

The Fernando Arroyave Memorial Prize Essay: The Award Committee's Choice

David Kennard

In 1989 the Institute of Group Analysis, London, decided to honour the memory of one of its most active and challenging members, Fernando Arroyave, by inviting members to write an original essay which challenged or redefined some aspect of group-analytic theory. A prize of £250 was offered for the best essay. Nine essays were submitted and Jenny Duckham, Peter Lewis and I had the pleasurable if time-consuming job of reading all the essays and the more difficult one of choosing the best one.

We were impressed with the range and quality of the submissions, several of which were of publication standard. However, in the end we were in unanimous agreement that the best essay was Morris Nitsun's 'The Anti-group: Destructive Forces in the Group and their Therapeutic Potential'. In his clear, lucid style Morris did full justice to the spirit of the task and the spirit of the man it commemorates. Challenging one of the fundamental tenets of group analysis — that collectively the group represents the healthy norm from which its individual neurotic members deviate — Morris describes and analyses the pervasive fear and dislike of groups found among many patients and professionals alike, and the complementary idealization of the two-person situation. In tackling this issue he challenges both Foulkes' own utopianism and his neglect of the group's destructive forces in order to 'sell' his ideas to a sceptical professional audience. I believe it is a measure of the maturing of group analysis that we can begin to question some of its founder's assumptions and perhaps some of the blind spots that our group-analytic training may induce. The result can only strengthen the theoretical basis of our approach. This essay is not a comfortable one to read, and I felt my own resistance to it rising at times as I read it for the first time, while at the same time encountering that feeling of recognition that all good writing gives us. If you are about to read this for the first time, beware, and enjoy. *Group Analysis* publishes the essay in this issue, pp. 7–20.

Fernando Arroyave Memorial Prize Essay

The Anti-group: Destructive Forces in the Group and their Therapeutic Potential

Morris Nitsun

Introduction: The Foulkesian Tradition

My training as a group analyst and years of experience of running patient and staff groups have left me with the impression that while groups have great therapeutic potential, they can also be volatile, unpredictable and destructive processes which require considerable understanding and very careful handling. Yet I am struck by how the literature on group analysis and therapy, in its generally optimistic, even idealistic terms, rarely explores this aspect in much depth. S.H. Foulkes, I believe, paid insufficient attention to destructive processes in groups, leaving what I consider to be an important gap in the evolution of group analysis.

My own interest has increasingly been in the negative and destructive attitudes that arise in relation to the group itself. This led me to formulate the concept of the 'anti-group' (Nitsun, 1988). This is a broad term describing the destructive aspect of groups that threatens the integrity of the group and its therapeutic development. It does not describe a static 'thing', that occurs in all groups in the same way, but a set of attitudes and impulses, conscious and unconscious, that manifest themselves differently in different groups. I believe that most, if not all, groups contain an anti-group, but that whereas in some groups it is resolved with relative ease, in others it can undermine and destroy the foundations of the group. Because of this, I consider it important — if not essential — to be able to understand its origins. I also believe that the successful handling of the anti-group represents a turning point in the development of the group. By helping the group to contain its particular anti-group, not only are the chances of destructive acting out

reduced, but the group is strengthened, its survival reinforced and its creative power liberated.

Returning to Foulkes, it seems to me relevant to pick up his own emphasis on the wider social environment and to examine the context in which he first developed his concept of group analysis. Foulkes started group analysis in England in the early 1940s. This was approximately ten years after he left Hitler's Germany and at a time when the Second World War was raging. I am puzzled about the impact of this social backcloth on his view of group behaviour. On the one hand, we are indebted to him for providing us with an optimistic and valuable therapeutic tool, at a time when we needed optimism. On the other hand, I doubt whether his early formulations of group analysis took adequate account of the dark, very dark, side of the social reality of the time — specifically the massive extent to which groups could be destructive and self-destructive. This can be contrasted with Sigmund Freud, whose experiences at roughly the same time, in roughly the same place, contributed a vein of deep pessimism to his view of human conduct, a theme crystallized in his paper 'Civilisation and its Discontents' (Freud, 1930).

My intention here is not to extol pessimism in itself — or for that matter to denigrate optimism — but to raise the question of *realism*, that is, the extent to which a therapeutic model is in touch with both the wider social reality (a point Foulkes insisted on, particularly in his introductory text of 1948; see Foulkes, 1948) and the available clinical data. Yet it would be wrong to suggest that Foulkes was unaware of destructive forces. In a paper originally delivered as Chairman's Address to the Medical Section of the British Psychological Society in 1961, he virtually went as far as to endorse his belief in some form of death instinct:

Personally, I have become more and more convinced in the course of years of the truth and usefulness of the concept of a primary self-destructive force. Nothing is more certain than the ubiquity of destruction — a fact difficult to accept. (Foulkes, 1964: 138–9)

Realizing the significance of destructive forces in groups, Foulkes attempted to give this a major focus in his view of group relationships. Foulkes saw the *neurotic or psychotic individual* as an isolated part of his social group and related this to destructive tendencies in the individual:

The particular form which the neurotic position assumes is in its very nature

highly individualistic. It is group disruptive in essence because it is genetically the result of an incompatibility between the individual and his original group. *It is at the same time an expression of aggressive and destructive tendencies.* (Foulkes, 1964: 89; my italics)

Pines (1983), commenting on Foulkes' statement, clarified it further by adding that what was in the healthier individual a social situation, where he or she represents a nodal point in a healthy and openly communicative social structure, becomes in the neurotic individual a focal point for aggressive and destructive tendencies. This was thought to originate in the family group and to spread to relationships within the wider social network.

Foulkes had positive and optimistic views about the transformation in group therapy of aggression and destructiveness into healthy forms of aggressiveness and assertiveness: 'This disruptive, anti-social, destructive aspect of neurotic behaviour is forced to come out into the open and does not receive the sanction of the group' (Foulkes, 1964: 89). A process follows whereby aggressive tendencies in the individual are used to attack and shift the neuroses of other members while constructive tendencies are used to support each other and build up the group: 'In a word, one could say that disruptive forces are consumed in mutual analysis, constructive ones utilized for the synthesis of the individual and the integration of the group as a whole' (Foulkes, 1964: 90). This view links with Foulkes' sociobiological orientation in so far as the constructive tendencies, once liberated, are seen as slowly leading the group towards the norms of the community of which it is part.

I see this as a worthy but limited and to some extent misguided attempt to relate aggression to the core of group-analytic psychotherapy. I take issue with it on several counts:

1. Aggression is essentially located in the individual: it is the individual's destructive tendencies which make him or her a deviant in an otherwise healthy social group. There is no sense that the group itself, or the community, may be deviant or destructive — in fact, that the group can adversely influence the individual, rather than the other way round. This seems to me ironic in view of Foulkes' consistent emphasis on the social context of the group. It also represents, in my view, the loss of an important opportunity to relate group analysis to wider social pathology.

2. The attempt to equate aggressive energies in groups with analysis and constructive energies with synthesis is an oversimplifi-

cation. It attempts to reduce complex and challenging issues to a rather mechanical formula.

3. Foulkes' sociobiological orientation has an optimistic but naïve ring. The notion of the deviant therapy group moving slowly towards the norms of its community assumes both a stability within social norms and a form of ethical superiority over the therapy group: both assumptions are questionable. The contemporary history of social and family groups — and this is a significant feature of the twentieth century — is that of frequent disruption and destabilization of norms. Equally, conservatively held norms (to which the group might move) may be expressions of social resistance and repression, or even oppression, rather than shining beacons to which we should all aspire. In either event, the relationship between our therapy groups and wider society is a complex one, not easily subsumed in a unipolar sociobiological perspective.

I am led to the conclusion that Foulkes' failure to elaborate on the power of destructive processes in groups was linked to his idealism about groups and the wider community. The impression, rather as Foulkes himself suggested in the passage cited earlier, was that 'the ubiquity of destruction' was difficult for him to accept, that it did not fit into an idealistic view of groups, and that he made a partial, schematic attempt at including it in his theory, thereby leaving a crucial area of group analysis undeveloped and unresolved.

In terms of Foulkes' intellectual background, it is clear that the Marxist tradition of the Frankfurt School, which flourished in pre-Hitler Germany, contributed to his utopian view of groups. The fact that this was strong enough to survive the evidence of the Second World War is difficult not to see as containing at least an element of denial. His idealism influenced not only his concept of group analysis but also the way he presented his approach and argued its merits. From time to time, in his writings, his claims are overweening, almost omnipotent. For example, in the chapter 'Outline and Development of Group Analysis', after describing the strengths of the approach, Foulkes (1964: 76) concludes: 'The therapeutic impact is quite considerable, intensive, and immediate in operation. By and large, the group situation would appear to be the most powerful therapeutic agency known to us'. Statements of this sort appear with an uncomfortable frequency in Foulkes' writing. There is seldom sufficient clinical evidence to justify his claims, and an absence of clear awareness of counterbalancing and antagonistic factors in group analysis.

There is of course another likely explanation for Foulkes' eulogizing about groups: he was doing a selling job. Numerous statements (for example, Foulkes, 1964, 1973) reveal that he felt he was fighting, if not losing, a lone battle against the psychoanalytic (and to some extent psychiatric) establishment, and that he felt compelled to argue the merits of group analysis forcefully: 'You say that I advocate my own approach. But what else can I do? If I did not think it the right one, I would not adopt it' (Foulkes, 1964: 121).

We can sympathize with these statements, but one wonders whether the sometimes defensive idealization helped or hindered the cause. After all, what Foulkes was picking up was essentially 'anti-group' reactions. The objection of the orthodox psychoanalytic establishment to group analysis was no doubt an intolerant reaction to the deviation from the sacred transference context of individual psychoanalysis, but how much did it also reflect anxiety about the power of group processes, about the transposition of the therapeutic focus from the cosy privacy of the one-to-one relationship to the group arena, with its potential for destructive aggression, rivalry and alienation? I feel that had Foulkes been able to explore these aspects more openly and more fully, rather than emphatically optimizing the process and outcome of group analysis at all costs, he might have made a more convincing impact on his critics. I also feel he would have encouraged an attitude of open doubt and debate, which I sometimes find missing in the group-analytic milieu.

The Concept of the Anti-group

It was my own doubt about the value of group analysis that led me directly to conceive of the existence of a phenomenon such as the 'anti-group'. This to some extent preceded my training in group analysis, but strengthened in the first year of my formal training. I had come from an established individual-therapy orientation, and not only did I find the shift of model difficult, but I felt overwhelmed by the faith in group analysis of many people I encountered at the London Institute of Group Analysis. Foulkes' statement that group analysis is 'an act of faith' seemed to have gripped their imaginations. I felt confused, anxious and filled with doubt, rather than reassured. My training turned out to be to a large extent a working-through of my own doubts and their gradual replacement by what I hope is a realistic appreciation of both the strengths and weaknesses of group analysis.

The most important influence on my thinking about the anti-group was the clinical experience I encountered or observed in the implementation of a group approach in my work setting. Most of my work as a clinical psychologist over a period of twenty years has been in a large psychiatric hospital. Here the level of psychopathology among patients is considerable and communication within patient-patient, staff-patient, and staff-staff groups is fraught with difficulty. As Kernberg (1980) pointed out, there are powerful regressive pressures in institutions of this sort. No doubt this setting primed me to the difficulties inherent in small and large groups, and was not entirely countered by favourable outcomes in some therapy groups. I have seen groups flounder badly in training and clinical practice, groups break down, end abruptly or linger on in states of tense, negativistic impasse. In teaching situations (mainly with clinical psychology trainees) where I presented the principles of group work, I found the most commonly voiced anxiety to be that groups can be destructive. In numerous ways I have witnessed and been confronted by anti-group phenomena.

It also seemed to me that these more generalized anti-group attitudes translated into specific occurrences in the focused task of starting and running an analytic group in a psychiatric outpatient context. I find some of these patterns quite consistent. The first is that I pick up anti-group attitudes at the very start. This happens in the selection process, well before patients actually join the group. I find that many if not most patients referred *do not want* group therapy. They want individual therapy. The suggestion of a group is often met with surprise, anxiety and suspicion. Numerous patients reject the offer of a place in a group. Others can be persuaded to join a group, but do so reluctantly. Patients who actually come asking for group therapy are, in my experience, a minority.

When the group starts, there is, for several months at least, prevailing mistrust *in* the group and *of* the group. Often, this takes the form of attacks on the group; it is not good enough; it is second best; it is because the National Health Service provides so little; it is directionless; there is no guidance; the presence of others with problems is a liability rather than an asset; it is an artificial situation; it gives too little time to the individual; it feels unsafe. These are familiar strains to anyone who has run groups in a similar setting, but they seem to me too often passed over as 'teething troubles', as inevitable frustrations on the way to something better, as resis-

tance. As I see it, these complaints form the elements of the anti-group and should be recognized and addressed as such.

Still in the early phases of the group, drop-outs begin to occur. Drop-outs, in my view, are symptomatic of an anti-group process, not just in the individual drop-out, but in the group-as-a-whole, which may unconsciously select a member of the group to enact the rejection of the group. Drop-outs have a disturbing and demoralizing effect on the group and can produce a chain reaction. Despair sets in and questions arise about whether the group can or will survive. In my experience, most groups survive, but as indicated above, by no means all do. Even in groups that continue, the impact of early traumas in the group's development may be so profound that the group never quite recovers. In groups of this sort, communication is usually extremely difficult or disordered and the group may continue, but in a state of severe impasse.

Even in well functioning groups, underlying anti-group attitudes, possibly not previously addressed, may suddenly flare up. A new member joins, an emotional conflict or clash erupts, or some other change occurs, and the group suddenly becomes very negativistic. Breaks, I find, have a particularly strong effect on groups, and in my experience can produce an anti-group backlash both before and after the break. Often, this is a way of denying the value of the group and so avoiding painful feelings of separation.

The anti-group tends to evoke considerable despair and feelings of failure in the conductor. He or she readily feels to blame for the group not working properly. A sense of hopelessness in the conductor may in fact be an important signal of an anti-group at work. Of course, such a situation will also trigger the conductor's own anti-group tendencies — and in turn his or her ability to tolerate and deal with anti-group phenomena will influence the way in which the anti-group is or is not resolved.

Difficulties in running outpatient groups are paralleled in my experience by the problems of running inpatient groups and staff groups in the psychiatric setting. Unless a group culture is already well established, as in certain therapeutic communities, the attempt to establish such a culture can be fraught with difficulty. Recently, I was asked to consult to a psychiatric unit attempting to set up patient and staff groups on an admission ward. My initial point of contact was with the consultant psychiatrist, who valued groups and believed in their therapeutic potential in the ward situation. However, her efforts met with every form of resistance. The patient

groups started operating routinely but there was such a degree of misunderstanding and consequent acting out in one of the groups that a cohort of patients refused to return to the group and for a period instigated an anti-group culture on the ward. The staff group (intended to be a sensitivity-type group) has still not got off the ground. Efforts to establish a time and a place for the group to meet are continually sabotaged. When individuals are questioned about their reactions to this, it appears that there is considerable fear of the entire staff group coming together. The threat of angry challenge and confrontation, of a humiliating sense of difference in hierarchical relations, and of unwanted personal exposure, appears to outweigh in people's minds the potential benefits of increased understanding and co-operation that might be a product of the group. The group process is not trusted. Although not surprising that in the disturbed setting of a psychiatric admission ward any attempt at therapeutic work would invite intense expressions of psychopathology, it seemed to me that in this instance the challenge of a group culture triggered particularly strong anxiety and anti-group reactions.

Theoretical Explanation

This brings me to the all important question, why? How does the anti-group come about? The answer is complex, explored in greater detail elsewhere (see Nitsun, 1988). Here, because of limitations of space, I look at it from one particular angle, and this relates to the preference (previously mentioned) that many people have for individual over group therapy. As I said before, I believe this is vital information. The reasons for it are not difficult to come by: in general, people want individual therapy rather than group therapy because they believe it will be safer, more containing, more personally focused and more rewarding. Part of this is realistic, as not only does emotional disturbance originate in the early mother-child relationship, but states of severe emotional distress in later life often generate a wish to restore the primacy of the early one-to-one relationship. This is based on an idealized fantasy of 'total togetherness' (Balint, 1968) of a perfectly containing relationship. This is often needed to compensate for profound early disappointment in emotional development, with consequent rage and emptiness.

The prospect of group therapy in various respects runs counter to

these expectations: the therapist is there for the group and not just for the individual; the space has to be shared by several others in need, strangers who bring their own powerful and unfamiliar agendas, introducing the very note of difference, danger and uncertainty which the patient wishes to avoid and which threatens the fantasy of ideal containment. This is reinforced by the frequently frustrating, painful and bewildering experience of actually being in a group, particularly in the initial stages. The individual's loneliness and alienation may be heightened rather than assuaged by being in the group, and the gap between what is longed for and what is available widens. The discrepancy between the ideal and the actual leads to a form of splitting in which all that is good is associated with the fantasy of the individual relationship (not uncommonly focused on the group conductor) while all that is bad is projected on to the group. The group becomes the bad object, frustrating and depriving, and it unleashes primitive hostility and rage that is directed at the group in the form of anti-group attacks.

In this model, it is important that the group is seen, in part, as a construction of the fantasies and projections of its members, that is, it develops through projective identification. If the projections are influenced by good object experiences, the group becomes, like a good mother, dependable, nourishing, resilient. If, on the other hand, the projections are dominated by bad object experiences, the group will acquire the characteristics of the bad object, undependable, unsafe, persecuting.

The plural nature of the group, that is, the fact that there are several members, increases the possibility of dangerous fragmentation. The group is, after all, not a whole: it is in parts. This is particularly the case at the start of the group, when it is not yet an integrated unit, a point I have explored elsewhere in greater detail (see Nitsun, 1989a). The fragmentary nature of the group, particularly in a situation of poor, inconsistent attendance and a high drop-out rate, renders it a fragile container. This is frightening and disturbing, and the threat of internal fragmentation in the patient is mirrored in the fragmentation of the group. As this reinforces disbelief in the holding and therapeutic function of the group, anti-group attitudes escalate. The wish to attack and destroy the group, combined with actual attacks on it, may become confused with the fragmenting process in the group: destructive impulses appear to have had a disintegratory impact on the group. A vicious circle sets in: the group is perceived as a weak and/or dangerous container;

this provokes anxiety and attack; the attack weakens and fragments the group; this invites attack, and so on.

Where the psychological unity of the group develops and deepens, as in most good groups, its plurality may not be a problem — indeed, it may be its strength — but where an anti-group culture predominates, the multiple nature of the group may act as host to a malignant form of projective identification.

My analysis of the destructive threat in groups emphasizes primitive levels of emotional development, mainly the anxiety–defence systems that operate intrapsychically and within the early mother–child relationship. But it should also be recognized that the multiple nature of the group constitutes a threat precisely because it challenges and impinges on this early, vulnerable constellation. It presents the oedipal challenge, of mother, child *and father*, of difference, of competition and of sexuality. It represents the hated family that impinged too early on and that failed to nurture the child.

Once the group is established as the bad object, it becomes the siphon for a whole host of destructive fantasies and impulses. Envy, sadistic hatred and perverse fantasies are all projected into and on to the group. This allows members to disown responsibility for these phenomena in their own lives, and to avoid dealing with them interactionally in the group. In this way, the anti-group has a defensive function. By agglomerating aggressive fantasies and impulses into one collective whole, it protects members from having to face up to crucial difficulties in their inner and outer worlds, and in the group. Envy is a particularly important part of this process. It must be remembered that for all its frustrations, the group *does* offer the promise of containment, of nurturance and of emotional development. Even if in the minds of its members it fails totally to provide this, the experience accentuates the longing for a powerfully dependable and transforming object. The difficulty is that this longing also stimulates envy. This is the primary envy of the breast as the source of life, so cogently described by Klein (1957), and associated with hatred of any potential dependence on the object. In order to rid the self of the painful state of envy, the object must be spoiled and denigrated. In the anti-group scenario, this combines with splitting and fragmenting impulses to extinguish the therapeutic capacity of the group. This is analogous to Bion's (1959) 'attacks on linking'. In this, all meaning, coherence, connectedness, indeed the very capacity for thinking, are undermined.

The ultimate expression of the anti-group is to destroy the group. The tragedy is that the individual(s) are dependent on the object for sustenance, the infant on the parent, and so when a therapy group breaks down, with it collapses the opportunity for emotional growth.

Of course, what I am describing is an extreme picture — that of a group annihilated by the anti-group. I have done so in order to dramatize the impact of the anti-group and to explore its most extensive effects. Fortunately, in reality such devastation rarely happens. Usually there is sufficient good projected on to the group to counteract the ravages of the anti-group. But the two forces are often closely matched. In fact, I believe it is the conflict between on the one hand members' wish to construct a therapeutic group and, on the other, their wish to destroy the group that is pivotal to the development of the group. It leads, in my view, to a situation akin to the depressive position. In this, ambivalence has to be faced fully and a process of mourning endured. In the case of the group, the mourning may have to be for the loss of the fantasy of ideal, passive containment — Balint's 'total togetherness'. In its place may come an acceptance of the considerable but, nevertheless, *partial* satisfaction provided by the group and an awareness in members that through reparation they can contribute actively to the therapeutic function of the group. Without this happening, I believe that the group as an entity with intrapsychic significance (as contrasted with a supportive but superficial experience) is not fully established. In this sense, the anti-group, paradoxically, has a therapeutic function. It tests the strength of the group and generates the elements of ambivalence that eventually deepen and enrich the group. Foulkes made a statement highly pertinent to the above. In this, he expressed a view that I believe is insufficiently realized in his model of group analysis, but one that is important to note and to consider: 'Strangely enough, the acknowledgement of the forces of self-destruction and their agencies helps us and makes us therapeutically far more powerful' (Foulkes, 1964: 145).

To summarize, I believe that there is a widespread and fundamental resistance to groups, arising partly from the wish for the fantasied, idealized containment of the two-person relationship and the threat that the group poses to this fantasy. The group acquires the negative, destructive components of the early bad object, which makes it a frustrating and persecutory experience, and which provokes attacks against it, producing an anti-group

process that can lead to the undermining of the group. This may express itself in the clinical progress of the group, and it may also be reflected in the suspicion and hostility towards groups not infrequently encountered in the wider organizational setting. In spite of its destructive potential, the anti-group is an important component of group psychotherapy in that it provides access to powerful, deep-rooted experiences of gap, loss, disappointment and ensuing hatred, and also points the way to the origins of ambivalence, which can be utilized constructively in the development of the group.

Concluding Comments

I need to clarify an aspect of the anti-group that may be troubling the reader. This concerns the nature of the concept and the extent to which I see it as a thing that exists in its own right, a sort of group devil that rises from the murky unconscious depths to darken the group with evil. I referred briefly to this at the start of the essay, but it is important to confirm here that I am using the term in a more abstract way; as a construct describing a constellation of destructive fantasies and impulses that may impinge on the group in varying ways and degrees. The term is a bit like a group 'fable', akin to the way Menzies-Lyth (1981) described some of Bion's later theories of group functioning, a metaphor that dramatizes and pictorializes the essence of the group.

In terms of the theory underlying the concept of the anti-group, I am aware of having moved from a group-analytical model to an object-relations model, influenced by Klein, by Bion (1961) and also by Anzieu (1984), in France. It seems to me significant that theoretical developments concerning destructive forces in groups have been made *outside rather than within* the group-analytic model. This is not surprising given the forcefully optimistic emphasis in the Foulkesian approach, whereas object-relations theories have tended to concentrate strongly on destructive intrapsychic and interpersonal phenomena. This difference has to some extent produced a split. Although it is often argued that the group-analytic model is a flexible one with sufficient width to embrace other theories, the fact is that this has happened only to a limited extent, with group-analytic theory remaining for the most part curiously underdeveloped. My concern, however, is not just with theory: it is as much, if not more so, with the practice of group analysis, which I

believe benefits from a full recognition of the impact of constructive and destructive group energies.

I am aware of certain omissions in this paper. Partly because of constraints of space, partly because this is essentially a theoretical essay, I have excluded detailed clinical illustrations of the anti-group and its therapeutic possibilities: this is the subject of a separate paper (Nitsun, 1989b). I hope, nevertheless, that my description of the anti-group has conveyed something of the flavour of its expression in clinical group work. I have also not considered the implications of the anti-group for some crucial aspects of group-analytic practice, for example, selection, the group matrix and the rôle of the conductor. These require detailed consideration. Particularly important is the rôle of the conductor in identifying the anti-group, in handling and harnessing destructive forces in the group, and in recognizing his or her position in the conflict between defensive idealization and repudiation of the group.

Finally, I wish to return to the social perspective with which this essay began, specifically the sociohistorical context in which group analysis originated. My ideas about the anti-group stem more from the clinical world of the psychiatric setting than from a wider consideration of social forces. However, I find it necessary to try and relate the one to the other. Bringing the social perspective up to date in contemporary terms, it seems to me that in the second half of the twentieth century, we have been preoccupied with two major themes concerning our self-destructiveness. The first was — and, to a lesser extent, still is — the danger of a nuclear holocaust. The second, and more recent, is our anxiety about the destruction of the global environment. These preoccupations both reveal a deep sense of the fragility of our civilization as well as of our potential to destroy ourselves. In this era, it seems to me all the more important to be in touch with our destructive potential and for us as group analysts to be aware of the links that exist between the wider social sphere and the microcosmic world of the therapy groups we run.

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'Human Understanding' in Psychoanalysis and Group Analysis: Reflections on Reading Thomä and Kächele's *Psychoanalytic Practice*

Olov Dahlin

S.H. Foulkes opens Part 1 of his *Introduction to Group-Analytic Psychotherapy* (1948) with the subtitle 'The Individual as a Whole in a Total Situation' and says: 'Life is a complex whole. It can only artificially be separated into parts, analysed.' One might ask, why it is so important to state such a truism? It is the declaration of a shift of perspective. He quotes the social anthropologist Bronislaw Malinowski to support a move from 'armchair' to 'open air', from the chair behind the couch into the circle of people. Since then the relationship between group analysis and psychoanalysis has been a permanent problem. In some aspects group analysis has profited from psychoanalysis, but in others it has been hampered by the risk of being engulfed. If psychoanalysis has an ambition to be an ultimate science of the human mind where is there space for group analysis? But if psychoanalysis is understood as method and practice and group analysis as a closely related method and practice, both can contribute to and rely on a shared 'provisional' science.

When I read Thomä and Kächele's textbooks (1985, 1988) I found an outline of a psychoanalysis which has moved into the open air, opened up for observation, and which I think has much in common with Foulkes' ways of looking at the individual as a whole in a total situation. This remarkable German work on psychoanalysis today has been little recognized in the UK, although the first volume was translated into English in 1987. It might be that the German academic phraseology is too heavy to digest for the British reader. As far as I can see the text has been translated very much word for word, which leads to a style full of subtle Germanisms. It may also be that Thomä and Kächele, when they try to write psychoanalysis in a new key, are not able to avoid quoting more from other writers than is needed to bring home their point.