

Psychotherapy Guidebook

# GROUP-ANALYTIC PSYCHOTHERAPY

Elizabeth T. Foulkes

# **Group-Analytic Psychotherapy**

**Elizabeth T. Foulkes**

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# Group-Analytic Psychotherapy

*Elizabeth T. Foulkes*

## DEFINITION

Group-Analytic Psychotherapy is an intensive form of treatment in small groups. The synonymous term “group analysis” also covers applications in and beyond the therapeutic field. It fully incorporates psychoanalytic knowledge, but it is not merely a method of applying psychoanalysis to larger numbers; “group-specific factors” are considered to modify the psychodynamics. It is therapy in the group, of the group, and by the group, the group being an active agent of treatment. The individual person is seen and treated in the context of the group. The aim is radical and lasting change and emotional growth. It is indicated for patients with good motivation for an analytic approach, suffering from various neurotic, psychosomatic, and non-acute psychotic conditions.

## HISTORY

Group-Analytic Psychotherapy was developed and has been practiced since 1940 by S. H. Foulkes (1898- 1976), first in private practice. Later, during World War II, it was introduced into British army psychiatry at

Northfield Military Neurosis Centre, where it was eventually expanded into the first “therapeutic community,” with group methods being used throughout the hospital at all levels.

Since 1946, it has been increasingly practiced at many hospitals and in private practice. Between 1950 and 1964, Foulkes trained many psychiatrists, including overseas doctors, in this approach to group therapy during their postgraduate training at the Maudsley Hospital. The Group-Analytic Society (London) was founded in 1952 to further group-analytic theory and practice. In 1971 the Society set up the Institute of Group Analysis, which is now responsible for training and qualification.

## TECHNIQUE

Many of the conditions for group meetings and concepts first formulated in group analysis have become commonplace in group work generally.

In the strict group-analytic situation with out-patients of mixed symptomatology, the “standard group” consists of the therapist (termed “conductor”) and seven or eight patients, (usually four men and four women), having no contact or relationship with each other in ordinary life (stranger or “proxy” groups). They meet at a regular time and place, once or twice a week, for one and a half hours, sitting in a circle with the conductor on identical

chairs.

The group-analytic situation is largely unstructured. There is no program; no directions are given. The importance of regular attendance, punctuality, and abstaining from contact outside the sessions are explained to members at an initial interview, and will again be pointed out as necessary in the course of therapy — not as rules laid down by the conductor, but as conduct required in the interest of therapy.

Groups are encouraged to communicate spontaneously, voicing their concerns and difficulties in “free-floating” discussion. The resulting “group association” is the equivalent of free association in psychoanalysis. The conductor, receptive at all times, usually remains in the background but may be quite active on occasion. The emphasis is on communication, all observable behavior, including symptoms being gradually analyzed and decoded, working through to insight, and the “translation” of problems into verbal expression.

The main focus is on the here and now, on current conflict situations in life as well as in the group. Recollections and repetitions from the past are accepted as they come up spontaneously, but the persistent bringing up of material from early childhood is considered defensive. The conductor pays special attention to unconscious communication and to the analysis of

resistances and defenses against change. He also watches the interaction and possible interference of the patients' own networks of intimate relationships with the therapeutic process ("boundary incidents").

Diagnostically heterogeneous groups are preferable, though members should share a compatible background. Groups may sometimes be formed to deal with special problems, such as couples with marital difficulties (a hybrid group, partly "proxy" partly family). Patients are not usually prepared beforehand in individual treatment, beyond one or two interviews; nor is simultaneous individual and group therapy advocated (unless for specific groups), as these procedures complicate the transference situation. Co-therapy is used chiefly for training purposes.

In private practice, and at some hospitals and clinics with out-patient psychotherapy departments, most groups are open-ended ("slow-open"), each member joining and leaving according to individual needs. This is a very intensive treatment, allowing for slow movement. "Closed," time-limited groups are useful particularly in institutional settings, e.g., conducted by therapists in training, and for research. "Open" groups are often for larger numbers and faster changeover, for instance, for patients waiting to be assigned to psychotherapy.

## APPLICATIONS



Apart from the strict proxy group, group analysis is applied for diagnosis and therapy to groups in their natural setting, such as families and networks of closely interdependent persons; to groups treated for their own better functioning and efficiency, in education, industry, and sport; in large group settings, such as therapeutic communities, hospitals, and schools. Method and depth of approach will vary with circumstances. It is valuable in training programs, particularly for psychotherapists, workers in the mental health field, and hospital personnel; it is also valuable for educators, managers, and others. A personal group analysis is required as part of the training of future group analysts. It is also a useful diagnostic and research tool in many varied group situations.