

Group-Analytic Contexts

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THE GROUP-ANALYTIC SOCIETY
(International)

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Editorial

Without knowing what has shaped our community, our organisation, our country, and ourselves as individuals, we have a lesser sense of identity. History is important. It connects us with the past and with the legacies of the past in the present. It shines a light on where we have been and what we have become through the study of documents and artifacts left by people in other times and places.

This issue introduces the Group Analytic Society archive, contained within the Wellcome Institute library in London. In essence, archives are a 'community memory'. They tell us about past decision-making, people, events, and activities. Archives constitute 'primary evidence' - raw material that can be used for research to find out about the past or as a source of information about where we have been to inform our corporate memory. Without an organised archive:

- ┘ records documenting the development of the Society, past decisions, and information about “the way things are done” may be destroyed or misplaced. It may be useful to refer back to records of former activities and decisions; for example, to provide background information, or to establish the existence of a precedent. Records provide evidence of matters such as obligations, duties and privileges agreed upon by organisations or individuals. They provide a record of such matters as charters, property titles, charitable status and other legal and civil rights.
- ┘ Surviving material may be without order and control, thus losing its value and resulting in over-dependence on individual memory.
- ┘ Such lack of control may result in loss of accountability for an organisation's actions. An archive may contain important information about what we should be doing and where we should be going.

For all of the above reasons the GAS archive is an important body of corporate memory. This issue introduces the Archive and provides information on what it contains and how it can be accessed. I publish two selections from the archive in this issue and hope to follow this with more in subsequent issues.

Terry Birchmore

President's Foreword

I consider it part of my role to be engaged with Group Analytic activities and perspectives in an International Society which is in a process of change. Group Analysis has established itself as a legitimate and efficient psychotherapy on the one hand and has also inspired hundreds and thousands in its unique interpersonal and social approach, on the other.

We have now to try to convince; through experience, research, writings and every other known means; colleagues, patients and organizations that we may have good-enough knowledge and know-how to establish and maintain useful developmental and treatment spaces. I consider myself lucky that I can conduct, like most of us, group analytic patient groups which are felt to be helpful to their members. Like many of us, I also use Group Analysis in institutions and organizations to improve some of the ways members relate to themselves and others. The opportunity to apply Group Analysis to different settings, such as Dream Groups, consulting parties in conflict, and other practices enriches Group Analytic Identity.

The richness and variety of possibilities of working with Group Analysis is something that for many years does not cease to amaze me. But we know that for many Group Analysts, who work in the UK NHS, times have changed – the backing they got for their professional work from their organization is completely different from what it was in even the fairly recent past. Group Analysis found a place in the NHS and hospitals because of political and social constellations after the end of the Second World War.

How can we cope with this change? We learn that in Group Analytic practice we have to constantly improve our approach by interdisciplinary learning. We not only facilitate group members to understand and cure each other, we not only work in groups for years in order to improve our

awareness of the situations of others and of our own in the group but we also take the best from Yalom's thinking as well as from Bionian, Gestalt and Psychodrama traditions.

Keeping an open mind is as group-analytic as being able to be more humane than orthodox in our groups. The longer I practice the more I cherish my Foulkesian education. The 'crisis' that Group Analysis is going through in some places, especially in the UK, is a puzzling issue. It may have more to do with changing organizational aspects in the UK (less in the rest of Europe) than questioning the basis of Foulkesian thought. The re-organization of Group Analysis will need open spirits and maybe young minds in order to regain the centrality and professional reputation it had. It may also be necessary to do more private groups as well as improve our marketing in addition to professional abilities.

The next Foulkes Lecture and Study Day, that will be held in the beginning of May, will also be a contribution to the significance of Group Analysis. Tom Ormay will talk about a new concept in Group Analysis: NOS. The Foulkes weekend will underline our connections with groups and bind our togetherness in the Society. I repeatedly stated my belief that a better and more attractive Indication System would make it clear why and when Group Analysis is so important. Integrating better the time factor in treatment with individual as well as relational pathologies is important. I also believe that further elaboration of a Social Unconscious theory and praxis will help us to improve the understanding and use of influential movements in groups, communities and society and will be uniquely helpful in promoting Group Analysis. Practicing group analytic therapy has more than once helped me find again the 'spark' in the midst of a dark atmosphere. When a group meeting has been successful, as it often is, it is so inspiring and encouraging, that I am aware how difficult it gets when no group work is done. The group's power influences us too – it heals the healer to do groups! Group participants take such experience as evidence for the group's power.

It is clear from reading our GASi Forum how much tension, anxiety and depressive feelings organizational changes cause. It is likewise interesting how much of the talk is about History and Politics and one wonders about the relative rarity of professional discussions. Probably professional and not only structural changes in our society are directing the Forum's discussion. Maybe discussing social and historical aspects of our Society are still easier than discussing the present professional difficulties in Group Analysis.

Last month we had an important Group Analytic international congress in Gonen, a Kibbutz in the North of Israel, one of the places in which Group Analysis is on the rise. More than 120 mainly Group Analysts gathered there in order to learn, in English, from six morning lectures, 5 sessions of Small groups and 3 sessions of the Large group. The highlight of the conference was a virtual emotional volcano which erupted in the open interaction between all participants, which included European Analysts as well as Jewish and Arab locals. It was the height of a painful but important process which also showed what is possible in Groups with openness and genuineness.

Before that in April EGATIN meets close to Dublin. Further Group Analytic events are: Study Days of the German Group Analytic (3G) Association in June (in German) in Bonn; a congress on the Social Unconscious and Large Groups in Belgrade; and a 2-Day congress about Relational aspects and Group Analysis, which the Israeli IGA organizes together with 2 psychoanalytic organizations. Finally in September a celebration of 10 years of the Berlin Institute of Group Analysis.

Together with a large Portuguese local committee, the GASi is continuously working towards the 2014 Group Analytic Symposium in Lisbon. Our Management Committee is introducing a change in our Student rate. We need your help in inviting our younger colleagues to join our Society. They can now receive the online version of the Journal of Group Analysis and enjoy cheaper participation in all our events for only 30 English Pounds, instead of a previous 100. Please give a hand in this endeavour: younger colleagues among our members will empower all of us. The first Students' Workshop in Belgrade is also on its way – hopefully we will organize such a good and vibrant event that all those who are absent will try to participate next year...

Robi Friedman

Be a Contexts Writer!

*“Substitute “damn” every time you’re inclined to write “very”; your editor will delete it and the writing will be just as it should be”. **Mark Twain***

Contexts welcomes contributions from GAS members and non-members on a variety of topics: Have you run or attended a group-analytic or group psychotherapy workshop? Are you involved in a group-analytic or group psychotherapy project that others might want to learn about? Would you like to share your ideas or professional concerns with a wide range of colleagues? If so, send us an article for publication by post, e-mail, or fax. Articles submitted for publication should be between 500 and 10,000 words long, or between one and eight A4 pages. Writing for Contexts is an ideal opportunity to begin your professional writing career with something that is informal, even witty or funny, a short piece that is a report of an event, a report about practice, a review of a book or film, a reply to an earlier article published here, or stray thoughts that you have managed to capture on paper. Give it a go!

Articles are welcome from all those who work with groups in any discipline: whether practitioners, trainers, researchers, users, or consultants. Accounts of innovations, research findings on existing practice, policy issues affecting group therapy, and discussions of conceptual developments are all relevant. Group therapy with clients, users, professional teams, or community groups fall within our range.

Length: Full length articles; of up to 10,000 words, should show the context of practice and relate this to existing knowledge. We also accept brief contributions which need focus only on the issue at hand: brief descriptions, reviews, personal takes of workshops or events attended, humorous asides, letters and correspondence..

Presentation: articles, letters, etc. should ideally be in Word format and forwarded as an email attachment to the Editors.

Please don't worry about language, grammar and the organisation of your piece. We, as editors, receive many pieces from non-English speaking countries and it is our job to work with you to create a piece of writing that is grammatical and reads well in English. This help also extends to English speakers who may need help and advice about the coherence and organisation of a piece of work.

Writing for Contexts is an ideal opportunity to begin your professional writing career with something that is informal, even witty or funny, a

short piece that is a report of an event, a report about practice, a review of a book or film, or stray thoughts that you have managed to capture on paper. Give it a go!

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GAS International New Members

Mr Russell Bailey	Student Member	York, UK
Mr Paul Benér	Student Member	Malmo, Sweden
Dr Roberto Carnevali	Full Member	Milan, Italy
Mr Luciano Colleoni	Student Member	London, UK
Mr David Crawford	Student Member	Morpeth, UK

Mrs Yael Doron	Student Member	Ramat-Gan, Israel
Mr Peter Dorling	Student Member	Bristol, UK
Dr Sara Maria Caseiro Ferro	Full Member	Lisbon, Portugal
Ms Theresa Flacke	Retired Member	Galway, Ireland
Shireen Gaur	Student Member	UK
Mr David Kennard	Retired Member	York, UK
Mrs Anne Morgan	Retired Member	Barberton, South Africa
Mr Christopher Scanlon	Full Member	London, UK
Ms Margot Solomon	Full Member	Auckland, New Zealand
Ms Eva Urban	Associate Member	Cambridge, UK
Dr Theo Valamoutopoulos	Full Member	Thessalonika, Greece
Ms Maja Wiberg	Student Member	Gentofte, Denmark
Dr Grazia Zovanni	Student Member	London, UK
Ms Brigita Zugman	Student Member	Ljubljana, Slovenia

Introduction to The Wellcome Library: which hosts the Group Analytic Society (London) Archive

The Wellcome Library is devoted to the history and progress of medicine and contains a rich and unparalleled collection of books, manuscripts, archives, films and paintings that explore the history of medicine. The library has over 2.5 million items spanning 3,000 years. The collections are diverse ranging from anthropology and alternative medicine to science policy and surgical practice, psychology to psychotherapy and psychoanalysis.

Library facilities include a spacious Rare Materials Reading Room, 44 computer workstations, an E-learning room, scanning and copying services, a viewing room to hear expert talks, and a conservation studio. The entire library is WiFi enabled.

Joining the library is free and easy. Only a proof of identity is required to register.

The Group Analytic Society (London) Archive at the Wellcome Institute: An Introduction

Full title : **Group Analytic Society Archive**

Location : Archives and Manuscripts Section
Wellcome Library
183 Euston Road
London
NW1 2BE
England

Contacts : Tel: 020 7611 8899
Fax: 020 7611 8703

Email: arch+mss@wellcome.ac.uk
Website: <http://wellcomelibrary.org/>

Open : M-W, F 10-6; Th 10-8; Saturday 10-4

Date(s) : 1948-2003

Extent : 43 boxes and 14 transfer boxes

Name of creator(s) : Group Analytic Society; Institute of Group Analysis; Trust for Group Analysis

Scope and content/abstract:

The collection documents the work of the Group Analytic Society, the Institute of Group Analysis and the Trust for Group Analysis, 1950-2003. It includes unsigned minutes and committee papers, details of scientific and training activities, financial and administrative papers, some correspondence and a series of taped interviews about the early history of group analysis.

Access & Use

Language/scripts of material: English and German

System of arrangement:

It has been difficult to establish the original order of the papers. Coherent files have been treated as such but loose papers and those contained in files labelled "miscellaneous," "unsorted" etc have been arranged into files, mainly on the basis of subject. Original file titles, where given, have been indicated in inverted commas; it is difficult to tell whether these represent working titles or titles assigned by those sorting the material at a later date.

SH and Elizabeth Foulkes' papers have been catalogued separately as PP/SHF. For the sake of consistency, documents concerning GAS and IGA in PP/SHF have been added to SA/GAS and documents concerning other areas of their lives have been taken from SA/GAS and added to PP/SHF. There is much overlap between the two collections and readers are advised to consult both.

The collection is divided into sections as follows:

A. Background Information

B. Papers of SHF and ETF: B.1 Formation of Society and Minutes 1950-1970; B.2 Establishment of Trust and Institute 1967-1972; B.3 General Administration and Finance 1952-1968; B.4 Correspondence 1956-1976; B.5 GAS and IGA Activities 1951-1976; B.6 Publications.

C. Papers of Vivienne Cohen: C.1 Constitution, Rules and Membership 1965-1990; C.2 Minutes; C.3 General Correspondence and Memoranda 1972-1987; C.4 General Administration, Finance and Property; C.5 External Issues 1973-1981; C.6 GAS and IGA Activities.

D. Papers of Elizabeth Foulkes: D.1 Trust for Group Analysis 1970-1979; D.2 Group Analytic Society 1970-1992; D.3 Institute for Group Analysis 1975-1988; D.4 GAS/IGA Events and Activities 1974-1986; D.5 Publications; D.6 Miscellaneous.

E. Papers of Sabina Strich: F. Taped Interviews; F.1 Elizabeth Foulkes interviewed by Sabina Strich 1988-1990; F.2 Other interviews conducted by Sabina Strich 1989-1990; F.3 History of Group Analytic Practice 1989-1990; F.4 Other tapes 1983.

Historical Background:

The Group-Analytic Society (London) (GAS) was established in 1952 by S.H. Foulkes (SHF), Elizabeth Marx (ETF), Dr. James Anthony, Dr Patrick De Mare, W. H. R. Iliffe, Mrs M. L. J. Abercrombie and Dr Norbert Elias. Its objectives were to formalise the arrangements for co-operation and discussion which already existed between them; to provide a focus for the teaching and training in group analysis which they were undertaking separately in various teaching hospitals; to stimulate research and publication; and to create a centre for scientific meetings and workshops. In 1971 the Society delegated responsibility for training and qualifications in group analysis to the Institute of Group Analysis (IGA) while the Trust for Group Analysis (TGA), a charitable body, was formed to handle the finances of GAS, IGA and the Society's journal. This was dissolved in 1981 and GAS and IGA became registered charities in their own right.

SHF was President of GAS until 1970. ETF, his wife, was Honorary Administrative Secretary of GAS from its early days, and was later Membership Secretary and Vice-President and a Trustee of the TGA.

More detailed background material may be found in items in section A of the list and in:

Jeff Roberts and Malcolm Pines (eds), *The Practice of Group Analysis*, 1991; and Malcolm Pines (ed), *The Evolution of Group Analysis*, 1983.

1933 SHF comes to England.

1940 SHF conducts groups in Exeter.

1942 SHF joins RAMC and introduces group methods at Northfield Military Hospital; meets James Anthony, Patrick de Maré and Martin James.

1946-1950 While in private practice in London SHF meets regularly with a group of colleagues interested in group psychotherapy.

1948 International Congress of Mental Health, London.

1948-9 Unsuccessful attempts to establish a centre for group psychotherapy under the NHS.

SHF makes an application to the Maudsley Hospital to run a group psychotherapy unit there but is turned down.

1950 The group adopts a more planned approach for its activities of teaching, study, publication and treatment and takes the name of Group-Analytic (Research) Centre.

1951 SHF takes consulting rooms at 22 Upper Wimpole Street which also accommodate a centre for group analysis.

1951-1952 SHF conducts weekly training seminars in group-analysis and regular Monday meetings.

1952 Inaugural meeting of the Group-Analytic Society.

Continuation of regular series of Monday meetings as scientific meetings of the Society.

Society begins to hold study courses for those wishing to join and advanced seminars and workshops for full members.

1952-1970 SHF President of GAS.

1955 Membership extended and invitations to apply sent to qualified people.

1960 SHF and ETM marry.

Group Analytic Practice moves to 66 Montagu Mansions with the exception of SHF.

1964 General Course in Group Work established.

1965 Course in group work organised for the Association of Psychiatric Workers.

1966 Group Analytic Practice including SHF moves to 88 Montagu Mansions.

1967 Group Analysis (International Panel and Correspondence) (GAIPAC) founded; SHF is editor (1967-1975) and financial sponsor (1967-1970).

Embryo Institute of Group Analysis formed with a Training Committee to organise introductory courses in group work.

1969 International Council of Group Psychotherapy established.

Society's introductory courses recognised by the Ministry of Health.

1970 First European Symposium, Estoril.

1970-1 Society delegates responsibility for training and qualifications in group analysis to the IGA and a charitable body, the Trust for Group Analysis (TGA), is established to handle the finances of GAS and IGA.

GAIPAC is produced and published by the TGA on behalf of GAS and IGA.

1971-2 IGA establishes qualifying course in group analysis leading to a recognised professional qualification.

European Symposium, London.

European Co-ordination Committee formed.

1973 First January Workshop.

International Committee of Group Psychotherapy formed.

1973-83 Practice shares premises with IGA at 1 Bickenhall Mansions.

1974 European Symposium, Amsterdam.

1975 International Colloquium, London.

Major fund-raising effort.

GAS Jubilee celebrations

1976 Death of SHF.

ETF appointed Trustee of TGA.

Institute of Family Therapy established by those who had run IGA family and marital therapy courses.

1977 First Annual Foulkes Lecture.

1978 European Symposium, Stockholm.

GAS sponsors first of a series of workshops in Israel.

1978 Joint Research Committee of the Society and Institute established to co-ordinate research projects.

1981 TGA is dissolved by order of the Charity Commissioners; GAS and IGA become charities in their own right.

European Symposium, Rome.

Self psychology and Group Analysis Workshop

1982 Journal changes its format and becomes known as Group Analysis: the Journal of Group-Analytic Psychotherapy.

1982-3 Major fund-raising effort for new premises.

1983 Ceases to be obligatory for IGA members to also be members of GAS; category of overseas member abolished; beginning of composite May week-end comprising AGM, Foulkes lecture, scientific meeting and large group event.

A less formal bulletin of international correspondence is instituted with ETF as editor.

European Working party formed.

IGA and GAS move to 1 Daleham Gardens.

1984 European Symposium, Zagreb.

First Manchester workshop.

1987 Committee of GAS decides to establish an archive.

European Symposium, Oxford.

1989 2nd European Meeting on Group Analysis, Athens

1992 IGA 25th Anniversary Symposium

Conditions governing access:

Records in C.2/5 are subject to restricted access, as are several records in B/5, D/4 and D/6. Full details are given in the catalogue entries for relevant files. Because of the nature of Foulkes' work, attention is drawn to the Wellcome Library rule that readers shall not publish or communicate to any other person the names or other particulars of individuals named in records which contain information of a private or sensitive nature.

Conditions governing reproduction:

Photocopies/photographs/microfilm are supplied for private research only at the Archivist's discretion. Please note that material may be unsuitable for copying on conservation grounds, and that photographs cannot be photocopied in any circumstances. Readers are restricted to 100 photocopies in twelve months. Researchers who wish to publish material must seek copyright permission from the copyright owner.

Archival history:

Until 1987, it would appear that the Society had no record-keeping policy and records were held by individual officers and members. In 1987 the Committee of GAS decided to establish an archive which it was hoped would chronicle the development of group analysis by SHF and the history of GAS and IGA. SHF's personal papers formed the core of the

early material, the honorary archivist requested and advertised for donations of further material, and recorded interviews with those whose reminiscences might throw light on developments. Material about the construction of the archive can be found in Section E of the collection. It has not always been possible to determine the exact provenance for the material donated as a result of these efforts, however two main groups have been identified.

In 1989 ETF deposited SHF's papers with the archive. These relate to both SHF's and her own role in GAS, IGA and TGA. These were sorted by Sabina Strich, GAS honorary archivist, and ETF in 1989. Any material which did not relate to SHF's involvement with GAS was amalgamated with SHF's personal papers catalogued separately as PP/SHF Foulkes, Siegmund Heinrich (1898-1976) and Elizabeth Therese Fanny (nee Marx) (1918-2004). The material given to SA/GAS fell into two distinct categories, one representing those papers generated or collected by ETF and SHF during the latter's lifetime and one representing ETF's involvement with the Society after the death of her husband. The latter material included copies of minutes, committee papers, circulars, etc which duplicated those donated by Vivienne Cohen (see below). These have been weeded from the collection, leaving only those papers which appeared to add new material.

Vivienne Cohen (VC) donated much post-1970 material to the GAS archive. She was a trustee of TGA at its establishment in 1970 and represented the trustees on the Council of the IGA, taking a particular interest in the financial affairs of the IGA through membership of the Finance Committee and involvement in fund-raising, interests which continued after the discontinuation of the TGA. She was also active on the Training Committee and Admissions Sub-committee. She was also honorary secretary of GAS until about 1974, having previously been honorary scientific secretary. She was honorary treasurer from 1977 until about 1987. Her papers were kept at her home and were sorted by Terry Lear for his article, "Twenty-five years of the Group-Analytic Society network", *Group Analysis* (1992).

In addition to these two major record groups, the collection includes a few files from Sabina Strich relating to her involvement with the Regional Training Courses Sub-committee, European Sub-committee and with the GAS, recorded interviews and some meetings registers and other papers from various sources. In 2004, following the death of ETF additional papers relating to GAS and IGA found in SHF and ETF's papers were added to the collection.

Immediate source of acquisition:

The papers of the Group Analytic Society (GAS) were deposited in the Wellcome Library by Sabina Strich, the Society's Honorary Archivist, in 1993. In 2004, following the death of ETF additional papers relating to GAS and IGA found in SHF and ETF's papers were added to the collection.

It has been difficult to establish the original order of the papers. Coherent files have been treated as such but loose papers and those contained in files labelled "miscellaneous," "unsorted" etc have been arranged into files, mainly on the basis of subject. Original file titles, where given, have been indicated in inverted commas; it is difficult to tell whether these represent working titles or titles assigned by those sorting the material at a later date.

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Related material:

In the Wellcome Library: S.H. Foulkes' personal papers are held as PP/SHF and contain material relating to GAS and IGA; readers are strongly advised to consult the catalogues of both collections.

Selections from the Archive

Foulkes Archive: A Report written by Una Farrar, our first archivist, for the GAS (London) AGM in 1988:

“As you know, last year the Committee decided to establish an Archive and I accepted the honour of being the first Honorary Archivist.

The history of Group-Analysis as developed by S.H.Foulkes stretches back over the last half century and Mrs. Elissbeth Foulkes has preserved her late husbands works and correspondence for the past 12 years.

To transfer this and other relevant material into an archive requires:

- a). a suitable location
 - b). a system of cataloguing and indexing, to make it available for research
- so these were the tasks I addressed myself to.

The site for permanent storage needs careful consideration as it must be free of dangers and hazards which cause damage to documents — such as damp, heat, lack of air and even pests.

In addition, it is important to have space for the work and study of both officials and researchers near to the archive.

A system of recording material as it is received, cataloguing and indexing it, is required to be done in such a way as to make clear to any archivist or assistant all that has been collected, with the history and location of each document and the safeguarding against any loss or misplacement.

It has taken considerable time learning how archive-keeping is professionally achieved. After studying the specialist books the next step was to discover how to adapt the knowledge to our small archive. Visits to the local history Archivist have been most interesting and helpful in gaining sound advice.

I have given some help to Mrs. Foulkes in her sorting and written to people who knew Foulkes in earlier days, who I thought may be able to offer further material. I have received replies from half a dozen who have expressed willingness to contribute personal memoirs, photographs and a tape, from as far away as Los Angeles. An accession register is being compiled.

Finding a suitable location has proved the most difficult part owing to the very limited space in 1, Daleham Gardens, but when it has been decided - temporarily or permanently - the building of the archive should be able to proceed more speedily.

Offers of assistance have kindly come from local people, for which I am very grateful. A small team will eventually be required to act as archive officials to supervise its use and safeguard its content.

Una Farrar.

March 1988.

From the Foulkes Archive:

The archive contains a 68 page book, "In Honour of the Seventieth Birthday of Dr S.H. Foulkes – Special Meeting of the Group Analytic Society (London). Held on Saturday 30th November, 1968 at the Clarendon Court Hotel, London. This transcript presented to Dr Foulkes with respect, admiration and gratitude by Harold Kaye".

This is a beautifully embossed book with SHF and the logos of GAS in raised typeface on the front of the book.

There is a list of those present at this meeting. The purpose: an attempt to get together people who were associated with Foulkes at Northfield and it is acknowledged that this was only partially successful.

The book contains transcriptions of talks and discussions about Foulkes' personal history and the history of Northfield.

Dr Main

It is a great pleasure and comfort to one's own narcissism to see people whom one has known twenty years ago, when one is 70 years of age. And so, quite apart from any personal congratulations, may I thank you on behalf of all of us for reassuring us that life can go on and we can all some day hope to become seventy, alert and fit, full of health and honoured as you are today. I should like to congratulate all connected with personally having conducted this biological experiment with such great success.

There are other things on which we have today met to speak. I want to pay my tribute in a rather persona way to Dr. Foulkes. It is quite true that I suppose he could be called one of my officers. He was never a Junior officer, either in rank or in spirit. I don't recall ever giving him command or instruction, but I do remember being aware that it wouldn't be possible to. I think he often gave me commands and instructions but so well disguised that they were not noticeable as such. I don't think I ever put him on a charge or accused him of insubordination, though I think that both would have been possible because he contravened so many of the ordinary laws of thought at that time.

We, in 1968, will not find it possible to appreciate what happened In the '40's, in the army, because some new things were developing. The psychiatric world and the psychoanalytic world discovered groups. It was, and is, a new world.

The historical setting is the Freudian couch in the photograph, with one person in a room. It is Freudian, which he liked very much, as you know. He didn't like looking at them, so he had them turn away from him. He did not have clinics or colleagues to work with but was on his own. He normally had patients come to him. He was fairly isolated and out of this setting he grew a technique which is so closely allied to this setting that it is impossible to separate the two. Now the marriage of keen observation of a genius to that sort of setting resulted in Freud treasuring the observations that he was able to make in that setting. It was quite trivial that his patients were lying down. Possibly he noticed that they developed fantasies and curious attitudes towards him, which he didn't resent. He was such a scientist that he was interested in these attitudes, and from a study of these attitudes and recognising them as having something to do with fantasies he discovered all sorts of things about the human mind including the transference situation. This will be carried down for psychotherapeutic work for many a long year. Those who didn't have the skill nevertheless would try to use the setting. Even if there was no skill they would still get their patients to lie on couches. Face to face psychotherapy was not quite respectable.

When Dr. Foulkes came to this country and went to Exeter he was faced again with the old settings. He worked in a hospital, There were a lot of people there and he began. I don't know if he was aware of Burrow's earlier work in the 20's in America, but I doubt it. I think he just began to knit together and in this setting began to make fresh observations, Now this sounds like a small and common-sense idea but in fact it was an historical event, as it proved for British psychiatry and thereafter international psychiatry. I don't suppose he had any idea that it was going to lead to such wide developments but I think not.

To Dr. Foulkes, whom we are honouring today we owe the whole spread of Group Therapy, which has gone right across the world, sometimes expertly, sometimes not so expertly. So I think we have to pay tribute today to a man whom, perhaps by accident but certainly with a patience with the setting and a determination to make the

most of it, was a pioneer. But anyone can be a pioneer by accident but it takes somebody like Dr. Foulkes to make the most of it and to become an innovator: to study, criticize, check, correct, gain colleagues to undertake some of the experiments, to criticize each other, to refine theory and to grow bodies of ideas for further examination.

So, from becoming a pioneer and an innovator he then, of course, had to become a kind of colleague. And he has, consistently, ever since I have known him, grouped round him colleagues to work with him, colleagues who repeat what he is doing, check it, will offer their own ideas and to whom he can offer his own ideas. But out of this too there grows the next thing, which is that he is compelled to be, whether he likes it or not, a teacher and a trainer. This he has been, ever since I knew him. He already was by the time I met him. And I think it was as a teacher (not an official teacher, because don't forget that he was a relatively Junior officer), but it was as a teacher that people were attracted towards him and learnt from him, as indeed I, as his superior officer, did.

Now from this kind of setting he became and had to become an organiser, an editor, a writer, and a focal point round which all sorts of people are grouped to exchange ideas, to write, to check and so on, and the Group Analytic Society grew out of this.

I think Dr. Pines is right to draw attention to the many origins of this beginning, because the Army itself, like Exeter, were almost by accident, settings which people like Dr. Foulkes could take advantage of. Foulkes was one of the very few who did. It's easy to go back and remember one's army days as a glorious time. In fact, looking back, I don't think they were. This reminds me of a saying (I think I've got it right) "Old men forget and shall be forgot, but we shall remember with advantages, what deeds we wrought that day". So let's remember with advantages the things that happened at Northfield.

The first Northfield experiment of Bion and Rickman was over by 1944 and indeed before that. When I came to Northfield I came because I was reckoned to be one of those people in the army who had had some experience with groups. I hardly realised that I had, but it was spotted that I had some and to Northfield were then posted all

sorts of people who had some experience with groups in the hope that by putting them together something might come out of it.

Foulkes had been there quite a long time before, and he had by now developed his early work at Exeter, which was pretty solidly founded and he was the key figure in the group therapy that developed at Northfield. It had already developed by the time I came there.

The story of Northfield isn't written and I don't think it can be written because it was such a complex, vivid, living organisation, with all sorts of ideas being practiced there, and we can only select, this afternoon, some of the things that Dr Foulkes was interested in and did. And I can add some of the things that I was interested in and did. But it is worth noting that this was, if not first, certainly one of the pioneer hospitals in opening its doors to the patients. This is so commonplace today that one is apt to forget the pains and excitement of an innovation like that which may seem so simple now, but which was against all the rules.

The first social therapist – that is now another term which is now commonplace, was at Northfield. The term was devised there and a man called Major Bridger, who had had some group experience came in to be that. His group experience had consisted of looking after gun crews in the north of Scotland and in being so interested in the human relations in the handling of gun crews that his ideas about it were interesting enough and exciting enough for this man, an Artillery officer to be posted to a hospital, to further the study of groups.

I think the first Art Therapist grew at Northfield. We happened to have a man, a Sergeant, he was quite good at painting. His name was Bradbury. He is now the lecturer at the Tate Gallery, but then he was Sergeant Bradbury. And he was not only interested in art, he was interested in how people used art; that is to say that he was more interested in people than in art itself. He was interested in the enjoyment of art and he had a kind of infectious enthusiasm, so that he developed such things as Group Paintings.

But there were all sorts of other people, some of them rather odd. Some of them - perhaps I ought to say this, that not all the people at Northfield worked happily together as a team. The amount of quarelling, the dissention on theory, the personal bitternesses were no less than you find in any reasonably large organisation. But because I can't be objective, I won't mention the names of some of the people that I didn't think much of at the time, nevertheless, I want to point out that they were there. I want to point this out today because Foulkes himself has always met, in addition to welcome and admiration, hostility, criticism for his innovative skill, his ideas, his formulations, his theories and practice. We have with us today then a man of seventy who hasn't necessarily had an easy life but who has known a good deal of bitterness and of loneliness, and at Northfield he met it, because the first Northfield experiment which had been fathered by Rickman and carried out by Bion, had been of a different order from the experiments he was conducting and Rickman - who was a friend of mine, who is now dead - was really quite bitter in his anger that here was Foulkes doing something about groups which was quite different from that which his own protegee, Bion, had been undertaking. The differences (I nwill come to in a few moments, but I don't mean that one was right and the other was wrong), what I do mean is that this is the sort of inevitable thing when something new is discovered and various people lay claims to interest. wish their work to be respected and make findings which are apart from each other.

Now, Foulkes' first findings, of course, and I think very largely his main interest had been in small groups, and starting out as a doctor, a therapist, he wanted to use this common place to get patients better. He found himself studying groups and particularly small groups.

It was from the study of small groups that we now have our ideas, which again are quite comonplace. It is characteristic of small groups that people can live, can be individuals, but they have to be individuals if they submit to group laws of a perculiar kind. They are allotted roles, whether they like it or not.

I remember the early days that we amateurs who were sitting at Foulkes' feet used to hold with each other. We were concerned about things which today are seen to be so simple, like "who is the leader", "is there a rivalry with the leader", and we dealt with

very simple ideas like that. And in discussion, these were the sort of things that occupied us. Then later on began to be seen that groups are appointing people for various tasks: villains, saints, interrupters, agreeers and so on. Now it was out of the study of the way we use each other like this that, of course, a great deal has been learned about groups, man himself, and about mental processes such as mutual projection systems and interplay of the depleted personalities, subject to mutual projection systems in group settings.

Foulkes was, therefore, compelled to take an interest in the curious things that go on in groups; the processes under the duress of which everyone performs and how their performance was affected by this. But though he was interested in group processes he was faithful to his old training, which is that of a psychoanalyst, concerned with the individual. He was concerned with the use of groups for therapeutic purposes.

I would say, in contrast to Bion, he was not interested in groups per se. Bion was interested in treating groups. I think that Dr. Foulkes was basically interested in individuals, and how to help them, and group treatment of them.

Well, nowadays we know that there are other things which occur in large groups which don't go on in small groups. We have some idea that in large groups we do not get the same processes. Far from people being forced into roles and being required to play these roles and required actively to pursue them, we are beginning to have some idea that in large groups the threat to the individuality is so great that people are paralysed, and seem to become a large vacuum that no-one dare enter; seek uniformity; submit themselves to silence, dare not speak unless they are sure that their remarks are going to be greeted; dare not make vivid remarks in case the vividness of their remark is not met with a vividness of response. But I don't think that Dr. Foulkes has been particularly interested in large groups, because his work has kept him with small groups.

At Northfield he was under considerable difficulties because the day, the war, meant that he had to deal with a lot of soldiers. he had to be able to look after a large ward, he had to be able to do something with it. He grew his group meetings discussed these

well and if he hasn't discussed them with you before today I don't think that there is any hope of my doing so now.

But I want to take out one particular thing I remember he grew when I was there. Having trained a fair number of medical officers to undertake group therapy he then was no longer interested in just the therapy of static groups; he became interested in group performances and in the way group processes and individual illness interfered with behaviour. The Social Therapist had organized the hospital so that there were subjects being undertaken. For example, some people would undertake a project to build something, others to break something up. There was one group I remember, we used to call it the "Stage Group". Every night in this very busy hospital there was an active stage performance. There were backcloths to paint, furniture to be moved. The place to be cleaned out. Furniture had to be made. and this particular group of six soldiers used to get into difficulties.

I remember Foulkes developed this idea of being on call for groups and when this particular group was in trouble, Foulkes' idea was to be an action therapist; go into the trouble at the moment of trouble and at the point of trouble. And sit down with the group and look at what was going on. Like this he became a kind of opportunist group therapist taking a group that was in crisis, not simply a group that was going to meet regularly. It was the application of his past experience in a flexible way that at a time he was studying.

The idea of knitting a whole hospital together as regarding a whole hospital as a social organism, began to grow in Northfield and it was as the result of a visit by some Americans that I wrote the article on the possibility of a hospital getting looked at as a whole in which the first mention was made of the term "A Therapeutic Community." The idea then was, of course, new for us and it was exciting. We had broken away from the individual, largely as I say because of Foulkes' pre-war experience, with the idea that groups themselves are social organisms, maybe with laws of their own, different from the individuals of which they are composed.

Now coming to myself: I went to Northfield because my experience of the war had, in fact, been operational units. I had made studies of how groups behaved in training and

in battle. The purpose of this being to improve the efficiency of the army in battle situations. I had got to a situation where if there was difficulty in a unit I was asked to go in as a kind of psychiatrist/social investigator and at first I drew very heavily upon sociology to understand the events when a large institution was in trouble. But then I used what knowledge I had of the unconscious to try and understand the unconscious events inside groups. So by the time I got to Northfield, I had had a very wide experience, well beyond my knowledge, but a very wide experience of difficult groups.

I remember just before I came to Northfield, I studied the Salerno Mutiny. It was a small mutiny which occurred at Salerno when some two hundred soldiers mutinied and the group of events which led up to this mutiny were difficult to study but anyhow I had made studies of that sort. I was interested in large group behaviour to use this nice, rather vague, term, in General Morale Systems, in the classes inside large groups. I was one of those and there were numbers of those who had long since regarded the individual as the main legitimate centre of our scientific interest. You can't be, for instance, in the army very long as a psychiatrist and remain attached to interest in the individual. To take an extreme example: I remember one psychiatrist, who was not very experienced in

A Recipe for Convening Median Groups

This recipe is a vehicle to express some thoughts about convening median groups. It presents clinical work in a way that does not compromise

confidentiality or claim to be definitive. Recipes need tinkering with if they are to evolve. Contexts provides a forum where Group Analysts can share and swop ideas, discover new ingredients and describe labour saving devices. The recipe was first presented at the 1st International Congress on Median Groups, June 2010 Bolzano, Italy.

So, what is my recipe?

First I decide what I am going to bake.

Is this median group simply a place to learn the skill of being in a large group or is it also going to have a function, maybe holding the tension of a course or facilitating change in an organisation.

Then I prepare the ingredients.

I think we are engaged in slow cooking rather than microwave. People dislike feeling deskilled and need to be forewarned that it takes time and effort to acquire the skill of using a median group. Relying on their experience of small groups will be like using a fork instead of a whisk to beat the egg white and unsurprisingly they will be very disappointed.

Putting the ingredients together.

In a dish I choose flavours that go well together. A median group works well if there are some experienced members who can model how to use a median group. It also helps if people have, or can make, sufficient connections in the group to give them the security to participate. Others will rely on the competence of the conductor to sustain their confidence.

Mixing the ingredients.

A good dish will have different tastes and textures blending together to give a satisfying meal. Alongside conversation and personal storytelling a median group needs humour, metaphor and a rich tapestry of social, literary, historical, political and mythical themes. (Douglas, A. 2001) A little chilli might add some zest to a dish but too much will spoil it. In a median group plunging interpretations, catastrophic references and anything that tends towards massification needs careful attention to avoid the group sinking under the weight of it.

What is happening while the food is cooking?

In a median group dialogue is developing. The members and conductor are learning to use 'I', speaking for themselves and resisting the temptation to speak for others or to hide behind a role. The group members are starting to feel comfortable talking to individuals or the whole group, rather than addressing the carpet. They are learning not to expect a direct response and to tolerate the frustration of waiting to see if a thread develops that eventually knits their contribution into the fabric of the group. They are starting to appreciate that their contribution counts and may just be the missing piece of the jigsaw, which builds a group that can think together. They start to say what they think in the same way that they cast their vote, because they are expected to. The convenor will be modeling how to participate in a median group and helping those who are struggling to relate. Multiple convenors helpfully introduce different styles of engagement.

How is it served?

Hopefully food not only tastes good it looks good. People will join median groups if they look attractive. Established median groups sometimes unconsciously tire of integrating new members and sink into the comfort of a static unit. At other times their genuine enthusiasm is mistaken for proselytizing. It is possible to establish a successful median group in the health service by presenting it to staff and patients as highly desirable. It became a prestigious club, which everyone wants to join and so thrives. (Douglas, A. 2001)

How will the dish turn out?

After all the effort will the food be good to eat? I would not dream of running a course or an organisation without a median group at the centre. Where better to discuss ‘Who are we? What is our role? What are we doing? Where do we want to get to? How can we get there?’ Creative thinking takes place. It is kept separate from the decision making process so thinking is not cut short by a move to making a decision tied to the last thought.

For those of us who have had traditional psychotherapy and developed insight a median group will add oversight. A median group is at it’s best when the members are thinking from their feelings and establishing a network of intelligent intuitive communication. Members learn how to carry on thinking in the midst of a heated discussion. This is particularly useful for people who cannot resist the temptation to place themselves in the eye of the storm and then struggle to manage the unconscious processes they have engaged with. In the world of work the skills honed

in a median group translate into the ability to manage oneself in the presence of others, articulate what is needed and perhaps ask for a pay rise or defend oneself from envious attack. The challenge is to be able to think and feel clearly when personal experience becomes public and through recognising the cultural assumptions in play, find an articulate but personal public voice. Joining any group is an intimidating experience and a good introduction followed by support will go some way to motivating membership of median groups.

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Growing a Median Group

Step 1. Inspiration from ‘Koinonia’ and the Manchester Diploma Course

Browsing through the library at the Red House I came across the book ‘Koinonia’ by Pat de Mare, Robin Piper and Sheila Thompson. At the time I wasn’t looking for ideas for another group. I had thought I would give myself an easy time as I had recently been through the gruelling experience of establishing an analytic group in my private practice. As I flicked through the pages of Koinonia I found myself engrossed in its vision of dialogue in the larger group, the emergence of impersonal fellowship from the turbulence of the large group dynamic. I was intrigued by the thought that the workings of an ancient civilisation, Greece, had been used not only in the understanding of large group process but also as a vision of what is possible, how human beings can learn to communicate in large groups. I love reading about ancient civilisations and cultures that use mythology to inspire their daily lives and social organisation. They speak to my collective memory, populate my dreams and bring out the youthful dreamer in me. So, Koinonia was obviously for me! It is not just a group analytic perspective on large groups, it is a vision of a world in which there can be dialogue, in which the unconscious forces of devastation and destruction are harnessed creatively.

I had worked many years in psychiatric hospitals in which the destructive forces within the institution, the animosity between groups and individuals within it, had mined creative endeavours. If ever Koinonia was needed, it was in this setting.

My experience of the large group on the Manchester Diploma Course had been a powerful one. I could still remember my first large group session. I had looked around me at the sea of faces and watched bewildered as each one became a person I had known as a working colleague in the NHS in the past. Rationally, I knew this wasn't true. I had left the NHS several years ago. I wondered if perhaps I was feeling paranoid about being amongst so many health professionals who were not in private practice. The faces continued to contort into colleagues from the past. I had some knowledge about large groups. I had participated in a few. I knew group psychotherapists who talked about psychotic processes being characteristic of large groups. Was I really becoming paranoid and psychotic after such a brief period in this large group? I felt that the more I remained silent, the more I would slip in to some other reality, not this one. I wanted to speak to recover my sanity. I decided to say what I had experienced as I looked at everyone's faces in the group. As I was speaking I found myself describing it as almost a game. I was glad when several people responded to what I had said. One gave non-committal fellow feeling — a tutor. This felt friendly. Another person made a remark about the game sounding like the sort that small children play. I felt like I was being told ever so nicely that I was being childish. Someone else asked me if I did know anyone here and I realised that I did know one person from my working past. After this question I started to feel sane and as if I was becoming a member of the large group. It was a simple, ordinary remark which addressed the issue of 'who knows who' for the large group as a whole and for the new members in particular.

I continued to learn throughout this group and grew to love the humour, metaphor and rich tapestry of social, literary, historical, political and

mythical themes. Consequently, I had good experience to use in preparing and convening a median group myself.

Step 2 Grounding the Vision - Preparing and Planning the Environment: The Conceptual Matrix

I had enthusiasm and a passion for the ‘vision’ of the median group. The task now was how to bridge the gap between this vision and the reality of the psychiatric day services in which I planned to convene this group. (I was now working part-time in the NHS). My experience of the large group on the Manchester Diploma Course had shown me that the presence of trainers, supervisors, small group conductors and course convenor was a vital ingredient to the whole process. The psychiatric day services had a team of nurses running skills training and behavioural groups and a coordinator. I decided that ideally the median group would include several staff from this team as well as patients. My first task was discussing the idea with the staff. Fortunately, I already had a good relationship with them and had been facilitating a staff supervision group for 4 months which had been well attended and become an integral part of the service. I was also a member of the planning group for the service.

I arranged an initial meeting with them to broach the idea. Whilst willing, several staff had had bad experiences of large groups held on psychiatric wards in the 70’s and 80’s. I encouraged everyone to share their experiences, some of which were horrific! The unleashing of large group dynamics in groups with untrained group facilitators was a sobering warning. I decided to offer a series of training sessions for staff prior

to setting up the group. There were 6 sessions in all. They were a combination of information giving about the purpose of median groups, answering questions and allaying fears, and developing a culture in which the staff were an integral part of the planning and preparation for the median group. We regularly discussed the kinds of issues around for patients as a whole, e. g. the cliques, the 'hard core', patterns in attendance, phases of idealisation or rebelling, dependency and responsibility, the effects of being labelled as a mental health patient, patterns in abusing alcohol and drugs, caring for the environment. The issues that arose in the staff supervision group highlighted the need for improved communication between patients and staff, staff and staff, and between patients and patients. This supervision group had already improved tensions between staff over differing approaches to particular patients. The possibility of a larger forum for patients and staff began to be thought of as a positive addition to this.

The purpose of the median group was to promote dialogue within the service as a whole — not just the members of the group. As there were over 100 patients and 8 staff and the maximum number advised for a median group is 35, the question arose of selecting patients and staff for the group. This felt instinctively a good group analytic thing to do. As my supervisor, Cynthia Rogers, had pointed out, if members see themselves as selected they are likely to see the group as special and take it more seriously. The day services staff were keen on this idea and had an important role in deciding who to put forward for the group.

I produced clear guidelines for the median group from the staff training sessions. I included these in a staff handbook. In supervision I discussed the practical problems of starting the group. A large enough room would

not be ready in time (the service was moving premises and there had been delays in building). Should I start with a smaller group? The staff were visibly relieved by this suggestion. The traumatic experiences of the past were not going to disappear overnight. I consulted Sheila Thompson's book 'The Group Context' for guidance on numbers and realised that 13 would count. The present room would just take 13!

Whilst still in this preparation stage I wrote to Pat De Mare who kindly invited me to visit when I was in London. I went to see him after the IGA training workshop, The Spirit of Group Analysis, held at the IGA. Although most of our conversation was about mythology and religion, that visit was crucial in giving me the confidence to undertake the group. He showed whole hearted enthusiasm for the project and unreserved support for the structure I was devising. He was keen on selecting members and gave an optimum number of 17. When I left, I felt I had been given a stamp of approval.

Step 3 Populating the Matrix

The week before the group started, the acute day service was renamed "The Helios Centre". Whilst I had not been involved in the names competition for the service, I was delighted by this choice. I thought that having the Greek sun god could only bode well for a median group that had been inspired by 'Koinonia'!

I had drawn up a final structure for setting up the group in three stages. I planned to introduce members according to the size of the room which would be available. It would start at 13, including myself as group convenor and 2 other staff, increase to 17 then include 1 more staff

member when the room in the new premises became available, and gradually increase to 35 including most staff when the recreation hall became available.

This gradual growth of the median group has proved an excellent approach. Members, both patients and staff have been able to 'find their feet'. The culture has been that of a median group from the very first session, even though numbers attending have often been less than 13 in the first phase of the group. A selection group has been a good way to prepare members for the group. Up to 4 patients are seen together to introduce them to myself and a staff member of the group, to discuss their thoughts, feelings and personal aims in being in the group, and to describe the kinds of themes that are talked about in a median group. It is emphasised that the purpose of the group is simply to learn how to talk in a large group, to communicate. Patients usually identify difficulties they have in social situations such as further education classes, work, pubs, community groups and public occasions.

Themes and Dialogue in the Median Group

The themes that have emerged in the median group over these 25 sessions have included television soaps, the news, hobbies, interests, holidays and travel, films, schools, work, and activities. The group has also discussed groups within the Helios Centre, local history, literature, poetry, magazines, gender, race, hospital rumours, the wards, issues about being an in-patient, frustrations within the median group, the Helios Centre itself, the hospital and the community mental health trust. My role as group convenor is often discussed and challenged - sometimes with much humour!

Jokes, playing with words and images and humour have been welcome features for everyone as the group negotiated the balance between confronting serious social and personal issues and maintaining a safe, calm environment in which to do this.

My interventions have gradually expanded from encouragement and facilitation to interpretation of themes in terms of group issues or issues related to the Helios Centre. The material in the group suggests that this median group is a sensitive instrument, reflecting the issues around in the culture of the Helios Centre. Sometimes the group works with general issues which have particular relevance(both conscious and unconscious) to individuals within it. Sometimes the issues relate to individuals who are not members of the group but part of the culture in the Centre.

The following extract gives an example of the dialogue in the early sessions of the group — (Session 6)

A.(new member):-You're wearing a tie, B, — it looks very smart but you need to straighten it. (In loud voice).

B. (staff) (laughs) Yes.

A. Do you often wear ties?

B. I'm wearing one this morning because I put this shirt on and it needs a tie.

A. Do you like ties then, B? They're quite formal, aren't they?

Convenor. I'm wondering whether you wear ties, A?

A. I've only got one tie, a black one that I keep for funerals.

D Oh yes, I have a black tie for funerals.

E Yes, you wear different ties for different occasions.

Convenor. I guess that's one item of clothing that women don't wear on the whole.

Murmurs of agreement from women.

D. There are some ties that you wear for weddings.

B Women wear hats at weddings, don't they?

F. (staff) I think it's still required usually.

There is more talk about weddings and funerals. The convenor silently reflects on last week's session that referred to royalty. In her mind, she associates this with royal weddings and the film Four Weddings and a Funeral. The conversation is very fast and manic between the men

Convenor. Well, I'm beginning to wonder if we are at a wedding or a funeral here?

Some laughter ~

E talks about blood that was on the corridor and worries that someone had hurt themselves. The convenor asks for more information. E had been concerned and wanted to help in some way. The convenor thinks about one of the absent members who cut themselves badly recently and another whose mother was ill in hospital.

B. Who were all those people who came looking round the centre this week?

Convenor. I can't answer that one, B, as I wasn't here.

F. When do you mean?

B. Earlier in the week there was a group of young people wondering around and peering in, I never know what to say to people like that when they are here. It doesn't feel right to ask them what they are doing here.

F. Does it bother you when people come round the centre like that?

B. Well it doesn't bother me...it's more not knowing what would be the right thing to say you know, I don't want to spook people, you know being here in the hospital.

Convenor. I wasn't sure what you meant by spook people, B.

B. Well if people ask you something thinking you are a member of staff and you aren't, you know,it's the sort of thing that used to spook my mother if we were in a hospital and she asked a patient for directions, she couldn't cope with it. It's all to do with manners and the right thing to say in a situation and I don't always know what's expected. . . .

Convenor. Yes, I think what you are talking about is important, B, I see it as being about the kinds of rules there are about the social and...

A. It may be antisocial, not social surely..

Convenor. Yes, but it's all part of society, A...

A. Mmm.....I see what you mean

Convenor. It's an interesting question, what social rules are in use that we follow and when we may want to challenge a social rule.

The theme of knowing what to say and how to get by in social situations continued to thread its way through several sessions at different levels:- the personal, the group, the Helios Centre, the surrounding institution and external groups and communities.

Concluding Thoughts

The presence of some staff in both the median group and staff supervision group has encouraged a linking of themes between the two groups. There is a flow of dialogue growing from the median group. This dialogue is becoming an acceptable part of the philosophy of the Centre. The

metaphoric use of television, films, literature, history and hobbies in the median group is becoming a part of the thinking used by staff who have been in the median group when analysing staff/patient interaction and Helios Centre dynamics. The language of the various therapeutic approaches of the small groups is shared in both the median group and the staff group. Patients and staff share the task of developing a common language for experiences in different kinds of groups.

The group membership varies between 13 -20. Increasing the numbers has been slow due to patients needing in-patient admissions or being discharged from the Helios Centre. We have been learning by trial and error as to who to include. It seems as if membership increases and decreases according to the overall culture of attendance in the centre.

As convenor, I have been learning a way of being that is more participative than my role as a conductor in a small group. It has become a very enjoyable contrast to most of my other work as a psychotherapist. The Helios Centre staff have also enjoyed the opportunity to join in with patients in a more relaxed way. In the present 'work ethic' of NHS culture, it is an enjoyable enigma - work that includes having fun! There are many difficult sessions, of course, but the group itself is so interesting that it survives the doldrums. It is a great leveller. The poor, the rich, the intellectual, the illiterate can find common ground. When discussing the meaning of the word 'median', the group has considered various definitions and associations including mediums (as in channelling messages from spirits), mediation, as thought needed between staff and patients, and the mathematical meaning of the mid-point, the middle ground. It is this latter one which has influenced the group most, though both of the others have been present in some form — it could be argued

that the skills of mediumship may be involved in finding out how to communicate the unspoken messages in the group!

Psychiatric diagnoses have been less visible in the culture of this group, though most of its members have severe psychiatric problems, including borderline personality disorder.

I think a vital ingredient in the setting up of this median group has been encouraging the staff of the Helios Centre to participate actively so that I could use their knowledge and expertise with their patients to create the appropriate structure for the group within the centre. I couldn't just set up the group without relating it to the structure of the Helios Centre as a whole. I have not worked as an individual, but as a member of the professional group providing the service. None of the staff had formal training in group therapy but they were clinically very experienced as well as committed and enthusiastic about developing group skills. The senior manager was keen to develop the group work in the service and actively supportive of staff furthering their training.

It has felt important to have the 'group mind' of supervision, the supervisor and supervising group, not just my individual contribution. A special edition of Group Analysis was published, (March 2000), devoted to the work of Pat de Mare and packed with articles about the median group, so I have hopes of continuing this work within the context of a network of group analysts running median groups.

Growing the median group has been rewarding, often frustrating work, but it was fun. Enjoyment can move mountains!

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Angela Douglas

A Postscript on the Value of ‘Growing’ Median Groups in Clinical and Training Contexts in 2013

Reading my article, Growing a Median Group, 12 years later, I am concerned that I gave the impression that perhaps the main purpose of the group was having fun! I didn't describe the endless patience and determination it required to contain the counter transference feelings I experienced as I struggled with those frustrations and hatreds that arise in the staff culture in which we work within organisations. In fact I had to continuously refer to Pat de Mare's model of Koinonia (De Mare, P.,

Piper R. & Thompson S. 1989), in order to understand and respond to this experience, and provide a containing environment for this group to flourish. To quote a young South American activist being interviewed on the BBC World News Arts hour this morning, 8th April 2013, 'humour is the best weapon in overcoming fear'. Large groups generate fear and anxiety. As group analysts applying our understanding of unconscious large group processes we need tools for enabling individuals to develop psychologically and face fears of repressed feelings such as anger, frustration, shame, and humiliation.

We have a wealth of theoretical discourse about the social unconscious and the dynamics of large groups from the work of people such as Pat De Mare,(2012), Earl Hopper, (2011), and Farhad Dalal, (1998), to name but a few. I find this invaluable armoury in personally surviving the ever expanding corporate culture of the NHS and in enabling clinical services to flourish in such an environment. I learnt that theories, such as these, emerging from a complex system of academic thinking, can in core essence, deceptively simple forms, be applied to survive and even thrive in both convening large groups and in enduring the large group contexts of clinical services. The key seems to lie in turning the genius of theory into the ordinary language of life and human interaction, into dialogue.

The Koinonia model of the transformation of frustration and hatred through thinking dialogue enables group convenors to decide from the outset how they intend to use interventions in the group to develop the capacity to think through difficult feelings. As this is potentially so intense in a large group, the convenor can opt to modify interventions, develop the art of reading the groups capacity to process analytic interpretations and adjust her/his interventions accordingly. Symbolism,

metaphor and play become excellent tools in this pursuit, as does humour. So does attention to culturally specific language and the cultural context of the median group.

Having our theories about large group processes means we are forewarned and therefore forearmed. One of the crucial elements in the success of introducing the median group described was the empowerment of staff through sharing the simple model of Koinonia and simple descriptions about the theory and model underlying the median group and the basic elements of an unconscious understanding of the individual psyche and group processes. This has also been my experience of convening the median group for the Sunderland one year introductory course in group analysis. I have convened this group for the past 8 years with the active involvement of the small group conductors and course convenor. I have increasingly used the theoretical teaching on the course, the lecture on large and median groups, as a means of empowering trainees to use their experiential median group. The short term introductory median group at Sunderland is limited by its time, 8, 1¼ hour weekly sessions, to focus on those features pertinent to the members composing it. This shifts each year and includes the usual features of 1). Exploring difference and enabling individuals to face and move through personal dilemmas related to small group boundaries and social interaction, including differences of working identity, gender, race, sexuality, amongst others, 2). Developing the capacity to integrate individual, small and large group experience on the course for personal development; 3). the facing of organisational issues related to the large group, eg. the dynamics of a training course, and the experience of organisational dynamics in the IGA and in the social structures outside of the group, eg. work settings, social networks and relationships, and

anxiety related to social identity. As it is a brief experience of only 8 sessions, it has required yet further adaptation of traditional group analytic method as a convenor.

I have taken my lead from the developments in brief individual psychodynamic psychotherapeutic practice, eg Dynamic Interpersonal Therapy, (Lemma A., Target M., & Fonagy P. (2012), and mentalisation groups (Bateman A., Fonagy, P.). I actively introduce and end the group reminding people of the length of the group and number of sessions, its analytic frame, and focus interventions of individuals to work with issues arising in the here and now of the group and the interplay with individual dynamics and the dynamics of the small groups and the median group. Group and individual interpretations are framed in the language of the group, a product of our dialogue.

Working in a different professional role and different clinical context in recent years, I decided that providing a median group would have been out of kilter with national and local changes to the organisation of NHS services and that its value as an active psychotherapeutic treatment was difficult to maintain and justify, especially when it had to be a choice between providing a small group- analytic psychotherapy group or a median group. I felt overwhelmed by demands of other clinical needs. A median group can seem a luxury in times of scarce resources, particularly when it is an enjoyable experience.

Pat de Mare (personal communication 2000), had advised me originally to ensure that in setting up a median group I worked with 'nice people'! We all need to ensure we can survive the destructive processes that arise in large groups and organisations. I think that a median group should

never be a luxury and if resources don't allow then we adapt. However, our difficulties with large group experience will always influence us to avoid engaging in large groups that might stir up our fears. Sensibly, we instinctively react to the destructive elements of large groups. Our historical and social experience of mass hysteria, of mass thinking and its power to harm the individual, is always within us. There is also the universal disillusion and loss of morale experienced by staff in NHS organisations and services in 2013. We all know what it is like to endure waves of frustration and hostility in our relationships with other staff, other services, and those implementing policies born out of political and economic agendas. As group analysts, however, we have our weapons, our academic theories! To me it seems this is the very reason to engage in large groups, to apply these theories to enable individuals to survive and grow through such experiences. I am once more considering providing a median group experience as a part of therapeutic services in my current clinical setting. This time it is in response to the increasing fragmentation of psychotherapeutic and general psychological therapeutic provision across mental health services. Mental Health professionals are aware that patients can experience a variety of psychological therapies in different tiers of mental health provision and that navigating through services can add to confusion and undermine the therapeutic potential of treatments.

Patients use small group analytic, individual psychoanalytic, cognitive analytic, dialectical behavioural and cognitive behavioural therapies (and others!) at different times and sometimes concurrently in their pathway of care. There is still a need for service users and professionals to find a space in which to integrate the inevitable confusion surrounding the provision of services and share a dialogue that can support psychological therapeutic treatments of all theoretical orientations. The ever burgeoning

complaints culture whilst an essential means of empowerment, can also increase defences of acting out, splitting and projection and undermine all psychotherapeutic treatments. The increasing pressure to pursue a work ethic in times of economic stringency can also be a 'kill joy' and deprive us of that wonderful weapon, humour in human interaction, for both users and providers of services.

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**Group Analysis and Eating Disorders:
a study of the therapeutic impact
of group-analytic psychotherapy on women
suffering from anorexia and bulimia nervosa**

ABSTRACT

The therapeutic evolution of two women, one with anorexia nervosa (AN) the other with bulimia nervosa (BN), which took place for three and two years respectively in a heterogeneous once-a-week slow-open group-analytic group, was analysed. The group was conducted following

modified group analysis by integrating cognitive-behavioural, psychoanalytic and object relations perspectives. Results indicated the elimination of two patients' anorexic and bulimic episodes and a better integration of their bodily image and self due to the introjection of the group conceived as a good enough mother or selfobject mainly on its archaic and projective stages on pre-Oedipal level. However, both patients had difficulties with the group's mature reality stage and the phase of termination on Oedipal level, linked with separation-individuation processes and mourning, and terminated early by preparing a brief farewell (BN) or by interrupting (AN). The implications for further investigation of the group analysis of eating disorders were discussed.

Key words: anorexia nervosa, bulimia nervosa, modified group analysis, early termination.

INTRODUCTION

Although their diagnostic criteria and status as autonomous clinical entities have been well defined from a psychiatric perspective (American Psychiatric Association, 1980, 1987, 1994), neither AN nor BN present a clear-cut clinical picture. Both diseases usually co-exist with obsessive compulsive disorder (OCD), borderline personality disorder (BPD) and especially depression, which interfere with their diagnostic evaluation, therapeutic approach and outcome (Thornton & Russell, 1997; Meyer, Leung, Feary & Mann, 2001; Casper, 1998).

The reasons why AN and BN afflict both sexes but much more women than men (Fombonne, 1995; Steiner & Lock, 1997), remain likewise perplex and controversial, as they range from childhood abuse (Waller, 1992; Rorty, 1994) to socio-cultural factors (Garner & Garfinkel, 1980; Simpson, 2002).

The aetiology of both AN and BN, considered from a psychodynamic viewpoint, is also extremely complicated and inconsistent. Klein (1952) considered anorexic and bulimic tendencies as symptoms of an infantile neurosis when a regression/fixation of the subject to the paranoid-schizoid position (Ps) takes place in an effort to get rid of the mothering object that was introjected mainly as “bad” object during the oral stage. Lacan (1956-1957) regards anorexia as a psychotic-like symptom rather than as a disease precipitated by the overwhelming prevalence of an omnipotent imaginary mother over the symbolic father (the Name-of-the-Father). Mahler, Pine & Bergman (1975) conceived of eating disorders as adaptive responses to disruptions of the late symbiotic or early differentiation sub-phase of the separation-individuation process leading to an impairment of self-object differentiation. Kohut (1971) considered eating disorders, strictly linked with the development of an archaic “body self”, as behaviour that acts as a substitute for a mothering object conceived as a bodily rather than idealized selfobject.

All theories would agree that, in order to be effective, any kind of psychotherapy of eating disorders, should first reconstitute the above deficiencies on the pre-Oedipal level mainly by transforming the internalized “bad” object into “good” in terms of a sufficient negotiation between the Ps and the depressive position (D) (Klein, 1937, 1946; Palazzoli, 1978) or into a “good enough” one (Winnicott, 1965) or a

“container” (Bion, 1963) leading to the patients’ identification with the mother as an idealized selfobject (Kohut, 1971) and later address deficiencies linked with identification with the symbolic father/Name-of-the-Father on Oedipal level.

However, given the perplexity of both diseases, not only psychoanalysis but also even modified psychoanalytic psychotherapy of AN and BN is counter-indicated as ineffective (Bruch, 1970; Palazzoli, 1978). Anorexic and bulimic patients in individual analytic therapy, when they do not negate or interrupt it, mainly develop an archaic selfobject transference which can only assiduously be transformed into (and elaborated therapeutically as) an idealized selfobject transference, through their fear of devouring the therapist(s) or being devoured by them, often counterbalanced by their splitting tendency and/or their psychic emptiness projected on the therapist(s) (Geist, 1989). This, in turn, incites strong counter-transference feelings, which would undermine continuation of therapy and/or outcome (Bruch, 1978; Zerbe, 1992; Farrell, 1995).

Yet, some positive results in terms of transformation of the patients’ archaic selfobject into an integrated/idealized selfobject during analytic psychotherapy have been referred to (Dellaverson, 1997). By contrast, individual and/or group cognitive-behavioural therapies (CBT), although they present high rates of drop-out (Waller, 1997; Steel, Jones, Adcock, Clancy, Bridgford-West & Austin, 2000), have proved the most effective therapeutic approach especially to BN (Fairburn, Cooper & Cooper, 1986; Thompson-Brenner, Glass & Westen, 2003).

Psychoanalytic/psychodynamic groups with eating disorders present insignificant outcomes (Harper-Giuffre & MacKenzie, 1992), while individual/interpersonal psychodynamic psychotherapy has been proved considerably effective (Gabbard, 2004; Shedler, 2010).

However, the group-analytic psychotherapy of eating disorders has been only partially explored. Hudson, Ritchie, Brennan and Sutton-Smith (1999) refer to the progress made by bulimic women, in terms of a better integration of their dissociated body image into the self, mainly on the projective level of the group (Foulkes, 1964), through the mutual mirroring developed between them in an inpatient short-term homogeneous group, the latter conceived as the therapeutic method of choice. Segercrantz (2006) also highlights mirroring due to homogeneity in outpatient short-term groups with bulimics as the most effective factor in recreating their Self. Willis (1999) and Gold (1999) verified that the “bad” object as internalized by AN and BN patients can be transformed into a “good” one by using short-term heterogeneous than homogeneous inpatient groups. The heterogeneous groups deter the fusion of the members with the group which, mainly on the group’s archaic or oral level according to Foulkes (1964), is experienced by these patients as a “bad” object. According to Gold (1999), heterogeneous groups also permit members of different sexes to interact with each other and with the group therapist conceived as the Name of the Father, and thus to better negotiate Oedipal issues. Valbak (2001) refers to the complete therapy of nine out of ten severely bulimic patients with serious BPD that took place in an inpatient slow-open homogeneous group-analytic group following an eclectic group-analytic method. Valbak (2003) suggests that the outpatient heterogeneous group-analytic group may also be a promising specialized treatment for bulimic women.

However, the group-analytic models and research proposed above, in their modified form as either long-term or short-term, inpatient or outpatient, homogeneous or heterogeneous groups, inevitably undermine the “naturalistic” setting of the original group-analytic group, with the result that it is impossible to differentiate the group-analytic factors and processes that favour or hinder the therapeutic benefit. Furthermore, the research focuses on the generalizability of therapeutic outcomes, thus missing the step-by-step analysis of single cases and their therapeutic progress in relation to the therapeutic evolution of the group. Thus, a lot of questions that are critical to the effectiveness of group analysis as defined by Foulkes (1964) in the treatment of eating disorders remain unanswered.

In what sense does the group matrix – which, mainly on the archaic/oral level of the group, is experienced by bulimic/anorexic patients as an “empty matrix” governed by a “bad” Dragon Mother (Weston, 1999) – impact on AN and BN treatment? How can the matrix be re-activated to foster the patients’ emotional connectedness with the group and negotiate their passage from the archaic/oral to the projective or bodily images level of the group strictly linked with Klein’s Ps? What mirror reactions and multiple transferences are produced on the projective level, how do they differ from relevant phenomena engendered during individual psychotherapy and what is their impact on the therapeutic outcome? To what extent can anorexic and bulimic patients achieve a good enough passage to the mature reality level of the group or D according to Klein?

In order to provide some answers to these questions, we decided to investigate the impact that group analysis could have on the treatment of

eating disorders by analysing the therapeutic progress of two single cases, a woman with AN and a woman with BN, which took place in a heterogeneous slow-open outpatient group-analytic group conducted following a modified version of Foulkes's group-analytic principles and method.

METHOD

Therapy Group

The group was an outpatient slow-open group–analytic group that met once a week for an hour and a half at the writer's private practice in Athens from 2000 to the present. The treatment of both patients with AN and BN took place between 2000 and 2005. The group was scheduled to include members suffering from neuroses, BPD and psychoses excluding the acute ones as defined by Foulkes (1975). The once-a-week group was estimated as a good enough therapeutic dose in order to avoid a massive incorporation of the group as “bad” mother especially by the bulimic, anorexic and psychotic patients. Treating common neurotic and psychotic patients in long-term psychotherapeutic groups has been testified as leading to favourable outcomes (Smith, 1999), and the same was expected to be achieved by treating anorexic/bulimic patients in a group-analytic group with neurotic and psychotic patients.

The group was initially made up of five founding members: George, 32, teacher, suffered from melancholic depression. Fotini, 30, bookkeeper, suffered from BPD and depression leading to panic attacks and agoraphobia. Mary, 55, housewife, suffered from mild depression. Nikos, 24, electrician, suffered from trichotillomania, a consequence of severe

BPD, depression and OCD. Antonis, 26, mathematician, suffered from paranoid psychosis. He had been hospitalized twice and was constantly under medication. A year later Anna, 25, fashion model, suffering from AN entered the group, and a year after that Dimitra, 28, speech therapist, suffering from BN joined the group. Eight months later John, 23, unemployed, suffering from schizophrenia entered the group. John had been hospitalized twice and was under medication. All members had finished a once-a-week individual psychotherapy provided by me for 6 months to 3 years approximately. Antonis, John, Anna and Nikos continued their individual therapy parallel to the group therapy for about one to two years.

The main target for the bulimic/anorexic patients was for them to progressively introject the group as a sufficiently “good” object and later to effectively cope with separation from it. This is also considered as the main target in the group psychotherapy of patients suffering from psychosis (Caparrós, 1999; Skolnick, 1998, 1999). The patients could sufficiently experience all three group stages given that the latter, as mutually permeable phenomena with flexible duration, are repeated in cycles at both the individual and the group level, each time on a more advanced level (Foulkes, 1975). This is on condition that a patient drop-out, defined as discontinuing before six months, can be avoided through the conductor’s continuous efforts to translate and resolve the malignant mirroring and negative transferences developed in the group (Zinkin, 1983). The group was conducted following Foulkes’s group-analytic technique, which is likewise indicated for the group psychotherapy of psychoses (Urlić, 1999), with the therapist being a leader following a directive and/or interpretative stance during the first stages of the group and on its archaic and projective level, thus diminishing the group’s

influence, and a conductor at the later stages of the group and on its mature level by leaving the group to take the place of the therapist through members' mutual support. Cognitive and behavioural elements as well as directions regarding the members' medications were also included in conducting the group.

Subjects

Both patients with eating disorders were referred to me by their psychiatrist. They went through an in-depth psychiatric and psychodynamic evaluation and were given a diagnosis of severe AN and the purging subtype of BN respectively as defined in the 3rd Revised Edition and the 4th Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R and DSM-IV; American Psychiatric Association, 1987, 1994). The average BMI of Anna and Dimitra was 19.6 and 26 respectively. Both patients were diagnosed on DSM-III-R axes I, II, IV and V (GAF). Both had a diagnosis in axis I and II, indicating depression and BPD respectively, which was more severe in Anna than in Dimitra. Anna was prescribed anti-depressant medication which she continued taking throughout the period of her individual and group therapy. The GAF score (60-51) suggested that both were candidates for outpatient care.

Design and Measures

The design was a single-subject study in a group-analytic context with assessment measures before and during treatment. The patients completed the Eating Attitudes Test (EAT; Garner & Garfinkel, 1979) and the Bulimia Test-Revised (BULIT-R; Thelen, Farmer, Wonderlich & Smith,

1991) and were interviewed following the Eating Disorder Examination (EDE; Fairburn & Cooper, 1993). They were also administered the Eating Disorder Inventory-2 (EDI-2; Garner, 1991), the EDI Symptom Checklist (EDI-SC; Garner, 1991), the Body Shape Questionnaire (BSQ; Cooper, Taylor, Cooper & Fairburn, 1987) and the Multifactorial Assessment of Eating Disorder Symptoms (MAEDS; Anderson, Williamson, Duchmann, Gleaves & Barbin, 1999). The measures indicated a more severe depression and a greater level of restrictive behaviour (Drive for Thinness, Body Dissatisfaction) for Anna than for Dimitra. A disturbance in body image (believing that she is fat while weighting 49 kg) was present only in Anna.

The patients' motivation for therapy and level of introspection were evaluated and accepted as inclusion criteria. However, their individual therapies – Dimitra's for one year and Anna's for two – despite the higher levels of attendance and therapeutic alliance, were extremely difficult. Dimitra developed a superficially idealized selfobject transference linked to her fear lest she devour the object/therapist or be devoured by it.

Anna's transference was established as an overwhelming tendency to represent the therapist as an omnipotent mother or bodily selfobject. Any mirroring that favoured a relation with him as separate/idealized selfobject was tenaciously hindered by Anna's emptiness of feeling and/or frigid stance which she permanently projected on the therapist. At the very end, both therapies achieved mediocre success since, just before entering the group, Anna had only gained 0.5 kg. Her menstruation cycle was re-constituted but she continued to consider herself fat and to complain about depression. Dimitra had just reduced her binge-eating and vomiting from 3 to 2 incidents weekly. In order to achieve a better

outcome, it was decided that both should continue their therapy in the group.

GROUP TREATMENT

a) Archaic level

Both patients experienced the group on the archaic/oral level, which lasted approximately six months, in an effective way. The group had already entered the projective (Ps) stage. The active but calm leadership model, the smooth development of verbal inter-communications and interactions, and the heterogeneity of the group as hindering massive regression or fusion phenomena helped them to experience the group matrix as a container and holding environment rather than as a devouring Dragon Mother (Weston, 1999) or as an engulfing hall of mirrors (Foulkes & Anthony, 1957).

Anna, who was usually silent, developed a good enough emotional link especially with Mary, Nikos and Antonis, who represented calm mothering objects or siblings for her, and the group as a whole mainly through her non-verbal communication. She attended the group uninterruptedly and achieved the introjection of it as a bodily selfobject, which though was least threatening as sustained by the therapist/leader. “Unlike my mother, the group does not control me, and it is supported by a therapist who is a God”, she said in one session. In the same period, Anna began to gain weight, although her disturbance in body image persisted.

Dimitra had serious difficulties in developing a bond with the group and persistently avoided it through pleasant yet superficial talking. However, she also attended the group regularly and progressively made a good enough attachment especially with the neurotic members with whom she felt safer and with Anna in whom she saw an alliance. In order not to “vomit” the group as an introjected bodily selfobject like food, she took care to maintain an attitude which meant a gradual adult connection with it. Toward the end of this stage, she had lost weight and stopped vomiting.

b) Projective level

By the end of the archaic level, Anna’s attitude to the group changed greatly. “I feel as though the group is chasing me”, she said in a subsequent session. The experience of the group on the projective (Ps) level, which lasted about one year, had begun and the group had become persecuting by being conceived as “bad” rather than “good” object.

Although Anna’s persecutory anxiety was mediocre, she could not quite respond to the benign mirroring provided by the neurotic or borderline group members (interestingly, malignant mirror phenomena were absent during this period of the group). When in one session, Mary, Fotini and George insisted that she was beautiful, Anna resisted by replying: “I feel very fat, I weighed 49 kilos and now I weigh 50”. However, she accepted with pleasure the same remarks when expressed by the psychotic members Antonis and Nikos. Later, Anna arrived at a deeper realization. She said that she did not feel for the group “a nothing” as she felt for her mother (who never looked at her), which indicated that she assimilated

new images of herself provided by the benign mirroring of the group as a whole.

Dimitra experienced a much deeper paranoid anxiety because of which she had great difficulties at the mirroring level. When the members told her that she was beautifully dressed, Dimitra replied that they were "making fun" of her, like her mother: "My mother would say that I'd be really lovely if I weren't the size of a horse". The only mirroring that seemed acceptable to Dimitra was that which developed with Anna.

Owing to this, they arrived at deeper levels of insight. In a session Anna said and Dimitra agreed: "We both want to get rid of the bodily presence of our mother inside us, so you try to vomit it, I even refuse to eat because I'm afraid I'll expel it and then I'd be lost". This helped both Dimitra and Anna to accept the group as a "good" rather than "bad" object and to introject it as an idealized rather than bodily selfobject.

c) Mature group reality level

After about 3 and 2 years of group analysis respectively, both patients following the group's evolution entered the mature/reality level linked with D. Both women were constantly without symptoms. Dimitra had stopped binge-eating and purging behaviours. Anna had gained one more kilogram and she didn't consider herself as fat. New assessments were administered showing that depression had considerably diminished in both patients. With the agreement of the psychiatrist, Anna had also discontinued her medication. She had likewise completed her individual therapy. All members had exhibited impressive improvement, including the psychotic members who had had no relapse.

In this period, major events took place in the group at the Oedipal level. Mary stated that the conductor was a model father like her father. George openly expressed his envy of the fact that Mary felt this way about the conductor. Surprisingly, Antonis said the same thing. Whereas Fotini complained to Antonis that she was jealous because whenever he spoke, he addressed either Mary or the conductor. Both Anna and Dimitra resisted to the group's tendency to address Oedipal issues. Anna declared that she saw the conductor exclusively as a mother. Dimitra said that she simply considered the conductor a friend. The conductor tried to counterbalance the Oedipal dynamics just expressed with the pre-Oedipal qualities of the father/therapist and the group. He feared that an immediate exposure of the anorexic/bulimic patients with the idea of the Oedipal father would lead them to regressive states with the danger of relapse and/or drop out. He maintained in the form of a group intervention that the father figure is as good enough as the mother figure and proves to be a strong figure as long as he follows the deeper mindedness of the mother, without directing her and/or being passively subjected to her, as the conductor follows the group. The intervention pleased Anna especially, and the conductor's unconscious fear that some of the AN and BN patients would drop out was momentarily reassured.

Later the group dynamics became interwoven with mourning processes related to separation/differentiation from parents. This was further corroborated by the fact that John lost his mother to cancer. With the help of the group, John coped adequately with his mother's death without relapsing. Anna began to be absent systematically. In one session she stated that she wanted to withdraw from the group, and only wanted to live close to her mother "until she dies". All members unanimously

replied that she needed to stay in the group a little longer, and linked Anna's wish to leave the group with the deep fear that she too might lose her mother. The conductor linked Anna's wish to leave the group with the difficulties that the group as a whole had to cope with in mourning the immature infantile part of self. This occasion was provided by the evolution of the group at this level of its development and is a critical and difficult moment. However the members were able to deal with this experience by sharing it. Furthermore, the conductor, using a cognitive-behavioural approach (Heesacker & Neimeyer, 1990; Leung, Thomas & Waller, 2000), said that Anna had mistakenly linked every separation processes with her mother's loss, which was a maladaptive parental bonding schema. Anna asked for an individual session and the conductor agreed. However, she did not come to the individual session and gave no notice. But she was present at the next group session and kept coming to group after this. She did not feel depressed and she said that she had no need to return to medication.

Dimitra tried to experience the depressive feelings aroused during the mature phase of the group. She expressed her sorrow to John and wept a little. However, in the next session she announced that she had decided to accept a job she was offered in another town. She said that this was a real reason and it was not due to the difficulties in her therapy she really tried to cope with. All members, and the therapist, asked Dimitra whether other alternative solutions were possible and expressed their willingness to help. However, Dimitra had definitely decided. Before she left for her new job, she wanted to have just one farewell session with us (normally the termination of group therapy lasts for two months, meaning that two months beforehand, the member who is completing therapy pre-announces their last farewell session). Dimitra's farewell was based on a

deep emotional climate and interactions between the members. All members were present including Anna who said goodbye to Dimitra very warmly. Interestingly this kind of farewell resembles the farewell performed by some patients with psychosis when their therapy is relatively completed (exceptionally Antonis and Nikos, when they left the group four years later, were to leave one month to prepare their farewell).

In the session after Dimitra's farewell, Anna was absent. After the session she called me saying that she would prefer not to have a farewell, and that she was going to discontinue therapy. For some months after her farewell Dimitra continued her contact with the group by writing about life in her new home and sending cards. Anna did not re-appear until three years later when she phoned me to say that she was fine. Today she is married and has two children. Dimitra lives alone, she has no symptoms, and work in a Children's Hospital Centre in her new town.

DISCUSSION

This study analyses the therapeutic evolution of two women patients suffering from AN and BN which took place in a once-a-week heterogeneous group-analytic group in outpatient setting. The group consisted of patients with neuroses, BPD and psychoses and was conducted by the writer following Foulkes's (1964, 1975) group-analytic method combined with cognitive-behavioural elements, psychoanalysis and object relations theories. A continuous re-assessment of anorexic and bulimic patients during group treatment was combined with individual psychotherapy and medication control. Patients were assessed before individual treatment by the psychiatrist who referred them and the

individual/group therapist for precise diagnosis, motivation and anticipated treatment outcome.

Avoiding dropping out, defined as quitting therapy before six months have elapsed, and achieving a good enough long-term attendance in the group, leading to reduced symptoms was the first target in the group-analytic psychotherapy of both patients. Given that the minimum duration of group therapy for anyone individual is one year (Foulkes, 1975), that group therapy lasted 3 and 2 years for the AN and BN patient respectively, and that the patients' symptoms had fully receded from the beginning to the end of their presence in the group, their therapeutic progress was undoubtedly successful. This result is consistent with Gold's (1999), Willis's (1999) and Valbak's (2003) view that modified group analysis could be effectively used with eating disorder patients not only in homogeneous but also in heterogeneous inpatient or outpatient group-analytic groups.

The second major target was that both the AN and the BN patients would transform the mothering object which they had introjected as "bad" into a "good" one (Klein, 1937, 1946) by first introjecting the group as a good enough mother and holding environment (Winnicott, 1965) or as container (Bion, 1963) sustaining, in terms of an idealized selfobject (Kohut, 1971), the differentiation of the infant's self from the mother's self through mutual mirroring and recognition. This was largely achieved: a) during the group's archaic/oral stage through the patients' experiencing the group matrix of inter-communications as a reassuring rather than a Dragon Mother (Weston, 1999); and b) during the group's projective (Ps) level, which, through the multiple mirroring phenomena that developed, provided the patients, – unlike their individual therapy –, with valuable

self-images that were progressively assimilated leading to a better integration of their body image into their self structure. Both aims were further supported by the fact that the heterogeneity of the group deterred fusion states following Gold (1999) and Willis (1999) view, that the patients' persecutory anxiety incited during Psychoanalysis was mediocre and that the therapist during these two group pre-Oedipal stages functioned as a leader rather than as conductor as provided during the third mature (D) group's Oedipal level.

The last, less ambitious, target was that the patients would experience adequately the reality-based stage/level (D) of the group, which is linked with identification with the mothering object and the group conceived as preponderantly "good" (Klein, 1937, 1946) thus leading to separation from it or to the last phase of the separation-individuation process according to Mahler et al. (1975) and also marks the patients' passage to the Oedipal situation (Foulkes, 1964). This aim was minimally achieved by the BN patient, who prepared a one-session farewell before leaving the group, and was completely avoided by the AN patient, who preferred to interrupt rather than prepare a farewell. Both patients, especially the patient with AN, avoided following the mourning processes developed in the group; nor did these two members consistently develop a transference on the Oedipal level with either the therapist as conductor or symbolic father (Name-of-the-Father) or the men of the group that could be elaborated, which refutes Willis's (1999) and Gold's (1999) relevant views.

The above results have considerable implications for the further investigation of the group-analytic approach to eating disorders. By revealing both the strong (oral-archaic and projective Ps level) and weak

(mature D level) points of this approach, they suggest that both AN and BN would be effectively treated by systematically elaborating the patients' psychotic part of the self (Bion, 1957) on the group's pre-Oedipal level of oral gratification, need for mirroring and inter-communication provided by the mothering qualities of group matrix and the supportive role of the group therapist rather than their non-psychotic part of the self on the Oedipal level linked with separation-individuation processes and identification with the group therapist as symbolic father.

Foulkes (1975), although he generally considered group analysis as a suitable means of treating psychosomatic illnesses, has left completely unexplored these factors as well as a series of factors, specific and not specific (Foulkes, 1964; Foulkes & Anthony, 1957) that this study has not investigated. These factors would be systematically explored. Group analysis, as this study indicated, could also be used as a means of a minute step-by-step diagnosis of eating disorders especially as regards their psychotic parameters.

However, the applicability of the above results has certain limitations. First, they are based on a very small sample of single cases, which excludes any possibility of generalisation. Second, the results cannot be compared with other relative findings or be considered to replicate them, since there is no other study investigating the therapeutic progress of eating disorder patients in a slow-open heterogeneous group-analytic group in the literature and it is not the dominant paradigm. Third, a follow-up study is also missing, since the patients, although remarkably improved, abruptly prepared a farewell or avoided it and interrupted ongoing treatment.

Finally, the present study was not able to adequately investigate the degree to which the group was effective in reducing the patients' BPD and depression thus improving their eating disorder symptoms indirectly, or whether the reverse is true. Similarly, the study was unable to investigate whether, as shown in the different quality of the patients' termination phase, group-analytic psychotherapy would be more effective in the treatment of bulimia than of anorexia or whether group effectiveness depends on the different level of severity of the patients' eating disorder symptoms, on their different restrictive characteristics or the level of their BPD and depression. Studies on group CBT with bulimic women have verified that the higher drop-out rates are not due to the severity of the patients' bulimic behaviours but to higher rates of their secondary psychopathology such as depression (Steel et al., 2000), restrictive tendencies (McKisack & Waller, 1996) or BPD (Coker, Vize, Wade & Cooper, 1993). The present study seems to support the same conclusion but with regard to anorexic rather than the bulimic patients. It would be extremely valuable for this issue, together with the other themes opened up in this discussion, to be further investigated.

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J

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S

Book and Review Corner

No items have been received for this section this quarter.

Terry Birchmore

Report of the IGA/GAS International Librarian

New additions to the library can be found on the database, and the latest addition is featured on the Library database 'home page', which is changed to feature each new addition.

Recent titles have includes titles in the New International Library of Group Analysis by Earl Hopper, 'Trauma and Organizations', [IQN AK [HOP]], Macario Giraldo, 'The dialogues in and of the group: Lacanian perspectives on the psychoanalytic group', [ISW U [GIR]], A P Tom Ormay, 'The Social nature of persons: one person is no person', [ISW UCK [ORM]], Rachel Lenn and Karen Stefano, 'Small, median and large groups: the work of Patrick de Maré', [ISW U [LEN]], plus the 2012 fourth edition of Peter Hawkins and Robin Shohet, 'Supervision in the helping professions', [ISP 4G HAW]].

Other new titles are: Antonio Perez-Sanchez, 'Interview and indicators in psychoanalysis and psychotherapy', [IRM RHY [PER]], George Max Saiger, Sy Rubenfeld and Mary D Dluhy, 'Windows into today's group

therapy', [ISW [SAI]], Sally Weintrobe 'Engaging with climate change: psychoanalytic and interdisciplinary perspectives', [ISQ B [WEI]], and Estela Welldon 'Playing with dynamite: a personal approach to the psychoanalytic understanding of perversions, violence and criminality, [IKT T [WEL]].

In addition a number of student clinical papers have been added to the database: please note these can only be borrowed/perused with the approval of the author, which will be sought by the librarian.

If you are not sure how to access or use the library database, please just ask me: an email to me at the address below, with 'Library database' in the title line, will be responded to with information on how to access the link [available via any p.c. 24/7] and information on how to use the database.

Elizabeth Nokes

IGA/GAS Librarian

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Citations and Abstracts of Articles from Other Journals

Blair, Lewis. (2011). *Ecopsychology and the person-centred approach: Exploring the relationship*. Counselling Psychology Review. Vol. 26 Issue 1, p43-52

This article explores the relationship between ecopsychology and the person-centred approach to psychotherapy and counselling. The literatures of

both topics are reviewed and areas of fit as well as of conflict are identified. This exploration is situated within the context of climate change and the broader damage to the natural world. Specific person-centred concepts are considered with regard to our relationship with the natural world. Conclusions: Considerations for the person-centred approach and counselling psychology practice are discussed. In particular, the article highlights ways in which the self may be relocated within a larger ecological context, the possibility of ecologically situated well-being and incongruence, and the relevance of Rogers' concept of psychological contact to our relationship with the natural world.

Loewenthal, Del. (2012). *Broken Britain, broken Europe: What place psychotherapy and counselling?* European Journal of Psychotherapy and Counselling. 14 (3).

Angela Tirabasso, Giuliana Amorfinib & Teresa Geracea. (2012). *Mutative function of group psychotherapy in the mental health services.* European Journal of Psychotherapy & Counselling. Volume 14, Issue 2.

In this article, we shall be speaking about the mutative function of psychoanalytically orientated psychotherapy groups within territorial public services. The authors make a brief reference to the atmosphere that led to the constitution of the groups and emphasize two important aspects of the work of a psychoanalytically oriented group in an institution: the function of narrative and the function of humanizing the patient's psychopathological aspects. Both of these aspects contribute to the therapeutic course of treatment which leads the patient to regain contact with the split-off parts of the self, to dialogue with them, to confront the traumatic areas in a manner that is more suitable and functional for a cohesive capacity and to allow for a better relationship with themselves and with the outside world. Through empathic listening, sharing and the possibility of diluting archaic emotions in a narrative, the group exercises a function of support, of reconstruction of damaged areas, and of approach to structural damage that may even be very serious. By working in this direction, the idea of transformation becomes of central importance and to a large extent absorbs that of interpretation.

Terry Birchmore

Request for Foulkes Letters and Documents for Society Archives

We are appealing for letters, notes, and correspondence from Foulkes that Society members may possess. This will add to our already valuable society archive that contains much interesting material, papers and minutes and that is a significant source of information on our history and development.

Please contact Julia in the GAS office if you would like to donate any original or copied documents:

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Events

IGA/GAS Film Group

Screen Memories exists to engage actively with cinema; an attempt to challenge the fast food ethos of modern consumption, by giving time and thought to a series of films that potentially challenge us, offer a fresh perspective, disturb or confirm our certainties. At best they offer insight into our lives via the initially voyeuristic pleasure of spending time in the lives of others.

Peter Mark and Roberta Green invite you to another year of Screen Memories - 11 monthly film evenings in our tried and tested group analytic format of refreshments, introduction, film viewing, speaker and large group discussion.

Our film choices in recent seasons seem to have been getting increasingly dark; so this year we've made a conscious effort to 'lighten up' without sacrificing any of the quality or the potential for lively discussion on serious contemporary issues.

Our approach to cinema is to emphasise thinking. The film's meaning and the thoughts and the feelings generated in each viewer as well as within the collective audience, is what interests us; hence our commitment to selecting an informed speaker for each film and our central belief in the value of group analytic discourse.

So, come along and be entertained as well as intellectually refreshed on a Friday evening, after a hard working week. As well as enjoying lively and thoughtful discussion on the best of recent commercial cinema - 'Black Swan', 'Blue Valentine', 'The Social Network', 'The Kids are Alright', 'I Am Love', 'Archipelago' and 'Please Give' we have also included an important new documentary on the financial collapse, 'Inside Job', the deadpan Swedish comedy, 'Songs from the Second Floor' and two classics, 'Monsoon Wedding' and to begin the season, 'Sullivan's Travels'.

We hope you like the mix and we look forward to seeing you.

All films are shown at The Institute of Group Analysis
1 Daleham Gardens, London, NW3 5BY (0207 431 2693)

Friday evenings, monthly 7:30pm to 10:30 pm

Everyone welcome

Fee:

£15 for individual tickets

£100 for a season ticket (only available in advance of season and not transferrable)

We advise booking in advance at the IGA: 020 7431 2693 or
iga@igalondon.org.uk

Tickets are usually available at the door. Reserved tickets without payment must be collected by 7.20pm to guarantee entry.

Information from:
Peter Mark 07786 088194

Roberta Green 020 7385 3408

Or from the Gas International Office.

Listings

Not available, at the present time, for the Autumn Season.

GAS International Management Committee announces the creation of a Quarterly Members Group

for all members

The dates for the first year's sessions, to be convened in London, are:
February 2nd, April 20th, July 13th and October 12th, 2013

Each Saturday, there will be three 90-minute sessions with a 90-minute break for lunch; the day will run from 9.30am - 4.30pm with the first group starting at 10.00

The conductor for the group will be Ian Simpson.

The venue will be the Guild of Psychotherapists, 47 Nelson Square, London SE1, three minutes walk from Southwark Underground station. In addition to the large group room, we will have the use of a kitchen; morning refreshments will be provided. For lunch, the Guild is in an area where there are many good, inexpensive places to eat.

The fee for the group will £25 per day or £80 for the year.

You can pay on the day by cash or cheque

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GASI International Summer School in Group Analysis: *Learning Across Borders*

August 6 – 9 2013, Belgrade

This four-day event in Belgrade will allow those who have already embarked on learning through Group Analysis as well as those who feel new to the field to discover the potential for further development through being a member of an International Group. The school body will take different forms: Small Groups, Lecture Group, peer study groups, Supervision Groups and Large Group.

Participants will be able to trace their own different roles and incarnations as they traverse the borders of these different groups and to consider these in relation to the development of the school as a whole. Students will be able to contribute in a variety of ways, and the programme will include opportunities to present current group work for clinical supervision.

Lower fee: €160 Upper fee: €220

Please contact office@groupanalyticsociety.co.uk for more details.

Information About Conference Accommodation in London and Donations to the Society

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