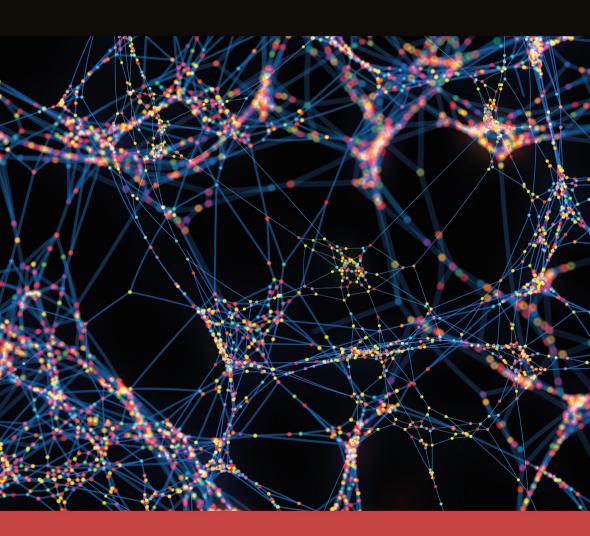# GROUP ANALYSIS

A MODERN SYNTHESIS

SIGMUND KARTERUD

"Courageously and independently drawing on the ideas of a range of psychoanalytical and group analytical theorists and clinicians, this personal and contemporary text will be of value to colleagues and students in the mental health professions. Dr Sigmund Karterud is both a 'hermeneut' and a data driven scientist. His attempts to synthesise several perspectives and orientations are based on his appreciation of the restraints of the human body as well as the constraints of our societies and cultures. This contribution to NILGA illustrates the enduring importance of our diverse and multi-stranded intellectual foundations. We are also challenged to restore our identities as members of a profession which has not yet begun to realise its full potentials."

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The author expands and revitalizes group analysis with perspectives from evolution, philosophy and psychology of the self, theories of emotions, mentalization and, above all, personality. An essential reading for people interested in the front-line of contemporary group analytic theory and practice."

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Prof. Dr. med. Ulrich Schultz-Venrath, *Professor of Psychosomatic Medicine and Psychotherapy at the Faculty of Health, University of Witten/Herdecke, chair of the German Institute of Group Analysis and Mentalizing in Groups (IGAM)*

Group Analysis

Group Analysis outlines how clinical group analysis can re-establish itself as a leading paradigm for group psychotherapy.

Sigmund Karterud explains how the focus of group analysis and its applications can be expanded by stronger emphasis on the philosophy and psychology of the self. The book is divided into four parts, with Part One reconsidering the historical roots of group analysis through its founder S. H. Foulkes and Part Two demonstrating how the fields of evolution, primary emotions, attachment, mentalizing, personality theory, and personality disorders can be integrated with group analysis. Part Three develops a philosophy of the self that includes a group self which accounts for the we-ness of groups, and Part Four illustrates how these concepts can inform the practice of group analysis through a series of clinical vignettes addressing the major challenges which face the clinician.

Group Analysis: A Modern Synthesis will be essential reading for all group psychotherapists in practice and in training. It will also appeal to students of group analytic psychotherapy.

Sigmund Karterud, MD, PhD, is a group analyst and professor of psychiatry, formerly at Oslo University, Norway. He has played a significant role in training, research, and organization of group analytic psychotherapy in Scandinavia. His other publications include books on self-psychology, personality, personality disorders, and mentalization-based treatment.

The New International Library of Group Analysis (NILGA)
Series Editor: Earl Hopper

Drawing on the seminal ideas of British, European and American group analysts, psychoanalysts, social psychologists and social scientists, the books in this series focus on the study of small and large groups, organisations and other social systems, and on the study of the transpersonal and transgenerational sociality of human nature. NILGA books will be required reading for the members of professional organisations in the field of group analysis, psychoanalysis, and related social sciences. They will be indispensable for the "formation" of students of psychotherapy, whether they are mainly interested in clinical work with patients or in consultancy to teams and organisational clients within the private and public sectors.

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Group Analysis

A Modern Synthesis

Sigmund Karterud

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Foreword

This volume is based upon my (much larger) Norwegian textbook *Group Analysis and Psychodynamic Group Psychotherapy*, which was published in 1999 and later thoroughly revised in 2023. Parts of the content are translated, but the current volume is mainly a new text written for an international audience. It presents a brief account of the history of group analysis, its grounding in the theories and practice of the founding father S. H. Foulkes and the later developments after his death in 1976. Foulkes was also a psychoanalyst, rooted in ego psychology, "an analyst of a strictly Freudian persuasion" as he said, and one of his slogans for group analysis was "ego training in action". The death of Foulkes coincided with the decline of ego psychology. It had no more to offer. Different schools of object relational theories came to dominate group analysis. However, history has shown that these theories failed to cope with the influx of an increasing number of patients with personality disorders into the mental health services of Western countries. Competing group therapies, e.g., cognitive behavioural groups, psychoeducational groups as companions to dialectical behavioural therapy, schema therapy and dynamic groups based on mentalization-based principles, entered the scene. It raised the question if group analysis was an appropriate approach for the mental health services, or if it was a kind of private practice group psychotherapy, suited for people with higher levels of personality functioning.

In this volume I argue that group analysis needs modernization. In particular, it needs the resources of modern theories of personality, evolution, attachment, mentalizing, self psychology, and hermeneutics. By these resources, "ego-training in action" acquires new meanings. Ego needs to be replaced by a concept of the self which is on terms both with philosophy and with the natural sciences. A hermeneutics of the self, in the sense of Paul Ricoeur (1992), might integrate the meaning-seeking endeavour of the reflective self with the energetic core self which harbours the emotions as defined by Jaak Panksepp (1998). This approach might even shed new light upon the group as such. Group analysts have paid much attention to the group-as-object (Nitsun, 1999). I propose that group analysts extend their

perspective to the group self, i.e., the group-as-subject. The concept of the group self may also shed new light upon historical and societal group phenomena. I explore this avenue in a reflection about the group analytic group self.

In the last part of the book, with the resources I have mentioned, I proceed by outlining the clinical consequences for group analytic psychotherapy. I discuss the most important issues that confront the practicing group therapist and illustrate my points through 93 clinical vignettes. I end the clinical last part with an optimistic view that group analysis might become a flexible approach that includes "classical" group analysis as well as modified group analysis for patients with more severe personality problems.

For an English-speaking audience I will say something about my background: I am a professor of psychiatry from Oslo University, Norway and a former director of Department of Personality Psychiatry at Oslo University Hospital. My PhD thesis (Karterud, 1989a) was an empirical study of Wilfred Bion's theories of group dynamics. In collaboration with devoted colleagues from the Norwegian Psychiatric Organization, I organized the first group analytic block training course in Norway, led by Harold Behr and colleagues from Institute of Group Analysis (IGA), London, until the Norwegian IGA was founded in 1992. Thereafter I served as a training group analyst for IGA, Oslo until 2008. During these years I also studied self psychology in collaboration with Paul Ornstein and colleagues in US and founded the Norwegian Forum for Self Psychology. Malcolm Pines and Walt Stone helped building bridges between self psychology and group analysis (Karterud & Stone, 2003; Stone & Karterud, 2006).

My main professional task at Oslo University Hospital was to develop and validate group-based treatment programs for patients with personality disorders, mainly borderline patients. In 1992 I founded the Norwegian Network for treatment of personality disorders, which still exists as a clinical-research network for 20 different treatment units in the Norwegian mental health system (Pedersen et al., 2022). This Network has accumulated what presumably is the world largest database for the treatment of personality disorders, now consisting of approximately 14,000 cases. This database has been subjected to a host of empirical studies, among them studies of the validity of the various personality disorders (e.g., Johansen et al., 2004). These studies enabled us to reconceptualize the nature of personality as such (Karterud, 2017; Karterud & Kongerslev, 2019) and explicate the foundation of a Personality Psychiatry (Karterud, Wilberg & Urnes, 2010). Our TAM theory of personality defined the three major pillars of personality as Temperament, Attachment and Mentalization (self-consciousness). On the temperament side we received support from the collaboration with Jaak Panksepp and his neuroaffective-evolutionary work on primary emotions (Karterud et al., 2016), while dialogues with Anthony Bateman were helpful in constructing the mentalizing pole of personality.

In 2008 I reorganized the clinical services of the Department of Personality Psychiatry according to principles of mentalization-based treatment (MBT) and authored two manuals together with Bateman (Karterud & Bateman, 2010; Karterud & Bateman, 2011), followed by a manual for mentalization-based group therapy (MBT-G) (Karterud, 2015b). At the same time, I established, in collaboration with the Norwegian psychiatrist Finn Skårderud, the Norwegian Institute for Mentalizing. The Institute has arranged one year training courses in MBT-G and for the past 15 years, I have trained around 250 colleagues who have participated in challenging roleplays and displayed video-recordings of their groups from all over Norway (and some from Sweden and Denmark), containing around 1,300 patients altogether. Consequently, I have seen and studied a wide range of groups with different therapists, different compositions and in different settings, although the common denominators have been borderline dynamics and outpatient treatment. During the same time, I maintained my private practice with group analytic psychotherapy in a more classical sense. However, I realized that the boundaries between group analysis and MBT-G were not rigid. Some MBT groups could move in a more group analytic direction, while some analytic groups obviously could benefit from application of MBT-G principles.

The wide range of groups which is described above, has called for theoretical principles that are empirically grounded, conceptually coherent, and applicable to a wide range of psychopathological and group dynamic phenomena. The tradition of group analysis contains such principles. However, as I will try to demonstrate, they need to be extended and modernized. As will be apparent in the text that follows, I use the word "modern" in a Hegelian sense, meaning "closer to the truth". Some readers may disagree about that. That is as it should be. Truth is a complicated thing, which needs to be discussed continually. But first, my arguments should be read.

Part One

The evolution of group analysis

The legacy of S.H. Foulkes

Group analysis, which I will use synonym with group analytic psychotherapy, is the dominant kind of group psychotherapy in Europe. Formally, its theory and practice are managed by the organization EGATIN (European Group Analytic Training Institutions Network), which by 2022 consisted of 40 members, whereof 33 training programmes were considered "qualifying". According to the statutes of EGATIN, its member organizations should train therapists in *"Foulkesian group analysis"*. This explication is in a way remarkable. In comparison, it is not customary for psychoanalytic institutes to state that they train their candidates in "Freudian psychoanalysis". It is telling of the significance of S. H. Foulkes for the identity of group analysis. Accordingly, what could be more natural for a book on group analysis, to start with some reflections about the person and the work of S. H. Foulkes (1898–1976)?

I will not here recapitulate his biography. Details can be found in the writings of, for example, Schlapobersky (2016) and Barwick & Weegmann (2018). However, I will comment on some issues which seem significant for the evolution of group analysis. His German and Jewish origin is important. He recalls the impact Sigmund Freud had on him as a 22-year-old medical student in Heidelberg: *"This was in 1919, and ever since, Freud and his work have been the greatest influence in my professional life, and remains so at the present time. From then on, I knew exactly what it was that I wanted to be, namely, a psychoanalyst*." (Foulkes, 1968, p. 203). He followed this conviction, moved to Vienna in 1928 were he fulfilled his psychoanalytic training and befriended the upcoming generation of psychoanalytic candidates. He was loyal to Freud through his entire life, which witnessed dramatic professional controversies, like the battles with Wilhelm Reich, Sandor Ferenczi and Melanie Klein. His third wife, Elisabeth Foulkes (1990, p.12) wrote that *"He remained an active psychoanalyst of a strictly Freudian persuasion to the end*". In self psychology terms, we would say that Freud became an idealized selfobject for him, something that probably became even more important

when he had to establish a new private and professional home in England. He fled from Nazi Germany in 1933.

Other important influences which coined his theory of group analysis, came from his psychiatric training at Frankfurt Neurological Institute during the years 1925–28. The Institute was led by the charismatic Kurt Goldstein, who was a prominent figure in European neurology and gestalt psychology. Foulkes concepts of the individual and the group in a fluctuating figure-ground relationship as well as the individual conceived as a nodal point in the communicative network, the matrix, of the group, were inspired by the teachings of Goldstein.

Finally, we need to mention the inspiration of the Frankfurt school of sociology and philosophy, led by prominent critical intellectuals such as Karl Mannheim and Max Horkheimer, followed by figures such as Theodor Adorno, Herbert Marcuse and from our time, Jürgen Habermas and Axel Honneth. During the years 1930–33 Foulkes was head of the Frankfurt Psychoanalytic Institute which was in the same building as the Institute of sociology and the Institute for social research. They did not only share the same location, but also ideas in mutual seminars. Foulkes' closest friend and colleague from these days was the sociologist Norbert Elias, who later joined him in London.

To sum up: Foulkes' thinking was inspired 1) by Freuds theories about the inner world of the psyche and how to conduct clinical psychoanalysis; 2) by Goldstein's ideas about the brain and its influence upon the mind; and 3) by the Frankfurt school and its theories about how social dynamics, and in particular power relations, came to influence the mind of the individual. Could these broad theories work together and inspire clinical practice?

Yes, they could. Foulkes started his first therapeutic group, at the age of 42, in the small English town of Exeter, during the winter of 1940. He stayed in Exeter, out of war-time London, for two or three years. During this period, he treated around 50 individuals in groups. Some of them, together with the psychologist Eve Lewis as co-therapist. Most patients also received individual sessions concomitant with the group therapy. His first paper on group analysis was published in 1944: *"Group analysis: studies in the treatment of groups on psycho-analytical lines"* (Foulkes & Lewis, 1944).

During the years 1943–45 Foulkes served as military psychiatrist at Northfield Military Neurosis Centre, not far from Birmingham. Northfield has since then become a legendary site for group analysts. It became a melting pot of new ideas and practices of how to conduct psychotherapy in larger social settings where different individual and group dynamic processes interacted. The site gathered prominent psychiatrists like Wilfred Bion, Tom Main, Pat de Maré, Harold Bridger, and others, and the concept of "the therapeutic community" was born (Main, 1946).

When Foulkes returned to London, he worked at several psychiatric hospitals, for most of the time at Maudsley Hospital, until he retired in 1963. He

combined his psychiatric services with private psychoanalytic and group analytic practice. In addition, he wrote numerous articles on group analysis, four books on the topic, conducted supervisory and training groups, initiated Group Analytic Society (GAS) in 1952 and Institute of Group Analysis (IGA) in 1972, maintained a broad international correspondence and founded the journal Group Analysis.

The principles he outlined for group analysis in his first paper (Foulkes & Lewis, 1944) were surprisingly "modern" except for his conduct of conjoint group and individual psychotherapy and separating men and women in different groups. The groups contained around eight members, and the weekly sessions lasted for an hour and a half. He observed that the group members where more engaged in their mutual relations than in relation to the therapist(s). In a technical jargon: the patient-therapist transference seemed to become diluted. This allowed the therapist to be somewhat withdrawn. His/her main task was to facilitate communication. Already in this very first paper on group analysis, he compared the therapist role to "a conductor directing an orchestra". He highlighted what we today would label "common factors" in group psychotherapy, that the group 1) often reacted as a whole; 2) counteracted personal isolation and promoted a social situation where the individual could express him/herself freely, feeling him/herself understood and display understanding and empathy to others; 3) facilitated a kind of mirroring process whereby own personal problems were revealed while engaging in others; 4) facilitated access to unconscious material; and 5) facilitated a kind of learning from the experiences of other group members.

Reflecting upon his experiences at Northfield, Foulkes (1946a, b, c) would emphasize even more the significance of the group-as-a-whole. As I will discuss in depth later, this concept is quite problematic since it can obscure the very phenomenon of which one is speaking. There is a risk of investing the group with its own will-power, as in the concept of a "group mind". Reflecting upon Northfield, Foulkes (1946a) wrote *"The group meetings became more group-oriented, more like a treatment of the group than in the group"*. The essence of group analysis has later been expressed as *"treatment of the individual, in the group, by the group"*. At Northfield, the task of the ambitious psychiatrists was to create a therapeutic community which realized Tom Main's slogans (1977) *"the hospital as doctor"* through *"a culture of enquiry"*. The idea was that prosocial forces of the individual were stimulated and liberated and neurotic strategies likely to be abandoned, when individuals were more or less forced to co-operate with peers in a benign environment which facilitated reflections upon their experiences. If the group functioned well, the individual was likely to be integrated in prosocial collective efforts. The main task then, for the group leader/therapist/conductor was to assist the group-as-a-whole in its endeavour to co-operate constructively. This ideal raises an interesting and important question: How do the group know that it is *"working constructively"*? Or better: How do the

group members know that *they* are working constructively? This question is basically a variant of the question "how do I know myself"? The answer, with reference to philosophy and psychology of the self (Hegel, 1807/2019; Ricoeur, 1992; Fonagy et al., 2002), is by being "minded", and recognized and validated by the (representatives) of the society to which you belong. Within the social fabric of a therapeutic community, the group, as a designated entity, will receive confirmatory (or critical) commentaries from others which will validate its (narrative) identity. These acts will confirm both the "sameness" of the group, with which it can be identified, and the "we-ness" of the group: Sameness when we are talking about Group A which belongs to Wing B in the hospital and which meets three times a week, and we-ness when we are talking about the subjective processes of belonging to this particular group and the group's significance for the identity of the individual.

Although Foulkes never explicated the dialectics of sameness and we-ness of the group, he stimulated theoretical and clinical explorations of what it meant to be an individual and a group (and a society). That is what makes European group analysis more profound and interesting than its American counterpart of psychodynamic group psychotherapy which has been more pragmatic, more concerned with "does it work?" We are facing a delicate balance here. Group analysis risks neglecting obvious pragmatic concerns (do the patients get better?) and get lost in unproductive metapsychological speculations. Therefore, we should *"take the group seriously"*, to quote the group analyst Farhad Dalal (1998). My response to this call will be to turn to a hermeneutics of the group which will be explored in Part 3 of this book. Such an investigation will explore the concept of group identity as hinted to above, as a dialectics of sameness and we-ness. I suggest that Foulkes overlooked the significance of external confirmation and validation when he spoke about groups at the Northfield Military Neuroses Centre. As for groups in outpatient settings, and in particular private practice, which advocate the ideal of a stranger group where members do not meet outside the group, the crucial element of external recognition is missing. How do the group then know when it is working constructively? This question challenges the role of the group analyst. To state it bluntly: Should he tell the group? Foulkes instinct was to be reluctant. A psychoanalyst is trained not to "gratify" the needs and wishes of the patient. As we will see later, this attitude might be constructive for more "neurotic" patients but carry some risks when it comes to severe personality disorders.

In his first textbook, *Introduction to Group Analytic Psychotherapy* (Foulkes, 1948), expanded and explicated his theory and practice of group analysis. Here I will comment upon some few but crucial issues. The first is the relationship to Freud and psychoanalysis. Foulkes' dilemma was how to balance his own need to keep Freud as an idealized parent imago and remain a respected member of the British Psychoanalytic Society, with his needs to explore new mental territories where the current psychoanalytic concepts

were of limited help, to say it mildly. This dilemma has later been labelled the conservative versus the radical Foulkes (Dalal, 1998). The conservative Foulkes tried to be loyal to the paradigm of ego psychology, while the radical Foulkes hoped to construct a theory that could embrace the individual, the group, and the society. The mission was impossible and left lacunas in the theory of group analysis. Ego psychology was what later was labelled a one-person-psychology. Adequate concepts were not yet available for Foulkes.

We need to empathize here with Foulkes. He developed a theory of groups that was basically optimistic in a theoretical landscape that emphasized man's innate destructive tendencies, harbouring a death instinct. When Foulkes was challenged at this point, he would, in allegiance with Freud, admit to the theory of a death instinct, but his group analytic theory and practice clearly rested on a theory of innate prosocial forces in man which constituted a core of man's essence and were vital for group formation. He reiterated that man *"was social to the core of his being"*. However, he needed some concepts that could be compatible with ego psychology and found those in the American psychoanalyst Erik Homburger Erikson who coined the term ego-identity. Erikson had maintained that one's ego-identity contained a search for being *"a successful variant of a group identity"* which was important for one's experience of similarity and continuity in *"one's meaning for others"*. Foulkes embraced the expression *"ego-identity in the light of the historical circumstances that dominated the childhood environment"* (Foulkes, 1948, p. 13). This ego-identity was based upon historical experiences with others and would maintain social (group) life. As we shall see, later conceptualizations will situate the social need even closer to the core of human existence.

Maybe this problem with localizing prosociality was the ultimate reason for Foulkes to situate the group almost outside the individual, as if prosociality was a force that came from *"the group itself"*. It is here (Foulkes, 1948, p. 14) he formulates what has later become a kind of credo in group analysis, that the group literary *"permeates"* the individual and that the individual is a *"nodal point in the network"* that constitutes the group (and society). In these formulations, Foulkes relies on concepts from his years in Frankfurt with gestalt psychology and we are struck by the mechanistic flavor: The "individual" is a "permeated" "nodal point" in a "network" that is a "group". Later he would add that "transpersonal forces" pass through the "individual" in the "group". The advantage of this objectifying and mechanistic view on groups is that it emphasizes *"forces"* that impact on group dynamics, forces which cannot be located to the individual in isolation. Any theory of group dynamics that neglect such forces tend to be naïve and idealistic. However, what seems more difficult with this conceptualization is to grasp the nature of the pro-sociality of this group. Where does it come from? One must ask if this pro-sociality ultimately rest on an aspect of the being of groups which is not covered by Foulkes' theory. I have earlier hinted at the

we-ness of groups. This we-ness rests on a basic need of the self, not of the ego (!), which has to do with the *"wish to live together"* and that *"man needs friends"* (Ricoeur, 1992). The we-ness attest to a kind of identity that in fact is even more apparent in groups than for the individual, a kind of identity that cannot be reduced to the "forces" that penetrate groups. *It concerns loyalty.* Without loyal members that stand up for the group, the group will cease to exist. More about that later.

Even if he could not account properly for the pro-sociality of group life, Foulkes acted as if it was a reality. From this conviction emanated his slogans for group analysis: *Serve the group. Follow the group. Trust the group. Listen to the group. Don't push the group.* And from there emanated his technical recommendations that the main task of the group analyst was not to inter-pret, as in individual psychoanalysis, the content and process of the group, but to *analyze* the group, which basically meant to comment on and liberate the process of communication in the group. According to Foulkes, this pro-cess took place in the *matrix* of the group. The matrix became another cru-cial concept in his group-analytic theory. The matrix was conceived as the (mostly) unconscious web that held the group together by a dynamic flow of (transpersonal) forces. In this respect, the individual was a nodal point in the matrix. According to Foulkes, healing processes took place when repressed or disavowed parts of the individual were captured, so to speak, by the communicational process of the group and got symbolized in a way that allowed verbal designation and reflection. That is the meaning of his slogan "*group analysis is ego-training in action*". In my opinion, these words depict the essence of group analysis. It is something radically different than making the unconscious conscious by way of the expert psychoanalyst. However, what does actually "ego-training in action" mean today, in an era when the ego is dead? That will be a topic for later discussions.

A last part of Foulkes' legacy must be mentioned, also that belonging to his optimistic views on the nature of groups. In his 1948 textbook, he (p. 30) formulates a "Basic Law of Group Dynamics":

> *"The deepest reason why these patients, assuming for simplicity's sake Psycho-Neurotics, can reinforce each other's normal reactions and wear down and correct each other's neurotic reactions, is that collectively they constitute the very Norm, from which, individually, they deviate. That is not really surprising, once it is understood. The community, of which they are a miniature edition, itself determines what is normal, socially accepted behavior. It happens like this: each individual is to a large extent a part of the Group, to which he belongs. This collective aspect permeates him all through – as we said before – to his core. To a smaller extent, he deviates from the abstract Model, the Standard, of this "Norm", he is a variant of it. Just this deviation makes him into an Individual, unique, which he is again all through, even to the finger prints. One could picture him, crudely,*

> *as being submerged in a common pool, but sticking his head out of it. Now each such Therapeutic Group, like any other Group, has much more in common than it knows at first. It is struck by its differences, which provoke curiosity, hostility and fear. As it proceeds, it finds more and more of individuality and community. The sound part of Individuality, of character, is firmly rooted in the Group and wholly approved by it. The Group, therefore, respects and supports the emergence and free development of individuality …"*

Obviously, therapeutic groups will contain resistances and defences, and it is a main task of the group analyst to assist the group in dealing with that. However, gradually the prosocial forces of the group will prevail and support the growth of the individual. Much can be said about the quotation above and we will proceed with the discussion if these views are flawed idealizations of the individual and the group. Let me just point out the personification of the "Group" which is invested with intentions and desires of its own, as well as the notion of the "Individual" whose identity is limited to that of sameness, "unique … even to the finger prints". I.e., the selfhood of the individual has disappeared, as well as the we-ness of the group has expanded to a grand hyperbole. That will also be a topic for further discussion.

In the preceding paragraphs, I have condensed some essential features of Foulkes theory of group analysis and his basic recommendations for the practicing group analyst. After his death there surfaced a discussion if group analysis had to adopt a more "realistic" view on the nature of man and groups. Did Foulkes neglect man's (innate) destructivity? In the following I will approach this question by the route of Foulkes' main opponent during the 1950s and 1960s: Wilfred Bion.

The challenge of W. R. Bion and the anti-group

It may sound like an exaggeration to label Bion as Foulkes' main opponent. After all, Bion left the group scene in the early 1950s, although his famous book *Experiences in groups*" was published in 1961. They shared a common interest in groups, group dynamics and therapeutic communities since the days at Northfield. However, Bion's interest seems to have been more on a theoretical level than providing new therapeutic innovations to the public. After Northfield, Bion worked for the Tavistock clinic (and later Tavistock Institute of Human Relations) and conducted outpatient groups for a short period (1947–52). He left a "Tavistock way of doing group psychotherapy" that was opposed to group analysis as well as a lasting theoretical contribution through his publication of *Experiences in groups*.

Bion was struck by the *problem of co-operation* in the therapeutic groups where he was assigned the role of a "leader". He observed that group participants often displayed great problems in rational co-operation around tasks

in the group, but that they often co-operated quite well when the group as a whole seemed to be affected by some commonly shared assumptions. Rational co-operation seemed difficult, while co-operation based upon some shared assumptions seemed easy, as if it had not to be learned at all. It came "natural" so to speak. As we have seen, also Foulkes were occupied by these forces which "penetrated the individuals to their inner core". However, Bion went a step further and wanted to uncover their very nature. In order to do that he adopted a kind of scientific distance to the groups where he was assigned "leadership". Firstly, he adopted a kind of phenomenological stance where he observed and ordered his observations. Next, he told the group (and the readers) what he observed. Then he described the fears involved in the dynamics of the group and the dilemmas the group were facing. Sometimes he described the ultimate fears which the group seemed to flee from.

It is my clear impression that what group therapists favour the most, is the phenomenological part. It is Bion's descriptions of so-called *"basic assumption" group phenomena*. Bion maintained that there was a dynamic interplay in all kinds of groups, not only therapeutic groups, between a rational level which he denoted "the work group" and an irrational or affective level that he denoted "basic assumption groups". The basic assumption (BA) groups could be figured either as 1) a fight/flight group; 2) a dependency group; or 3) a so-called "pairing" group. His descriptions of these modalities were illuminating and intellectually brilliant. Most group therapists smile and nod and recognize own group experiences when they read Bion's descriptions of the angry group that demands a scapegoat, or the dependency group where people find themselves anxious and helpless and in search for an omnipotent leader, or the pairing-group which is light-hearted, flirtatious, and optimistic with respect to the future. People have seemingly no problems with co-operating within such group modalities. It comes natural to them. However, there are differences between individuals which basic assumption they "favour" so to speak, when frustrated. In order to emphasize their involuntary nature, Bion labelled these inclinations as the "valence" of the individual. The main task of the therapist should be to interpret the current basic assumption in order to assist the group in maintaining a rational group discourse.

However, there is a paradox here when it comes to therapeutic groups. Since the task of such groups is to explore unconscious mental life, the pursuit of this task will in itself activate basic assumptions, in contrast to, for example, a task group who works with an external mechanical problem. Bion explained this destiny by resorting to Kleinian theory. He maintained that in the mind of the participants, the (image of) group would approximate the internal mother and mother's body, and that to approach it/her implied activation of *"an extremely early primal scene"* (Bion, 1961, p. 164) loaded with envy and hatred and psychotic anxieties as in the paranoid-schizoid position. The ultimate fear in, for example, the fight flight group, according to Bion, is the fear of the destructiveness of one's own envy and hatred, that

it should viciously attack the internal object who in revenge would attack and destroy the self. Therefore, the whole dynamics had to be externalized and the individuals in a group would unconsciously co-operate in finding an external object that could be attacked and by that contain one's own destructive impulses. Thus, the individuals co-operate, unconsciously, by the mechanism of collective projective identification.

There is a fairly wide agreement, supported by the study of Malan and colleagues (1976), that group psychotherapy according to Bion's principles is no good idea. People in need of psychotherapy need something else than being caught up by a group therapist that interprets their behaviour in terms of hatred and envy towards him/her. In clinical circles, the approach was minimalized after a public report on scandalous conditions at Paddington Day Hospital in London, which were conducted according to principles advocated by Bion's companion Henry Ezriel (Baron, 1987).

However, Bion's phenomenology and theoretical explanation have survived to a surprisingly extent. My impression is that many colleagues have accepted a soft version of the theory of projective identification. This means that they do not take Bion seriously. The soft version implies that projective identification is a projective maneuver in order to get rid of anger and envy (or other unwanted or despised aspects of self). However, Bion was as Kleinian as it is possible to be. He believed in an innate destructiveness, an inborn splitting with hate and envy that literally attacked the breast which the infant would find already occupied with part-object penises, etc. In our times, true believers of Kleinian theory have shrinked considerably. The theory resides on a discourse which is beyond scientific ideals of validation or refutation. It's a theory for believers.

But what about the phenomenology? My own research during the 1980s is probably the most thorough empirical study of Bion's BA theory (Karterud, 1989a). I observed and rated 75 group therapy sessions at three different therapeutic communities. I rated 28,950 verbal statements from 91 patients and 53 staff members for their emotional content (fight, flight, dependency, pairing, and neutral) according to Group Emotionality Rating System (Karterud & Foss, 1989) and analyzed the group dynamics qualitatively according to Group Focal Conflict Theory (Whitaker & Lieberman, 1964; Karterud, 1988b). By these methods, I could identify typical basic assumption sequences and study them in detail, sentence by sentence, through graphs and statistics as well as by interpretations. Furthermore, I could explore Bion's valence theory and how group culture phenomena were related to the content and manner of therapist's interventions.

What did I find? Basic assumption sequences flourished in these groups. They could be identified, and the phenomenology was similar to what Bion had described. However, I could also observe significant nuances (Karterud, 1989b). Firstly, fight and flight did not always accompany each other. I could observe flight groups without much aggression, and fight groups without

much fear. Furthermore, I could observe pairing groups with much sexuality and pairing groups with little sexuality but more grandiosity. I observed what I labeled as "pseudogroups", which had to be separated from dependency groups (Karterud, 1989c). Concerning valence, I could demonstrate that borderline patients had a higher valence for BA fight-flight than other patients (Karterud, 1988a). In addition, BA phenomena were clearly related to poor therapist performances: Messy boundary conditions, unclear tasks and roles and insulting behaviour here-and-now (Karterud, 1988c). In other words, BA phenomena seemed to have multiple causes, a mixture of personality characteristics, levels of personality functioning, unclarity about tasks and goals, and therapeutic insults as well as self-object failures. One should remember that this was prior to the era of "rupture-repair" in psychotherapy (Safran et al., 2001). Overall, the results indicated that BA phenomena were more related to poor treatment conditions that did not take into account the level of personality functioning, than psychotic anxiety being activated by approaching the internal imago of a bad breast filled with triumphant penises (Karterud, 1989d).

To sum up, when we deconstruct Bion's theory we find a partly valid description of important group phenomena but invalid explanations that overemphasize Kleinian speculations at the cost of relevant interpersonal transactions. Just as important is Bion's flawed theory of affects (or more precisely – emotions) that underpinned the theory. It was a theory of innate aggression (Thanatos) and sexualized love (Libido – Eros). Bion constructed his basic assumption theory upon these affects. Today, this theory is outdated. Today we would rather say that Bion approximated a general "law" concerning the relationship between cognition (rationality) and emotions. Cognition needs to be informed by emotions, but too high emotional activation impedes cognition (Fonagy et al., 2002). In current language we speak about the risk for "mentalizing breakdown" and mentalizing proper being replaced by psychic equivalence thinking (which Bion and Klein conceptualized as belonging to the paranoid-schizoid position). According to a modern theory of emotions, we would therefore reformulate Bion's BA theory in the following way:

Rational co-operation in groups might be undermined by too high activation of any of the following primary emotions (italics here to comply with the writing style of Panksepp): SEEKING, FEAR, RAGE, SEXUAL LUST, SEPARATION ANXIETY, CARE, and PLAY. These emotions may come in rather pure modes, or they may be mixed with one another. The typical fight/flight-group is dominated by RAGE. Think of a Hell's Angels group. The typical dependency group is dominated by a mixture of SEPARATION ANXIETY, FEAR, and CARE. Think of a group of insecure but true believers lead by their patron. The typical pairing group is a mixture of SEXUAL LUST, SEEKING, and PLAY. Think of a group in the entertainment industry. In addition, there are pure sex-groups as in groups set up for