes makes it quite clear that there is always resonance in a group setting and you cannot not feel or sense it. It might make you silent, or frightened, or talkative, but resonance touches you and you cannot make it disappear or avoid it.

The individual in the group, being a primarily social being shows and unconsciously demonstrates his or her disturbances by irritating interactions in a group, by irritating communicative behaviour and by failing to relate to others in the group. Anthony writes: “The way in which the patient represents himself (herself) ... is the symptom of a disturbance that involves a whole network of circumstances and people. As Foulkes put it: ‘It is this network of interacting circumstances and persons which is the real operational field for effective and radical therapy’” (Anthony 1978:15).

Foulkes also introduced the term “matrix” and defined it as the invisible web of communications. “This concept embraces a transpersonal network in which the individual is conceived of as a nodal point, as if suspended in that network” (Foulkes 1964, cited by Nitsun 2015, S. 28). This notion of the matrix and the individual being a nodal point of a social web of communications is the basis for the group conductor’s interventions and interpretations.

Let's assume a patient in a group has just started to talk, under great pain, about his or her father, a father, always being absent, always being too tired to spend time with his son or daughter. The patient cries and sobs bitterly. The conductor waits a bit, maybe nodding with his head to signalize that he is listening and then might say; it must have been very painful; you missed your father a lot. The patient continues to cry and after a while takes up his talk again, exploring his feelings of abandonment and how sad he felt at the time. Then the conductor will wait for an opportunity to address the others in the group, saying, I assume, there are maybe others in the group, who have experienced something similar? This is an invitation for other members in the group to talk about experiences with their fathers. The first patient, who started this talk about his father, listens attentively and with growing interest. He has not been aware that there are others with similar experiences and that he is not the only one, who felt abandoned by his father during his childhood. To realize this, reduces his pain and maybe his feeling of shame. To share these feelings of having been hurt with others is comforting. You are not the only one, who has been suffering; you are one of many others, with whom you can share these feelings of abandonment and shame. To share your stories and feelings with others is the essential curing and healing experience in GA. It allows you to step out of your specific individual personality, connect with others, and re-establish bonds and relationships that might have been disrupted or even avoided out of fear, to be abandoned again. This little sequence out of a group analytic process, demonstrates, what I would consider a perfect group analytic intervention. It shows that you don't stay with the story of one patient for an extended period of time, but you always try to engage the group to talk about their stories. The stories of the others are like mirrors, reflecting similar experiences, helping you to look at yourself, from different perspectives, finally reaching a new understanding.

Why does GA work like that?

GA is convinced - and here comes a more systematic perspective - that each person in the group is not only an individual, but also a nodal point of a social network. The experiences of one person always resonate in other people and produce reactions. Therefore, if there is change in one person it effects the group as a whole and the therapeutic impact that is created in the whole group, effects each one of the members and produces changes. Sharing your individual suffering with others is already part and maybe the first step of the healing process and this curing process is beneficial to all others in the group, because they participate in exploring the reasons behind the suffering and participate by contributing their own stories of suffering. It is as if one person by telling his own story of suffering puts the first piece of a puzzle in an image and then others contribute their pieces and eventually a new image appears, making the suffering more understandable, bringing new insight, adding new perspectives – completing a hitherto not understandable experience.

How does this work?

Any group psychotherapeutic situation, confronts the individual with a paradoxical situation: there you are, wanting to relate to every person in the group, wanting to interact, to communicate, but there is not enough space and time to do that. Stress emerges.

Let's have a closer look at a group situation. Sitting in a group of let's say 8 people, in a circle, you might be able to have eye contact with a maximum of 4 people, those, who sit across from you. It is not possible to have eye contact with seven people at the same time. This physical limitation produces quite a considerable amount of emotional stress, because you cannot see the facial expression of people, who are sitting left and right from you. So, what happens: there is regression. It is well known that regression in groups is faster and much deeper than in any dual situation, but regression in groups can also be abolished again fast. Regression is the reaction to a gap of reality; you simply cannot relate to everybody in the group at the same time. This is frightening, confusing irritating and produces strong emotional affects and possibly aggression and resistance. The primary process takes over, that part of our psychic structure, that is more or less unconscious, that we cannot consciously control or determine and that overrides rationality.

As group conductors, we allow this regression to happen. Because that is, the only way to reach deeper layers of psychic conflicts that have been unconscious, therefore unresolved and that caused the suffering. This regression can also be understood as a mild form of traumatization – but a trauma in the service of a psychotherapeutic process. Toxic material that emerges under these conditions can be explored, analysed, re-evaluated and finally understood and re-integrated, but under different terms of reference. The healing process thus might start and progress.

If we summarize so far, these are essential aspects of GA:

The perception of the individual as a fundamentally social being, the individual being a nodal point in a social network, the multiplicity of transference processes, the analysis by the group, the specific role of the conductor, regressive processes that allow unconscious material to surface.

Now we come more specifically to the curing factors.

Yalom, whom you might be familiar with and who is not a Group Analyst, has done a lot of empirical research about efficiency and curing factors of group therapy. He found altogether eleven curing factors. These factors have been re-evaluated in extensive and empirically based group investigations in Germany and they all have been confirmed.

These factors are (Yalom & Leszcz, 2005)

<u>Therapeutic Factor</u>	<u>Key Elements, Defining Characteristics, and Selected Quotes</u>
Installation of Hope	Optimism/hope in the treatment process; hope derived from observing improvement in others; in self-help groups, often takes the form of "Testimonials" who are "living inspirations to the others" because they "have trod the same path and found the way back" (Yalom & Leszcz, 2005, pp. 5, 6).
Universality	Sense that one is neither alone nor unique in his or her struggles and "the disconfirmation of the client's feelings of uniqueness is a powerful source of relief" (Yalom & Leszcz, 2005, p. 6).
Imparting Information	Includes didactic instruction and direct advice. Direct advice can be subdivided into advice-giving and advice-seeking. Didactic instruction often serves "as the initial binding force in the group, until other therapeutic factors become operative" (Yalom & Leszcz, 2005, p. 11), but has since been recognized as a "therapeutic agent" in its own right. Direct advice (advice-giving and advice-seeking) can be a sign of both positive and negative group functioning. Advice-giving is common, but "it is rare that specific advice will directly benefit any client. Indirectly, however, advice-giving serves a purpose; the process of giving it, rather than the content of the advice, may be beneficial, implying or conveying, as it does, mutual interest and caring"(Yalom & Leszcz, 2005, p. 12).
Altruism	The psychological benefits of giving. Counters the individual's sense of demoralization and of being a burden. Increases self-esteem. "Group therapy is unique in being the only therapy that offers clients the opportunity to be of benefit to others" (Yalom & Leszcz, 2005, p. 13).
The Corrective Recapitulation of the Primary Family Group	"Sooner or later, the members will interact with leaders and other members in modes reminiscent of the way they once interacted with parents and siblings" (Yalom & Leszcz, 2005, p. 15). "What is important, though, is not only that early familial conflicts are relived but that they are relived correctively. Re-exposure without repair only makes a bad situation worse" (Yalom & Leszcz, 2005,p. 16).
Development of Socializing Techniques	Developing basic or advanced social skills in the group context. Can be explicitly taught or implicitly transmitted depending on nature of the group (composition and purpose). Relies on feedback between group members; "the group often represents the first opportunity for accurate interpersonal feedback" (Yalom & Leszcz, 2005, p. 17).
Imitative behaviour	"Clients may model themselves on aspects of the other group members as well as of the therapist"(Yalom & Leszcz, 2005, p. 18). Offers opportunity for clients to experiment with new behaviours that might prove more adaptive.
Interpersonal Learning	As originally conceptualized by Yalom, this was the most important factor. Interpersonal learning is to group what insight is to individual therapy. It "unfold[s] only as a result of specific work on the part of the therapist" (Yalom & Leszcz, 2005, p. 19). Ideally, the group serves as a social microcosm that reflects general patterns of relating outside the group, and as such, can be useful in serving as a petridish for experimentation.
Group Cohesiveness	Degree of "groupness," "we-ness," or "the attractiveness of a group for its members" (Yalom & Leszcz, 2005, p. 55) and a "precondition for change" (Yalom & Leszcz, 2005, p. 2). In the same way that much of the success of individual therapy is mainly about the relationship between the client and

the therapist, much of the benefit of group is about the relationships among the clients and with the leaders. Members “value the group and feel in turn that they are valued” (Yalom & Leszcz, 2005, p. 55). Necessary in the early stage of group in order to be ready to engage in more challenging (conflictual or uncomfortable) work later on.

- Catharsis Venting/discharging of positive and negative emotions. Necessary, but not sufficient, for successful therapy outcome. Needs to be combined with some other therapeutic process/learning. Catharsis deepens cohesion, as well.
- Existential Factors The “painful truths about existence” (Yalom & Leszcz, 2005, p. 102). Confronting “the harsh existential facts of life: our mortality, our freedom and responsibility for constructing our own life design, our isolation from being thrown alone into existence, and our search for life meaning despite being unfortunate enough to be thrown into a universe without intrinsic meaning” (Yalom & Leszcz, 2005, p. 98). The realization that we can only get so close to others or rely on others only so much; members realize “that though they could be close to others, there was a point beyond which they could not be accompanied: there is a basic aloneness to existence that must be faced” (Yalom & Leszcz, 2005, p. 102). Facing our own limitations and disappointments.”

I think all of the 11 curative factors, found by Yalom, apply to Group Analysis, however for Group Analysis I would even add a few more. In the lecture,

Foulkes viewed the group as the matrix of individuality, S. 46

Literatur:

Anoth, E.J. (1978): The Group-Analytic Circle and its Ambient Network: 2nd Foulkes Lecture. In: Group Analysis 11 (Supplement 1):1-18 (<http://gaq.sagepub.com/content/11/2/S1citation>). In: Pines, M. (ed.) (1983. The Evolution of Group Analysis. London, Routledge. Reissued 2000, London, Jessica Kingsley, pp. 29-53..

Pines, Malcom (o.J.) The ‘Isms’ in groups: Conflict and Difference Malcolm Pines. Contexts

<https://journals.sagepub.com/doi/pdf/10.1177/0533316414545307h>

Alexander Wolf, and Emmanuel Schwartz,

Yaloms 11 Faktoren

Cynthia A. Diefenbeck, Paula R. Klemm & Evelyn R. Hayes (2014) Emergence of Yalom's Therapeutic Factors in a Peer-Led, Asynchronous, Online Support Group for Family Caregivers, *Issues in Mental Health Nursing*, 35:1, 21-32, DOI: 10.3109/01612840.2013.836260 To link to this article: <https://doi.org/10.3109/01612840.2013.836260>