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THE GROUPS BOOK
THE GROUPS BOOK
Psychoanalytic Group Therapy: Principles and Practice

including
THE GROUPS MANUAL
A Treatment Manual, with Clinical Vignettes

Edited by
Caroline Garland
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THE GROUPS MANUAL
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Since it was founded in 1920, the Tavistock Clinic has developed a wide range of developmental approaches to mental health which have been strongly influenced by the ideas of psychoanalysis. It has also adopted systemic family therapy as a theoretical model and a clinical approach to family problems. The Clinic is now the largest training institution in Britain for mental health, providing postgraduate and qualifying courses in social work, psychology, psychiatry, and child, adolescent, and adult psychotherapy, as well as in nursing and primary care. It trains about 1,700 students each year in over 60 courses.

The Clinic’s philosophy aims at promoting therapeutic methods in mental health. Its work is based on the clinical expertise that is also the basis of its consultancy and research activities. The aim of this Series is to make available to the reading public the clinical, theoretical, and research work that is most influential at the Tavistock Clinic. The Series sets out new approaches in the understanding and treatment of psychological disturbance in children, adolescents, and adults, both as individuals and in families.

This volume a “large” book in every sense of the word, and one that is especially welcome in the Clinic series, for it lies at the heart of the work and thinking of the Tavistock from its very inception in the new NHS of the post-war years. It is at once large in its volume,
SERIES EDITOR’S PREFACE

in its heart, its range, compass, breadth of scholarship, experience, expertise, and also in the cooperative spirit of both editor/author and distinguished contributors.

The book speaks with comprehensive authority, accessibility, and passion even, about a particular form of group thinking and practice, one that has been developed and drawn on at the Tavistock especially, but also elsewhere, for many years. It is, as Caroline Garland puts it, “based on a psychoanalytic knowledge of the psycho-social development of human beings”. It is, in other words, rooted in a psychoanalytic understanding of the individual within the structure and boundaries of a group setting. Experiencing and examining the dynamic interactions between self (including the group therapist) and other within the group enable members to learn from that experience and to function better in both their personal and their social worlds. The book is embedded in, yet also reaches beyond, established practice. The working method and underlying theory described here are laid out with great clarity and liveliness, beginning with the big questions—What is a group? What is group therapy? And what are its tasks?—and going on to exemplify groups at work, often in extreme and diverse settings.

The editor is also, extensively, author, and in “The Groups Manual” solely so. Drawing here on a professional lifetime of work both in individual and group settings, Caroline Garland is by no means offering a prescriptive text of how to’s and how not to’s. Rather, she invites reflective examination of actual applications in a number of rich vignettes (her own and those of her colleagues), as she describes the potential and always unique intra- and inter-personal exchanges of group processes that are characteristically knitted, or knotted, together in the fine grain of such work. It is not an exaggeration to say that the text as a whole engages with some of the deepest pains and lived complexities of the human condition—the ultimate conflict between how to be an individual and also a group animal.

Commenting on where Bion’s work with groups left off in 1952, Eric Trist remarked that the enterprise had hardly progressed much beyond that point. This book could be said to pick it all up again and to carry the baton decisively forward. It is a beautifully written, edited, crafted, and thought-through volume. The title is apt: it truly is The Groups Book.
ACKNOWLEDGEMENTS

As is appropriate for a book on group process, there are many people who have played a part in the thinking, the writing, and the construction of this book. My greatest debt of gratitude is to our patients, who have without fail and with considerable generosity given their consent to have details of the groups in which they have taken part made public. Although great care has been taken in the writing so that none but they themselves would recognize their material, it is clear that without them and their help this book would not have been written.

Second, I want to thank the members of the Groups Workshop in the Adult Department of the Tavistock Clinic for their lively participation, thoughtful and original comments, and hard work in writing up many hundreds of sessions to illustrate facets of group process. I thank them, together with the many trainees whose group work I have supervised over the years in the Royal Free Hospital’s Department of Psychiatry, in the Maudsley Hospital’s Psychotherapy Department, and in the Tavistock Clinic itself over the last 25 years. These two groups have included, among many others, Andrew Balfour, Tony Bailey, Kimberley Barlow, Jina Barrett, Jo-anne Carlyle, Paula Conway, Cathy Cox, Maxine Dennis, Scott Ferris, Vicky Franks, Elizabeth Gibb, Rachael Gibbons, Fiona Henderson, Francesca Hume, Judy Jackson, Kate Lockwood, Una McDermott, Patricia McHugh,
Monica McParland, Rupert Nieboer, Niloufar Noktehdan, Jo O’Reilly, Emma Staples, Joanne Stubley, Mike Swinburne, Elizabeth Venables, and John Wright. All of them have helped in the thinking that has resulted in this book. Mireille Bitan from Paris, whose work I supervised for many years, has contributed valuable clinical material. I am also continually aware of a very deep debt of gratitude to my own analysts, teachers, supervisors, and colleagues, both at the Institute of Group Analysis and later and most importantly at the Institute of Psychoanalysis and the Tavistock Clinic. They are too many to list individually (although one or two of them appear in disguise in this book), but Hanna Segal has been a particularly important influence in my life and work. Margot Waddell has been consistently and wisely helpful over the years in encouraging me to continue with and complete this project—a necessary element in any endeavour of this kind, and Klara and Eric King have been the best editors it has ever been my good fortune to work with. David Taylor has been a central influence throughout: his thoughtful presence, critical acumen, and generosity with help in many areas of life have finally enabled this book to come into being.

We are grateful to Karnac for permitting us to reprint chapters 5, 8, 10, and 11; and to Routledge for permission to use some of the clinical material in chapter 13.
ABOUT THE EDITOR AND CONTRIBUTORS

David Armstrong trained in Group Relations at the Tavistock Institute during the 1960s. He has worked extensively as a director and staff member in Group Relations conferences and events, both in the UK and overseas. A collection of his papers written over the past 15 years entitled Organization in the Mind: Psychoanalysis, Group Relations and Organizational Consultancy, edited by Robert French, was published by Karnac in 2005. It includes an earlier version of the paper included in the present volume.

Jo-anne Carlyle is a consultant clinical and forensic psychologist, psychoanalytic psychotherapist, and organizational consultant. Her NHS experience included work at the Tavistock and Portman NHS Trust and at Broadmoor and Rampton Special Hospitals, working in the NHS for nearly 20 years before moving to private practice. She is now co-director of PSYCTC, a company supporting psychological health and understanding in communities and groups and with individuals. Her professional interests include Group Relations models of learning; working with personality difficulties; work in the homelessness sector; and work with people with chronic and long-term mental health problems. She has presented her work nationally and internationally and has published both clinical and research studies.
Caroline Garland is a psychoanalyst and consultant clinical psychologist who has taught psychoanalytic group therapy in the Adult Department of the Tavistock Clinic for 25 years. Her background included three years’ study of social development in chimpanzees as well as observation of the behaviour of new-born infants at the Behaviour Development Research Unit of St. Mary’s Hospital. She has published a book on the subject of young children in day nurseries as a member of the Oxford Pre-School Research Group, under Jerome Bruner, and she has also taught in primary schools on the way to training as a child psychologist, an experience which left her with a lasting interest in group psychology. She taught group psychotherapy at the Maudsley Hospital from 1983 to 1997. In 1987 she founded the Tavistock Clinic’s Trauma Unit; she has also written and published widely on the subject of trauma in adults and is the editor of Understanding Trauma (2nd edition, Karnac, 2002). This, together with her interest in group dynamics and group therapy, has led to much consultative work with organizations at home and abroad. Currently she is engaged in the long-term Tavistock Outcome Study of treatment-resistant depression.

Francesca Hume first trained as a clinical psychologist before going to Nicaragua (Central America) where she and her husband researched and published findings on the traumatic impact of the war on combatants from both sides of the conflict. Her interest in the long-term impact of adversity has remained but has acquired a more psychological emphasis: in more recent years she ran a service offering psychotherapeutic treatment to adults who as children had grown up in care homes in which they were severely abused. While working at the Henderson Therapeutic Community she became interested in personality disorder, severe psychopathology, and group therapy. She then specialized as a forensic clinical psychologist; later she moved to the Tavistock Clinic, while training as a psychoanalyst at the Institute of Psychoanalysis. She is now Head of Adult Psychology and Course Director for the Adult Psychoanalytic Psychotherapy Training at the Tavistock Clinic. She runs the Group Therapy Course at the Tavistock and works as a group therapist on the Fitzjohn’s Unit, which specializes in the treatment of complex psychopathology including personality disorder and bipolar affective disorder.

Sarah Majid studied social anthropology at the School of Oriental and African Studies, London, before training in psychiatry at the
Maudsley Hospital and in psychoanalytic psychotherapy at the Tavistock Clinic. She has worked with groups in a range of settings, including traumatized refugees at the Tavistock, mentalization-based treatment groups for personality disorder at the Halliwick Unit, St Ann’s Hospital, and reflective practice groups with staff on an acute inpatient unit at the Royal Free Hospital. She is currently working as a Consultant Psychiatrist in Psychotherapy at the Tavistock Clinic in an innovative new service based in primary care, working with patients with complex mental health issues, personality disorder, and medically unexplained complaints using a range of individual and group therapy interventions.

Philip Stokoe, a psychoanalyst in private practice working with adults and couples, with a particular interest in supervision and teaching, is the Director of the Adult Department of the Tavistock & Portman NHS Foundation Trust. He is a Visiting Professor at City University, Department of Mental Health and Learning Disabilities. He is an organizational consultant, providing consultation to a wide range of organizations in the helping professions, particularly the NHS, Social Services, Adolescent and Student Counselling Services and Voluntary Agencies, and in business; his main interest is the application of psychoanalytic theory to all areas of work.

Joanne Stubley is a Consultant Psychiatrist in Psychotherapy in the adult department at the Tavistock Clinic. She heads the Tavistock Trauma Service, a clinical service that offers individual consultation often followed by group therapy, for traumatized people. Consultations are also available to traumatized groups and organizations with a service also specifically developed for groups or individuals who have had critical incidents in the workplace. She is also training at the Institute of Psychoanalysis.
PROLOGUE

What kind of therapy are we talking about?

Each kind of group and every individual group will have its own particular character, since each method of creating and running a group for a specific purpose will be unique to the interactions between the personalities of the organizer and those of the group members. Group psychotherapy is no exception, and many ways of making therapeutic use of the group have been proposed. Among several recent versions are group interpersonal therapy (MacKenzie & Grabovac, 2001; Wilfley, MacKenzie, Welch, Ayres, & Weissman, 2000), group-analytic psychotherapy (Behr & Hearst, 2007; Schermer & Pines, 1994), cognitive behavioural therapy groups (Bieling, McCabe, & Antony, 2006), and mentalization-based group therapy (Bateman & Fonagy, 2004); there are a host of others. Within the total range there exist group therapies aiming to be specific for the treatment of depression, bipolar disorder, eating disorders, sexual abuse, aggression, trauma, divorce, unemployment, social skills, social phobias, parenting skills—indeed, for almost any area of identifiable difficulty in human life.

This book describes a form of group therapy that differs from these. It is based on a psychoanalytic knowledge of the psychosocial development of human beings. Psychoanalytic treatment is unique in that it is designed for the understanding and treatment of the person—as opposed to the symptom or the particular diagnosis. Most
importantly, it is the only form of treatment of which the basis is a relationship as opposed to a technique or procedure. (In this respect, the form of group treatment that comes closest is group-analytic psychotherapy, formulated by Foulkes, 1946, 1948, 1956, etc.; for a discussion of Foulkes’s contribution to group treatment, see chapter 6, “Bion and Group Psychotherapy”.) However, the relationship that is the basis of a psychoanalytic treatment is specialized and particularized: it is not concerned in an easy way with being positive or sympathetic or with giving helpful advice. It is formed and sustained by a set of substantial theoretical principles (in this book, the works of Freud, Klein, and Bion are predominant) and a body of technical knowledge. It has a rigorous setting and structure and carefully maintained boundaries. This book describes the ways in which this kind of therapeutic relationship operates in the setting of the psychoanalytic group.

What, though, is the point of a psychoanalytic approach to the treatment of the individual? It is important because disorders of the individual personality, and consequent difficulties in forming and sustaining good relationships, have roots that go very deep. The origin of the adult’s impulses, beliefs, phantasies, wishes, and overall functioning reach back into adolescence, and even before that, to the experiences of childhood and infancy. Implicitly we recognize this fact when we acknowledge that the child is father to the man, but we are often curiously reluctant to take it into account when designing treatments for difficulties of the personality. Analytic treatment is, accordingly, lengthy. It cannot be achieved in a durable way in a dozen sessions of treatment, however uniquely tailored these may be to specific problems.

The developing infant exists in a universe that in part impacts upon the infant’s constitution and in part is shaped by it, in a continuously interactive process of projection and introjection. Central in the infant’s experience will be his relations with his parents or caretakers, and his wishes for possession—for an exclusive relationship with each of them individually. This passionate wish is linked equally strongly with the fear of exclusion, should these primary figures get together without his being present, or should siblings intervene. If in time the child is able to arrive at ways of softening the forcefulness of these wishes, he will eventually be able to move out of the nuclear unit and create relationships of his own, outside the immediate family. These will extend into the wider kinship group, and into the still larger group of friends and school, and will eventually become part of his working life and of his role in society. Nevertheless, this