

**THE
LARGE
GROUP**

DYNAMICS AND THERAPY

LIONEL KREEGER



The whole field of psychotherapy is rapidly expanding, and, in the last decade, interest has been turning towards the large group.

As a result of including large-group experience both in therapeutic institutions and training schemes, the potential of this technique is beginning to emerge. All those who have worked with large groups acknowledge the fascination and power that they hold, and most agree that they present a new dimension to our understanding of group dynamics.

This important, pioneering book attempts to collate our present knowledge of large groups, both at a theoretical and practical level. Thirteen distinguished contributors offer experiences from a wide range of disciplines and settings. Roughly half the chapters are psychoanalytic in their orientation; other contributions derive from general psychiatry, sociology, anthropology and industrial psychology.

The place of large-group therapy is still to be defined, but it is hoped that this book will contribute to the careful and detailed assessment that is necessary to fulfil its evaluation.

Contents

Introduction

Lionel Kreeger

Problems of the Large Group from a Group-Analytic Point of View

S.H.Foulkes

Some Psychodynamics of

Large Groups

Tom Main

Threats to Identity in the

Large Group

Pierre Turquet

The Politics of Large Groups

Patrick de Maré

The Sociological View of

Large Groups

Earl Hopper and Anne Weyman

The Large Group as a Medium for Sociotherapy

J.Stuart Whiteley

Psychotherapy in the Large Group

Rafael Springmann

The Large Group in Training

Robin Skynner

Large Groups in Natural Settings

An Anthropological View

Myles Hopper

Large Groups in Industry

Trevor Mumby

Overview

Malcolm Pines



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Preface

The value of small-group psychotherapy is now well established, alongside the disciplines of psychoanalysis and individual psychotherapy. The whole field of psychotherapy is enlarging rapidly, including such areas as marital and family therapy, therapeutic communities and, over the past decade, interest in large groups.

As a result of including large-group experience both in therapeutic institutions and training schemes, the potential of this technique begins to emerge. All those who have worked with large groups will acknowledge the fascination and power that they hold, and most would agree that they present a new dimension to our understanding of group dynamics.

This book was conceived as an attempt to collate our present knowledge of large groups, both at a theoretical and practical level. Its intention is to offer experiences from a wide spectrum of disciplines and settings. Roughly half the chapters are psychoanalytic in their orientation; other contributions derive from general psychiatry, sociology, anthropology, and industrial psychology.

The place of large-group therapy is still to be defined, but it is hoped that this book will contribute to the careful and detailed assessment that is necessary to fulfil its evaluation.

Lionel Kreeger
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Contents

<i>Preface</i>	5
<i>Acknowledgements</i>	7
<i>List of contributors</i>	9
Introduction	13
<i>Lionel Kreeger</i>	
PART ONE: THEORY	
1. Problems of the large group from a group-analytic point of view	33
<i>S. H. Foulkes</i>	
2. Some psychodynamics of large groups	57
<i>Tom Main</i>	
3. Threats to identity in the large group	87
<i>Pierre Turquet</i>	
4. The politics of large groups	145
<i>Patrick de Maré</i>	
5. A sociological view of large groups	159
<i>Earl Hopper and Anne Weyman</i>	
PART TWO: APPLICATION	
6. The large group as a medium for sociotherapy	193
<i>J. Stuart Whiteley</i>	

7. Psychotherapy in the large group <i>Rafael Springmann</i>	212
8. The large group in training <i>A. C. Robin Skynner</i>	227
9. Large groups in natural settings – an anthropological view <i>Myles Hopper</i>	252
10. Large groups in industry <i>Trevor Mumby</i>	272
PART THREE: CONCLUSION	
Overview <i>Malcolm Pines</i>	291
<i>Notes and references</i>	313
<i>Index</i>	334

Introduction

Lionel Kreeger

My interest in large groups was provoked and stimulated through my work at Halliwick Hospital and participation in the various training schemes run by the Institute of Group Analysis. At Halliwick I held the dual posts of Consultant Psychiatrist and Psychotherapist from 1966 to 1972. During most of this time I had charge of a mixed ward of some 32 beds. Intensive group therapy was the basic approach to treatment and a daily ward meeting consisting of as many as 40 to 45 people was a regular procedure. The whole hospital, consisting of four wards together with a day unit, used the principles of the therapeutic community, and as part of that culture community meetings were held regularly. These were attended by anything up to 120 patients together with 20 to 30 staff members. My colleague Pat de Maré also works at Halliwick as a Consultant Psychotherapist, and together we took a keen interest in how these large groups functioned within the hospital setting.

The Institute of Group Analysis has run training schemes in group psychotherapy for a number of years. The Introductory Group Work Course was modified some five years ago to include a large-group experience in the third and final term. All participants met once a week in an unstructured situation over a period of seven weeks. Seven or eight small-group leaders were involved in this large-group experience, including Pat de Maré, Malcolm Pines, Robin Skynner and myself, together with other colleagues from the Institute of Group Analysis. Such was the success of the experiment that it became a standard part of the course. In his chapter, 'The large group in training', Robin

Skygger describes the events of one such year, together with the excitement and involvement that it occasioned.

In May 1972, the Second European Symposium on Group Analysis took place in London. As part of the conference, de Maré^{1*} and I² introduced a three-hour session of the large group. This experimental session again occasioned much enthusiasm and interest, and it now seems that no conference is considered adequate without some large-group experience. It was through these cumulative stimuli that I conceived the idea of editing a book on the large group, in the hope that it would be possible to offer a wide and deep-searching perspective to this technique.

The importance of large groups

Therapy

Large groups are frequently employed as part of the therapeutic organisation of institutions. It is arguable whether they are most valuable in the realm of sociotherapy or psychotherapy. The majority, in all probability, would place greater emphasis on the large group as part of administration and organisation, but a growing minority feel that useful psychotherapy can be obtained in a large-group situation. These arguments will be explored at greater depth in later chapters in this book, particularly by Stuart Whiteley in 'The large group as a medium for sociotherapy' and by Rafael Springmann in 'Psychotherapy in the large group'. Whatever one's orientation, however, there can be little doubt as to the contribution that the large group can make to any therapeutic régime. In all hospitals or institutions that try to function as therapeutic communities, the large group or community meeting is a *sine qua non* of the culture. It is within such meetings that the totality of experience within the unit may be comprehended, confronted, and analysed.

The current reorganisation of the psychiatric services in Great Britain has much to commend it. The creation of small psychiatric departments in general district hospitals, to replace the old existing mental hospitals often sited many miles from the centre of town, will help towards confronting psychological problems

* References begin on p. 313.

within the community. It will contribute to a changing perspective of mental illness, with the hope of greater acceptance and less rejection and denial, with which it is so easy to collude by dumping 'mental patients' in 'lunatic asylums'. There is no doubt too that physical methods of treatment can be efficiently applied in such units. The main area for concern, however, is the availability of psychotherapeutic treatment under these circumstances. There will be intense pressure on bed occupation with a greater need for rapid turn-over of patients. There may well be shortage of staff time to devote to the detailed working-through of psychological problems. At the present time it is clear that the National Health Service is sadly lacking in psychotherapeutic facilities. It is impossible to conceive, within the foreseeable future, that individual psychotherapy or psychoanalysis will be freely available to all those who require it. Small-group psychotherapy may be the only answer to the service's requirements for psychotherapy, but even this is lacking in most centres outside London and a handful of other towns in the country. It is in this context that large-group therapy may play a most important part in future developments.

Training

It is desirable that anyone who intends working at a psychotherapeutic level obtain some personal therapeutic experience for himself. Ideally, psychoanalysis, individual psychotherapy or small-group psychotherapy should be available to all those working in the field, but clearly it is just not possible at this time. It is here that training schemes can make a valuable contribution in providing a situation which can be used for self-exploration and personal, emotional growth. Training groups (T-groups, sensitivity groups) encourage the increase of personal awareness and insight through the techniques of feedback and the exploration of group dynamics. The degree to which they may be psychotherapeutic as such will vary from group to group and with the orientation of the group leader. On the whole, training groups tend to be larger than therapeutic groups. The average number of participants in small-group

psychotherapy is 7 or 8, whereas training groups tend towards a total of 12 to 15. For training purposes, therefore, there is already a movement towards larger groups.

Participation in a large-group setting, that is 40 to 100 or more people, is an invaluable experience for people in training, particularly if they are expected to work with large groups in their own treatment centres. Frequently individuals who have hitherto been terrified of large-group situations, and who will, therefore, tend to remain silent, passive and anonymous, find it possible to be articulate and active, and obtain a clearer identity through a short-term large-group experience.

Research

Some would support the view that the manifestations of the large group are a simple development of small-group dynamics. Others would argue that the dynamics of the large group are very different from those of the small group. Without entering into polemics, I think that most would agree that large groups provide a new and wider dimension of personal experience. For example, it does appear that psychotic mechanisms abound in the large group. I have heard it said by many psychoanalysts and psychotherapists that in spite of their own personal analytic treatment, the experience of being in a large group has put them more clearly in touch with the primitive aspects of their own personality development than any other treatment situation. It seems therefore, that participation in a large group can add significantly to a fuller understanding of oneself, and in turn to an increased awareness of personality development and definition of individual psychopathology. Equally, I think that experience of large-group dynamics helps us to a fuller and more sensitive appreciation of the dynamics of the small group. The application of large-group studies in research would appear to provide immense possibilities.

Sociological and political implications

Apart from the first few months of life, when normally there is an intense preoccupation of mother and baby in a dyadic

relationship, we spend most of our waking life in groups. We develop in the primary family group, progress to a play group or kindergarten (if we're lucky), from there to a classroom, eventually to a work situation, join social clubs or other institutions such as the church or political organisations, marry and have children and thus recreate the cycle. Although our group involvement is predominantly at the small-group level, there are many occasions when we find ourselves involved in large-group situations. Because of the potentially powerful forces that are invariably present in the large group, it is essential that further clarification of the sociological manifestations be obtained. The application of such work should be of vital importance to society. One has only to think of mob violence following football matches, or watch the old films of the pre-war Nuremberg rallies to become aware of the need for thorough investigation in this area. Equally, political transactions, both nationally and internationally, so often take place in a large-group setting.

Historical review

In 1921 Sigmund Freud wrote his major contribution to social psychology, *Group Psychology and the Analysis of the Ego*.³ In it he examined Le Bon's *Psychology of Crowds* (1895), in which Le Bon had indicated the similarity of group behaviour to that of the mental lives of primitive peoples and children. Freud considered two artificial groups: those of the church and the army, and in his discussion of leadership pointed to an important difference between these two organisations: the church was held together by an abstract idea; whereas the army was held together by discipline. Among other comments he observed the process of identification with the leader as being at the basis of group formation. For some years, Freud's contribution was virtually ignored, until in the 1930s interest in small-group psychotherapy emerged.

In 1931 Jacob Moreno introduced the term 'group psychotherapy' in the United States, where Trigant Burrow, Paul Schilder and Samuel Slavson, among others, were working with small groups in a variety of settings. Later, Alexander Wolf

published his findings on the application of psychoanalytic principles to group psychotherapy, and Kurt Lewin stimulated and led the field of group dynamics, developing the concept of 'T' (Training) groups.

In Britain, it was with the impetus of the Second World War that major advances were achieved. A number of influential psychoanalysts were based at Northfield Military Hospital, a military neurosis centre that was developed as a therapeutic community. At the end of the war, Foulkes was appointed to the Maudsley Hospital, Bion to the Tavistock Clinic, and Main to the Cassel Hospital. Two main streams of group therapy have emerged: Foulkes' approach of group-analytic psychotherapy, which incorporates classical Freudian theory as applied to the group situation, and the Tavistock method, as developed by Bion, Ezriel and others, which utilises many Kleinian concepts. For more details of the evolution of small-group psychotherapy, reference should be made to other works (Foulkes and Anthony,⁴ de Maré and Kreeger,⁵ and de Maré⁶).

In 1946, Main⁷ published his paper 'The Hospital as a Therapeutic Institution' in which he coined the term 'therapeutic community'. Foulkes⁸ produced his first book *Introduction to Group-Analytic Psychotherapy* in 1948, which included a chapter on 'treating a ward as a group'. In the course of this he stated: 'I hope it will be evident what importance these experiments have for communities, large and small, wherever they may be found, and also how they link up with the narrower field of the group-analytic approach.'

Robert Rapoport⁹ in his book *Community as Doctor* (1960), discussed the daily community meeting (the '8.30') held at the Henderson Hospital, and in considering the function of these large groups, concluded that: 'Whilst it is recognised that treatment occurs here, and that there are powerful social forces at the disposal of treatment aims in such a group, the principal aims are those of social control.' Social control was to be obtained through: (1) data-gathering, (2) confrontation of deviant behaviour, and (3) the essential channel of communication, for staff and patients.

Rice¹⁰ published his book *Learning for Leadership* in 1965, detailing experiences at the Leicester Conferences, sponsored by the Tavistock Institute of Human Relations from 1957. Part of those conferences was concerned with the plenary meetings, large groups consisting of the total conference membership. Pierre Turquet joined him as a consultant, and describes these developments in a later chapter of this book.

Wax¹¹ (1965), in a paper in the *International Journal of Group Psychotherapy* on 'Analysing a Therapeutic Community Meeting', described a schema for analysing large-group meetings based on the following four categories: (1) institutional context, (2) social transactions, (3) content, and (4) latent content (consciously withheld material, plus unconscious fantasy).

The same journal published a major paper from Andrew Curry¹² in 1967 entitled 'Large Therapeutic Groups: A Critique and Appraisal of Selected Literature'. In this Dr Curry reviewed the most significant contributions to the understanding of large groups up to that time. He described 'ward milieu therapy' as developed by Maxwell Jones¹³ and then went on to discuss three main approaches to the large group: concepts of situational analysis, concepts of behaviour systems theory and, thirdly, conformity and reference group behaviour.

Concepts of situational analysis

Curry referred to the work of Goffman¹⁴ and his analysis of 'engagement among the unacquainted', as well as his recognition of two categories involved in large groups: 'participants and bystanders'. Curry summarised the views of Wilmer¹⁵ in which he included the observation that large-number grouping creates the need for small cohesive sub-groups.

Concepts of behaviour systems theory

Curry quoted Herbst¹⁶ who defined a system as 'a set of activity elements, which: (a) are independent with respect to functioning, and (b) operate as a boundary maintaining unit'. 'The behaviour system theorist is not concerned with the properties of the

situation (i.e. rituals, ceremonies, performances), but with types of functioning possible for systems.'

Conformity and reference group behaviour

Curry focused on the conformity produced by group influence in order to neutralise group pressures. Without adequate frames of reference, behaviour in large groups could be ritualistic, or resemble a performance. Trust was almost impossible and the demand for trust might be understood as a staff defence.

In an attempt to give perspective to the subject, Curry discussed whether or not large groups could be used as a vehicle for psychotherapy. While he did not himself believe that psychotherapy could occur satisfactorily in a large-group situation, he acknowledged that others might take a different view (Small and Small¹⁷). Curry ended his paper as follows: '. . . Work with large number groupings emphasises again our need for unified theories of human behaviour and psychopathology, both intra-psychic and inter-personal. It has been suggested here that this unified theory must be systematic and comprehensive, a conceptualisation of the relationship of ego-psychological theory to the sociology of conduct.'

Schiff and Glassman,¹⁸ in 'Large and Small Group Therapy in a State Mental Health Center' (1969), described their experiences at Fort Logan Mental Health Center. They used two models, that of Maxwell Jones¹⁹ with its emphasis on 'a living-learning experience' and the 'here and now' of group experience; the other that of Edelson²⁰ with his concept of 'sociotherapeutic function'. Sociotherapy may be defined as 'being concerned specifically with the discovery, exploration, and resolution of intra-group and inter-group tensions'. (As compared with psychotherapy which is concerned with intra-personal tensions.) Schiff and Glassman summarised Edelson's view that community meetings should not be used for group therapy, but instead as 'task-orientated groups designed to examine and resolve conflicts which inhibit optimal organisational effectiveness'. The production and examination of intra-personal elements might be regarded as task-inhibiting.

Schiff and Glassman went on to describe nine variables relating to increasing group size. They include:

1. An increased tendency to sub-grouping, with more rigid hierarchies.
2. Less opportunity for individuals to speak.
3. Dilution of affectional ties.
4. Decreasing familiarity with others as individuals, and, therefore, the tendency to stereotype.
5. Skewing of participation – the leaders being more active and the less active members more silent.
6. The greater threat to the individual.

They recommended therapist activity be directed towards the following goals:

1. Topic selection.
2. The creation and maintenance of a safe group climate.
3. Gate-keeping, that is, leaders properly influencing the flow and direction of communication.
4. Modelling – of the group on the therapist.

They stressed the need for a more active and controlling therapist, at least in the early stages of the group life.

In 1970, Marshall Edelson²¹ published his second book, *Sociotherapy and Psychotherapy*. Edelson was concerned with the application of systems theory to the therapeutic community setting at the Austin Riggs Center in Massachusetts. The following quotations from his writings indicate his approach:

In the community meeting, the sociotherapeutic function (and not the psychotherapeutic function) is performed . . . it is not a form of group therapy.

The focus is upon the reality of the tasks confronting members of the therapeutic community and the wider hospital organisation, and the reality of the relationships between them, rather than upon the fantasies shared by group members about these tasks and relationships; the fantasies are tested against this reality.

In those organisations where psychotherapy and sociotherapy are differentiated enterprises, psychotherapists *qua* psychotherapists should probably not attend the community meeting because there is no psychotherapeutic function to be performed there.

Edelson went on to discuss the potential difficulties resulting from such a split, and alternative methods of dealing with it, but was insistent that the sociotherapist should not make interpretation of individual neurosis or of the group process of the community meeting itself.

Rafael Springmann²² in his paper 'A Large Group' published in 1970 in the *International Journal of Group Psychotherapy* encouraged interest in the psychotherapeutic potential of the large group. He described experiences at Tel-Hashomer Hospital, Israel, and the weekly patient-staff meeting that was held there. Originally the culture was one of 'an atmosphere controlled by mutual feedback techniques'. Eventually, however, 'the patients themselves demonstrated to us that this large and mixed forum could be utilised for approaching personal dynamics'. 'The higher degree of dilution of transference seems to be one aspect in which the large group, the general meeting, can in some instances be regarded as a better therapeutic tool than the regular group, at least in the initial stages of therapy.' He indicated the value of these large-group meetings as a didactic experience for students and visitors and went on to describe the limitations of the large group:

1. They cannot take the place of regular therapeutic groups.
2. They lack continuity and intimacy, never reaching the point of maturation and dissolution.
3. A large part of the group remains silent and anonymous.

I well remember reading Dr Springmann's paper when it was first published for I was at that time struggling with the difficulties and complexity of the large-group situation. What he referred to as 'a major drawback' was near to my heart: 'The leader may be left exhausted (comparable with an hour of intensive

personal psychotherapy with a psychotic), through the constant effort of harnessing this vast power to constructive therapeutic ends, of creating harmony in a potentially chaotic atmosphere.'

David Clark and Ken Myers²³ in a paper called 'Themes in a Therapeutic Community', published in the *British Journal of Psychiatry* in 1970, describe their experience at Fulbourn Hospital in the 60-bedded therapeutic community unit. They list the following six themes: (1) rejection, (2) violence, (3) sexuality, (4) staff division, (5) dependence-independence, and (6) relations with outside bodies, for example, other departments of the hospital and management committees. Those of us intimately concerned with large-group functioning will immediately recognise these themes.

Detailed and valuable work has of course also been undertaken in other parts of the world. For example, Professor Didier Anzieu and his colleagues in France have been applying themselves to the task of studying large-group dynamics, using some Kleinian concepts in their formulations. Any attempt to produce a short, concise review of previous literature does of course have limitations. My hope is that I have done reasonable justice to those who have contributed to our knowledge of large-group functioning, and that I have not introduced any major distortion of their work. My purpose has been to give some feeling of the total context of the large-group field, from which the various contributors to this book can elaborate their own conceptual frameworks.

Personal observations

Before ending this Introduction, I would like to offer a few personal observations.

Psychotherapy in the large group

No doubt the argument will continue for many years as to whether effective and valid psychotherapy can be obtained in a large-group situation. My own view is that it can, given the appropriate set of the group leader or leaders. Pat de Mare has often said that 'structure affects process and content'. Of

this I am sure, and if the physical setting of the large group is such that it can allow some degree of intimacy, it becomes much easier for personal and sensitive communications to be made by individuals. Three rows of chairs with as great a degree of compactness as is possible can allow for face-to-face confrontation in the large-group situation, particularly if there is any possibility of tiering.

I respect the view of those who see the function of the large group as being mainly concerned with sociotherapy, but feel that too rigid an approach can be limiting. Flexibility is always a good thing, and to be able to 'tune in' to the needs of a large group is an essential part of one's therapeutic skill.

Sub-grouping

In my experience, it is commonplace for a large group to focus on the presence of sub-groups and consider the need to split into smaller groupings, when tension, conflict and anxiety predominate. So often this split is realised in an attempt to resolve the conflict, rather than face it in the large-group setting. Whether this is essential is arguable. If one can survive the threat to the integrity of the large group and continue to explore and analyse the conflict in the large group itself, this can often lead to working through and resolving the problem. In small-group psychotherapy, I am sure that no group therapist would collude with the demands of the participants to abandon the group in order to resolve their problems individually with the therapist. (Combined treatment, that is, group plus individual psychotherapy, is a valuable technique if planned from the outset of treatment, but that is another matter).

Psychotic mechanisms

Those who have worked with large groups are familiar with the fact that psychotic mechanisms abound in the course of large-group interaction. They seem to be released in the large-group setting in a way which parallels the infant's primitive perception of external reality. The threat to the individual's identity and his sense of self, the difficulty of maintaining his own personal

ego-boundary, are commonplace experiences. Paranoid anxieties with massive projective elements are often manifested. Manic flights into gaiety or sexual fantasy frequently occur, particularly as a defence against the deeper depressive preoccupation of the group.

The power of the large group

The powerful forces of the large group must be acknowledged and respected, because of their potential use for either good or evil. The responsibilities of the large-group leader are high, whether the group is concerned with therapy or indeed with some social, economic or political transaction. The problem of creativity is a fascinating one in a large-group context. There are times when it becomes impossible to think in a large-group situation. As a result of the chaos and confusion that may occur, together with the threat of violence if one exposes oneself as an individual thinker, one may 'lose one's wits' (as Turquet would put it). I remember very clearly how at a plenary meeting at the end of a week's workshop in which the large group met daily, I had planned to give some intellectual assessment of the events of the large group during that week. Because some of the emotional problems of the group had remained unresolved, I found it quite impossible to conceptualise or indeed to give any coherent or rational account of the proceedings. During the course of that plenary session, further work was done by the total group, and it became possible for me the following day to undertake the task that I had been set. (In Bion's terms, the basic-assumption group became a work-group.)

On the other hand, the large group can be enormously stimulating and provocative of real, creative, original thought. From my own experience, I know that at times I can return home from a large group exhausted, depleted, and depressed, but on other occasions I have been 'turned on' in an unmistakable way.

Leadership

The capacity of the large group to regress into a dependent relationship necessitates a degree of integrity in the leadership

of the group. Battles for leadership in a large group are commonplace, and often become a major element in the group process.

As an example of the type of problem that is frequently encountered, the following extract is offered from the excellent account by Isabel Jacobs²⁴ of the large group during the European Workshop on Group Analysis held in London in January 1973. Mrs Jacobs reported on all five sessions of the large group, which was led by Pat de Maré and myself, and this quotation concerns the events of the meeting on the second day of the Workshop:

‘In the *Second Session* we seemed to have put oceanic feelings and fantasy behind us.

‘Sitting isolated on one of the cushions, Dr Kreeger was the first target of negative feelings carried over from the previous session and from the same Seminar as before. When he was attacked furiously for refusing a chair in the inner circle vacated for him by someone moving to the outer one, a newcomer demonstrated once more the need for orientation: he was glad, he said, that Dr Kreeger’s “stand” had identified the leader for him. The Group’s identification of Dr de Maré as a second leader caused the latter to hint at his theory of multiple leadership. Disowning hierarchical authority, he said that we now had three leaders, and named the newcomer as the third. The newcomer, mystified and alarmed by the role ascribed to him, fell silent.

‘Then, an invitation to a participant from a distant country to introduce himself, and the question, had he really come from that country?, initiated a very productive episode. The stranger responded with an anger that resonated with that in the Group. He expressed anger on two counts. The norms of his country required front seats to be left for latecomers and above all for the leaders, to whom respect should be shown; aware of cultural differences here, the Group’s impoliteness yet angered him.

‘Secondly, he had come with expectations of entering a good group, in which he could participate with fellow therapists, but the question made the Group a bad one, in that it distanced him, thereby denying him fellowship.

‘Thus a new approach was made to the problem of attitudes to authority, which had already appeared in a primitive form in interaction with Dr Kreeger. It transpired that there were contradictory attitudes: many people felt that deference to, and accepting something from another was to give way to a babyish dependence unworthy of an adult, or would be seen as such.

‘The episode focused attention on contradictions and ambivalences. The stranger’s response to the question addressed to him illuminated the contradictory effects of categorising people, already apparent at the first session. We discovered a number of ambivalences: on the one hand, gratification that a stranger should join us, on the other, aggressive curiosity; whether to grab spontaneously what one wants (e.g., a good seat), or to earn social approval by leaving the best for others; and so on.

‘Ambivalence was personified in our two staff members, who acknowledged their rivalry for leadership. The fact that they recognised their differences as old ones and that Dr Kreeger referred calmly to the possibility of conflict breaking out between them provided us with a model for coming to terms with ambivalence.

‘Both agreed that there was a dependent part of the group; and that, until negative feelings had been expressed, we could not give expression to positive ones (some people questioned this). But each wanted to tilt the Group in a different direction. Dr Kreeger saw our proceedings in terms of pre-Oedipal object relationships, and invited us to explore a number of interpretations at this level. Dr de Maré expounded his distinction between the hierarchical leader, whose interventions bring communication to a full stop, and the spokesman of leading ideas, who appears now from one part of the group, now from another. He urged us to brave the terrors of merging with each other without hierarchy in order to release the explosive power of the large group. He wanted the large group to be tilted towards the investigation of social problems, which could not be dealt with in the small one; and he held out to us the prospect of freeing the individual from the effect of social blows received in other settings (in

school, as aliens in a new country), of people from different close hierarchical systems speaking freely with each other, of exploring inter-group areas.

‘The session ended, excited and hopeful for the future of the large group.’

Another problem concerning leadership of the large group centres on the capacity of the group for throwing up the bad or mad leader. One of my favourite stories by James Thurber,²⁵ ‘The Owl who was God’, satirises this theme, and I would like to conclude this introduction by quoting it verbatim. (Note the election of the leader on totally inadequate grounds, the expulsion of the rational sub-group consisting of the red fox and his friends, the infectivity of the deification of the owl, and the dangers of identification with the blind leader.)

THE OWL WHO WAS GOD

by James Thurber

‘Once upon a starless midnight there was an owl who sat on the branch of an oak tree. Two ground moles tried to slip quietly by unnoticed. “You!” said the owl. “Who?” they quavered, in fear and astonishment, for they could not believe it was possible for anyone to see them in that thick darkness. “You two!” said the owl. The moles hurried away and told the other creatures of the field and forest that the owl was the greatest and wisest of all animals because he could see in the dark and because he could answer any question. “I’ll see about that,” said a secretary bird, and he called on the owl one night when it was again very dark. “How many claws am I holding up?” said the secretary bird. “Two,” said the owl, and that was right. “Can you give me another expression for ‘that is to say’ or ‘namely?’” asked the secretary bird. “To wit,” said the owl. “Why does a lover call on his love?” asked the secretary bird. “To woo,” said the owl.

The secretary bird hastened back to the other creatures and reported that the owl was indeed the greatest and wisest animal in the world because he could see in the dark and because he could answer any question. "Can he see in the daytime too?" asked a red fox. "Yes," echoed a dormouse and a French poodle. "Can he see in the daytime, too?" All the other creatures laughed loudly at this silly question, and they set upon the red fox and his friends and drove them out of the region. They then sent a messenger to the owl and asked him to be their leader.

When the owl appeared among the animals it was high noon and the sun was shining brightly. He walked very slowly, which gave him an appearance of great dignity, and he peered about him with large, staring eyes, which gave him an air of tremendous importance. "He's God!" screamed a Plymouth Rock hen. And the others took up the cry "He's God!" So they followed him wherever he went and when he began to bump into things they began to bump into things, too. Finally he came to a concrete highway and he started up the middle of it and all the other creatures followed him. Presently a hawk, who was acting as an outrider, observed a truck coming toward them at fifty miles an hour, and he reported to the secretary bird and the secretary bird reported to the owl. "There's danger ahead," said the secretary bird. "To wit?" said the owl. The secretary bird told him. "Aren't you afraid?" he asked. "Who?" said the owl calmly, for he could not see the truck. "He's God!" cried all the creatures again, and they were still crying "He's God!" when the truck hit them and ran them down. Some of the animals were merely injured, but most of them, including the owl, were killed.

MORAL: YOU CAN FOOL TOO MANY OF THE PEOPLE TOO MUCH OF THE TIME.'



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Part One
Theory

In this section, the first three chapters are psychoanalytic in their orientation: Dr Foulkes, a Freudian psychoanalyst, who founded the school of group-analytic psychotherapy, offers a perspective of the group-analytic approach to the problems of the large group. Dr Main is a Freudian psychoanalyst of the Independent group. In his chapter on psychodynamics, he deals mainly with the mental mechanism of projection and the further developed concept of projective identification. Dr Turquet belongs to the Kleinian group of the British Psychoanalytic Society. He is concerned with the individual's sense of identity and need for boundaries, and the threat to these in the large group.

Chapters 4 and 5 approach the large group from a more general psychosocial viewpoint: Dr de Maré, an eclectic psychotherapist trained in group-analytic psychotherapy, discusses large-group dynamics in the light of communication theory and information-flow, with an emphasis on psychosocial therapy. Earl Hopper is a sociologist, who has also trained as a psychotherapist. In collaboration with Anne Weyman, their chapter focuses on the application of sociological concepts to the large group.

For the sake of completion, perhaps it may be mentioned here that Dr Kreeger and Dr Pines are both Freudian Psychoanalysts.

Problems of the large group from a group-analytic point of view

S. H. Foulkes

It is the inner working of the human mind as a social, multi-personal phenomenon – transpersonal processes inside a shared mental matrix – with which the method and theory of group analysis are concerned. No particular limits have ever been set regarding the size of the group under consideration, although we rely mostly on the observation of men and women in small groups, conducted over longish periods. The purpose of these groups is to help them dissolve and overcome difficulties in their relationships with other people which are, in the last resort, at the root of neurotic or psychotic disturbances, symptoms and character formations, of excesses and inhibitions affecting their existence and well-being and for which they consult us.

A paper I read to the British Psycho-Analytical Society¹ on 3rd April 1946 ended as follows:

‘Group treatment can thus be looked upon in a number of different categories. The narrowest point of view will see in it merely a time-saver, perhaps, or a kind of substitute for other more individual forms of psychotherapy. Possibly it will concede that group psychotherapy might have special advantages, its own indications – say, for instance, for the treatment of social difficulties. A wider view will see in it a new method of therapy, investigation, information and education. The widest view will look upon group therapy as an expression of a new attitude towards the study and improvement of human inter-relations in our time. It may see in it an instrument, perhaps the first adequate one, for a practicable approach to the key problem of our time:

the strained relationship between the individual and the community. In this way its range is as far and as wide as these relationships go: treatment of psychoneuroses, psychoses, crime, etc., rehabilitation problems, industrial management, education – in short, every aspect of life in communities large and small. Perhaps someone taking this broad view will see in it the answer in the spirit of a democratic community to the mass and group handling of totalitarian régimes.’

A year later, addressing the first post-war Congress of European Psycho-Analysts in Amsterdam,² I said:

‘The present historical situation shows clearly that human problems cannot be solved in isolation but only through a concerted effort of the whole of humanity. The future of the human species may well be made or marred according to whether or not it is able to grasp this fact and act upon it while there is still time.

‘Anything we can learn as to the relationships of persons towards each other, and of groups towards each other, is therefore of great therapeutic significance. . . .

‘. . . Group analysis is the instrument of choice for the study of the dynamics of the group, a new science in which psychology and sociology meet. In view of the importance of good relations between groups of all kinds, including whole nations, the relevance of such studies need hardly be stressed at the present time. Once again it may be the privilege of psychopathology, through the analysis of disturbances in inter-personal relationships to throw decisive light on the social life of man in all its manifestations.’

In the same paper, in 1947, I also said:

‘Group treatment is the resolve to take a larger part of the external world and of a person’s associates into the field of direct observation than is the case in individual treatment. Or, if you have a group of patients only, you bring them together so that each can be observed and face himself in a group setting; moreover they can now face their problems as a group, including their reactions towards each other. One could say, too, that group treatment means applying “commonsense” – the sense of the