ARGO Associazione per la Ricerca sul Gruppo Omogeneo
la Rivista, Gruppo: Omogeneità e differenze

*Group Psychoanalysis: Reporting on 50 Years of Work*

# Interview with Bob Hinshelwood on the topic: historical period 1970-2020, 50 years of the group as instrument in psychiatry, psychotherapy and psychoanalysis

Interviewer: **GianCarlo Di Luzio**

**1.** *What can you tell about your "story/adventure" with the psychoanalytic group?*

I never met Melanie Klein in person. She died on 22nd September 1960 in University College Hospital. Only latterly I realised I started the clinical part of my medical training in 1960 in University College Hospital – and on September 5th. So, mysteriously, our paths had nearly crossed, but I had never heard of her then. However, in my last year at school, I had read Frieda Fordham's Penguin book on Jung, and I had heard of Freud. In fact, when I started the theoretical phase of training at the Medical School at University College, London 3 years earlier in 1957, on the induction day we were taken to view the library and I found my way to the bookshelf with Freud. glancing at some of the pages. In fact, at the time. I had a minor psychiatric symptom. I had a strong conviction that I knew to be untrue. I believed I might have a venereal disease. Though I had a girl friend we had not slept together or had genital contact. So, I knew it was an anxiety symptom and not a reality. Freud, I thought, might quickly explain it to me. I was not in luck with the pages I scanned.

The symptom had long disappeared by the time I started my psychoanalysis with Stanley Leigh on 5th November 1969. By then I knew

a lot more about psychiatry and indeed about sexuality. I was married with three young children. During the medical training I, like a number of others students at University College, was inspired by the teachers of psychiatry at that time. Many of us were still struggling with our adolescence, of course. The tsunami of pharmaceutical medications for psychiatry was only just starting, and the practice of listening to a patient's disturbance and suffering was inspiring, though also difficult. It seemed an important challenge.

I had decided then to pursue psychiatry, and I was later appointed for my first training post at the psychiatric ward of University College Hospital. When I arrived on my first day in the job. Iwas immediately told "Your group starts in 15 minutes". I knew nothing at that time about groups, and had not had a real training in individual therapy. But I did know I was supposed to listen. Which I nervously did.

As I progressed in my psychiatric training, I spent a year and a half in a large mental hospital, in 1967-1969. There was a strong movement in the UK to change that kind of psychiatry (a change that exited in Italy, too). I strongly agreed. And eventually I got a job at a day hospital, founded in 1947; perhaps it had been the first psychiatric day hospital in the world. This was The Marlborough Day Hospital (MDH). At this point part of the movement of anti-psychiatry was to develop quite different institutions. The old ones just 'institutionalised' patients, and they stayed there all their lives. The idea of anti-psychiatry was to cure the institutions as much as to 'cure' patients. The new institutions were called therapeutic communities, and I was immediately committed to them, and I have remained so until today. The impact on patients in the institution they live in is as important as the long- ago influences from childhood and family. A therapeutic community could be seen as a new 'family', a properly supportive one.

I have to say, right now, that the importance of groups is to be a person in the community of the group. It is *not* to be a patient receiving treatment. Group therapy is not like being given a drug. That is my story, my journey, to becoming a therapist. Of course I did train as a psychoanalyst, and gained a great deal, and learned huge amounts about the unconscious which can be seen in groups as well as in psychoanalysis.

**2.** *How can you briefly describe the development of analytic psychotherapy in England?*

British group therapists proudly believe that group therapy really emerged in Britain. It is not true. It is clear there were experiments going on elsewhere, such as Trigant Burrow in the US, and Jacob Moreno in Vienna, But neither were known or influential in Britain, at the time experiments started in military psychiatry. We can trace our history back to 1942 when Wilfred Bion, not yet an analyst, was mentored by John Rickman in Kurt Lewin's field theory, and together they devised the first Northfield experiment in the Rehabilitation Wing of Northfield Hospital in Birmingham.

This experiment in Britain started in January 1943 but closed after 6 weeks because of disapproval from the authorities. The whole conception that a hospital should be run as a psychological field of forces that resembled a military unit rather than a treatment institution was too challenging. Nevertheless, the idea was so novel and inspiring that is has never been forgotten, and has generated many forms of psychological 'action', including the Tavistock Group relations programmes, conference and consultations, as well as the therapeutic community, and two forms of group therapy. One form is sometimes called the Tavistock approach to groups and followed Bion's initial experiment. And the other form, Group Analysis, was started by Michael Foulkes, who was also at Northfield around 1944, and strongly influenced by the culture of experiment at the time.

**3.** *How can you describe the development of private or public schools of group psychotherapy and of institutional experiments?*

The atmosphere of desperate experimentation in Britain followed the defeat at Dunkirk. It infected Northfield military hospital to give rise to two slightly different approaches to social groups. They both drew on the application of German gestalt psychology applied to the social situation. In 19$^{th}$ Century German psychology, Wilhelm Wundt described our perception as similar to looking at an optical illusion; at one moment we see a vase, at another moment we see two faces looking at each other. A foreground image emerges as a meaningful shape against the whole

background (the whole is called a 'gestalt' in German). Both are necessary, background as well as foreground, in order to create the image in our minds.

This foreground and background model can be applied to a group which is the gestalt. For Lewin, the background is the whole group as a complex of social forces which form the context in which individuals become the foreground shapes emerging from these background forces.

Foulkes called this background, the 'matrix' of the group, and individuals represented different points in that matrix (or network) of relations in the group. Each individual emerges from the background context of forces from time to time when they make a contribution – verbal or otherwise. Bion's term for the group background was the 'group mentality'. He saw this as a kind of pooling of unconscious aspects of the individual members. For instance, the members might each see their hostility as something in the group and not in themselves, so they could deny their aggression even though the 'group' behaved aggressively to them and especially to the group leader.

Foulkes was interested in how each individual expressed something for the group, and sought to relate it to that individual's personality which could be slowly brought to light by the group as if in psychoanalysis. Bion very specifically established that the group had a task – each member was required to devote themselves too that task, whilst all the time interfered with by the denied group mentality in the background. The task he assigned to every group, and also later to patient's in analysis, was to enquire into what was happening in the group, and in particular why the group was so hampered in tackling its task.

**4.** *What have been the main theoretical and technical changes in your approach to group psychoanalysis from the beginning to now?*

My beginning was, as mentioned, from a position of no knowledge or experience apart from ordinary participation in social groups with friends and family. But I guess we all start there. I had two principles – to listen, and to be aware that something or other would be going on underneath in an unconscious domain within whoever is speaking. A little later someone

lent me a copy of Bion's *Experiences in Groups*. There I learned about basic assumptions. Popular though these are, in fact I found I was not helped much by that list of group cultures. However, I did like Bion's dry and often self-mocking humour. The theory of basic assumptions seemed to be a categorisation of groups and did not come very close to the experiences of the actual people who wanted (and perhaps also did not want) to share their suffering and conflicts.

It was a long time before I realised that in the last Chapter of his boo, Bion was trying to revise the theory of basic assumptions and to see them in more psychoanalytic terms as structured into specific anxieties and the defences against the anxieties organised unconsciously on a collective basis (as a part of the group mentality or culture). In the meantime, I had read more about the Group Relations approach and had been to the Leicester Conference in 1970. That conference at Leicester had a deep impact, and I read Isabel Menzies paper on the social defence system of a nursing service in a hospital for general medicine. I was at the time part of the team at MDH establishing the hospital as a day community along therapeutic community lines. We took people who had suffered a severe breakdown and 'held' them at home in the community rather than allow them to be institutionalised in the old mental hospital services. I was also starting my own analysis and having started the formal psychoanalytic training in 1971, I took on my first patient under the supervision of Isabel Menzies.

My understanding of groups at that time developed, and I began to try to see and to work with a theme common in the group and which would represent some attempt to collect the group members into a defensive position against a threatening anxiety in the group. Those threats seemed to be a super-ego, or the fear of personal collapse and disintegration that was represented by their own breakdowns. I suppose, looking back, it was an attempt to see the individual's own suffering merged in with the background of the group's defensive culture.

After I qualified as a psychoanalyst in 1976, I worked as a psychotherapist in an NHS mental hospital which was changing from the old institution to a community-based service (whilst I developed a part-time psychoanalytic practice). My work at the group level now became focused on the culture,

anxieties and defences of the institution itself, and I worked mostly with groups of staff with the aim of giving insight into the anxiety-defence structure of patients (and to some extent of the institution). I saw that professional activity as working against the pressure of resistance from these front-line workers who were often overwhelmed by the pressure of suffering in their wards. It was for me a very important experience in the group dynamics of institutions, and I also did some similar work in social service organisations and in a prison. Today, now largely retired, my interest has turned more towards the wider society and in particular the unconscious dynamics at the group level in political debate, policies and actions.

**5.** *How has the individual and social experience of the analytic group changed in the minds of the patients, psychotherapists, colleagues and mental health workers (for example: has the enthusiastic and idealized vision of the 1960s completely disappeared?)*

I am fortunate in having lived through several decades and can plot a direction of change from the 1960s. In that decade there was a culture of humanistic freedom, 'doing you own thing'. Liberation was in the air, and the austerity in Britain and Europe after the war, came to an end. It was a time when new thoughts about psychiatry and mental health problems flourished. The mantra in the therapeutic community was: 'We treat the healthy side of our patients, not just the illness'. Pop music suddenly changed and became the banner of the age, and it adopted a political tinge. It was the age of individualism and the notion of therapy of all kinds became acceptable, with many new versions adapting or re-orienting psychoanalytic ideas.

Group therapy flourished especially as a mode of therapy that could reach more people more efficiently. Moreover, it was important that in the group, the individual could be seen as himself in his context others, rather than just learning about themselves and their conflicts. Group therapy (and the therapeutic community) have continued to today in much the same mode. But, a serious change happened in the wider social context in which group therapy and therapeutic communities work. In the 1980s, pop music stopped being political, in Britain the powerful trade unitions were

crushed, and the idea of the free 'individual' changed. With Milton Friedman and Ronald Reagan a new form of economics took over Western capitalism. The individual was now a consumer, and the principle that dominated society has now become: 'You are what you buy'. Liberation has become the freedom to choose consumer goods to buy!

This change has brought an increasing degree of alienation of people from themselves. Inequality has become powerfully exaggerated, and successful people are measured in terms of the money they possess or control. This has not been easy for therapies of most kinds which have persisted in helping people to see the best in their humanity and resolving the conflicts they may have over decency. As I see it, there is now some conflict between the goals of therapy that seek to maximise each person's potential and the wider social goals seen in terms of money and the economy so that people tend to become alienated themselves. Put starkly, people are commodities buying commodities in the markets and supermarkets.

The tension now between the aims of a therapeutic group to realise the humanity of the individual members, and the pressures of the economic principles in society at large to see us, individuals, as consumers and commodities, has been reflected in psychiatry. Patients are now seen as a collection of symptoms to be dealt with by medication.

These of course are extreme descriptions that I have given. You cannot really ignore the humanity in humans, but the contemporary Western culture tends in that direction. And so group therapy like many other therapies is working in a society that has different values. Our society emphasises money values, while therapies emphasise human values.

**6.** *I believe that in the psychoanalytic institutes the analytic group should have more space. What do you think about that?*

I, too, think that and agree that psychoanalytic training should include an experience in a group as well as the personal analysis. This was proposed a few years ago by Stefano Bolognini when he was President of the International Psychoanalytic Association (the first Italian president), however the proposal has not progressed very far. There is a tendency for some analysts to believe they understand everything without the need for

further training or experience.

However, the psychoanalytic movement is itself saturated with problematic group dynamics, with schisms and rivalries and with schools of thought that cannot comprehend each other. One can understand this as arising in a defence amongst analysts themselves. They assume an omnipotence in order to feel they can cope with the stress of facing mad parts of their patients on a non-stop conveyor belt all day. To stumble and feel inadequate requires a defence; and that defence is to believe in our own capacity to know everything, and to project our uncertainties and our fear of inadequacy into colleagues and other schools of psychoanalytic and therapeutic thought.

I have to add that the difficult stress imposed on therapists by the work itself does not spare group therapists. And similar defences operate so that group therapists can also be seen to denigrate each other and other schools of group therapy or psychoanalysis or other therapies.

So, it is not just that psychoanalysts should be more familiar with group therapy and group dynamics, but that all therapies should be more aware of the specific stresses that infect all practitioners who can, like any other human being, operate defence mechanisms against their anxieties. However, it can be noted that the defences are so often group dynamics at the professional level. And we so often find the familiar us-and-them dynamic in which we are good, and those over there are not, a holier-then-though dynamic as it is expressed in English.

**7.** *What are the changes of setting, of management, of technique of the group psychoanalysis that you consider or propose as fully valid by your long experience?*

Over the years I have tended to return to Bion and his founding principles when he developed his ideas on groups and institutions at Northfield and subsequently at the Tavistock Clinic. In my present reading of Bion, I value two things particularly. One is his initial assumption that listening to the patient's account of himself has to be a priority over using one's own theories of the human mind. He learned this when he trained as a doctor in the 1930s (at University College Hospital, by the way) and was

reinforced by his own personal analysis with Melanie Klein in the late 1940s when he was writing up his experience from his group work. He continued to explore the more intuitive forms of empathic listening, outside the formal verbal exchanges.

The second thing I take from Bion is his insistence that his patients or group members are colleagues in the work of therapy and not merely subjects that the therapist works on like a surgeon on an unconscious patient. It is the unconscious in the patient that *both* have to work on together – and indeed to work together on the obstructions and resistances to working together. Bion developed and clarified these principles in his later work as a psychoanalyst. But in my view the individuals in his groups are partners, however much they may resist – often with subtle resistances such as intellectualising with the therapist or other group members.

It is a difficult role for group members to explore their experiences with the other group members when the therapist refrains from self-revelation. There is a differentiation which arouses considerable emotion, including resentments, which are then objects of investigation to determine the problem of such unequal relations.

Whereas my own early attempts at group therapy were to capture and verbalise attitudes and assumptions that develop collectively in a group, I tend now to try to understand the underlying anxiety which is being shared in the group and hidden by the group attitudes and assumptions that are more on the surface.

**8.** *In California - says Yalom, who leads one - psychoanalytic groups made up of psychoanalyst "patients" have been active for decades, giving them great support, what do you think about?*

I can't claim to have been a therapist in a group of psychoanalysts. And I applaud Yalom for taking on such a daunting task. My only comment on the question is to consider the aim of that group of his, and of any other therapy group. Was the aim of the group to support the individual members in their stressful careers as psychoanalysts? I would want to distinguish a support group from a therapy group. We all need support, and a group is an ideal way of getting it, even a group of two when meeting

a supervisor of one's work. But my view is that a therapy group goes beyond support. I guess most readers will agree that a therapy group aims to expose something of the unconscious interactions in the group and how they come about through the communications between the members. But I would go further and say that it is therapeutic even if it exposes hidden secrets in individuals which may fill them with dismay rather than support.

I guess Yalom may have slipped from that psychoanalytic focus on the unconscious in each of us. One can get support from friends, family and colleagues without the expert attention of a group therapist. It is when there is a problem with accessing or using that support that a therapist's insight into the unconscious is needed.

I remember a group I once had with trainee psychiatrists, several of whom were sceptical of therapy. On one occasion a member talked of a particular row between him and another group member but outside the group when they were dealing with some incident on the ward. I did my best to understand the reaction of the two members to quarrelling with each other and what it meant in the group situation as we were meeting in the present moment. And I was then told it was a lie, the incident never happened and was just to see how I would deal with it. I could however begin to talk to them about the need to undermine the process of discovering the underlying need – such as the need to make a fool of the group therapist.

Working with a group of people who are in the same therapy business or one closely related, is not easy. And the unconscious of the individuals can find subtle and often intellectual ways for knocking the therapist off the proper path. Maybe Yalom colluded with a diversion into supportive work instead of therapeutic work to discover the unknown unconscious.

**9.** *The four therapeutic factors, in order of priority, that you think are most important in the efficacy of group analytic therapy?*

Oh, the most difficult of your questions. I have mentioned the importance of listening to the members own account, and as the resistance to a strict honesty as defences come into play. This is enhanced by Bion's focus on intuition and what he called non-sensuous experiences. And also, a second

factor -- the importance of patients or group members as being functional human beings who can be partners in the investigations rather than objects operated upon.

The next point would be to trace the underlying anxiety in a group at any particular moment. With working organisations, that is more apparent since the work itself will generate anxieties of a specific kind and will be shared by all the members who are co- workers. For instance, I have mentioned the stresses of the nursing profession when confront all day long with patients in pain and frightened of operations and of dying. In mental health the stress comes from being confronted with incomprehensible and sometimes dangerous madness. Perhaps one can imagine the stress of workers in factories making armaments knowing that they make the means to kill other humans. Or an agency that arranges adoptions of children whose whole lives will depend on getting the right surrogates for parents. Examples can be found in my book (edited with Wilhelm Skogstad) called *Observing Organisations*. In therapy groups one of the anxieties generally shared by all will be a fear of going fully mad. Perhaps that can be separated into components such as the loss of a sense of self, or the eruption of crazy imaginings, etc. Such anxieties that must come simply from needing group therapy will be shared by all members.

In addition to the last point are the more generic anxieties, which at one level will be those of the Oedipal complex -- attacking the parents, or splitting them apart or harming their ability to have another child; and at another level there will be the so-called 'primitive anxieties of (a) a fear for one's own survival, and (b) a concern at harm done to another or killing them. Such general fears bring people together, as for instance the social ceremony of funerals and the collective need to mourn the loss of a loved one as described by Freud and many others.

The fourth factor I would identify is the importance of the therapist's own experience and his sense of what role he feels he is being asked to play in the group at any one moment. If he can capture that, it can give him an understanding of what he is expected to 'do' for the group and therefore what anxiety he is supposed to be preventing or at least what he is helping the members to avoid.

Are these four points in order of priority? I think I have failed on that part of the question. I find it difficult to put any one of these first, and the therapist needs to pay attention to each of these on an on-going basis. Listening, and especially intuitive listening with the third ear is close to the last point about listening in to one's own experience of having a role. Possibly, identifying the anxiety is the most important point, but the other three are all part of that aim.

**10.** How much did the management of analytic groups change you and in what, as a person?

Working with groups I think I learned a lot about myself as a social person, and when I am not very adequate socially, as well as what I can do well. It has strengthened a view that human beings are essentially social animals. And I distinguish that from being a herd animal. In herds, animals tend to operate as one. A flock of birds flying in the sky turns all together, as if united together, similarly a herd of deer fleeing from a potential predator. Humans have added a different capacity. We not only do things together, we can think together and have invented systems – notably language – to keep each other attending to the same things. We think before we do things. And, so often we think together before we do things. This particular capacity has meant that we live in a world of thoughts – which we call our culture -- as well as a world of physical reality. Group members in communication, or several groups in communication, seem to be a specifically human development, although some animals may have managed some small degree of this accomplishment. And it is this specific social quality that being together and contributing together which is a special dimension of group therapy.

So, I have learned a special regard for us humans in this respect. This has given my interests in professional work a particular direction. The capacity to be communal is in my view as important as the contemporary emphasis on individualism. This has implications for my political allegiances. It has probably influenced my sense of community in my family (I have four children, and spouses, and eight grandchildren – more a large group than a small group). This was of course enhanced by my commitment to the alternative form of psychiatry, the therapeutic community.

**11.** *How can you describe the role of groups in psychiatric services in Great Britain over the past 50 years?*

Probably the role of group therapy has significantly reduced. Partly this is to do with the pharmaceutical revolution in psychiatry. Partly it is to do with the lack of training in groups for psychiatrists and for psychiatric nurses. Partly it is because the NHS requires formal testing of all treatments with controls. And partly because the health services prioritise short term treatments due to a squeeze on resources – financial and staffing, as well as the lack of accommodation with rooms suitable for group and community meetings.

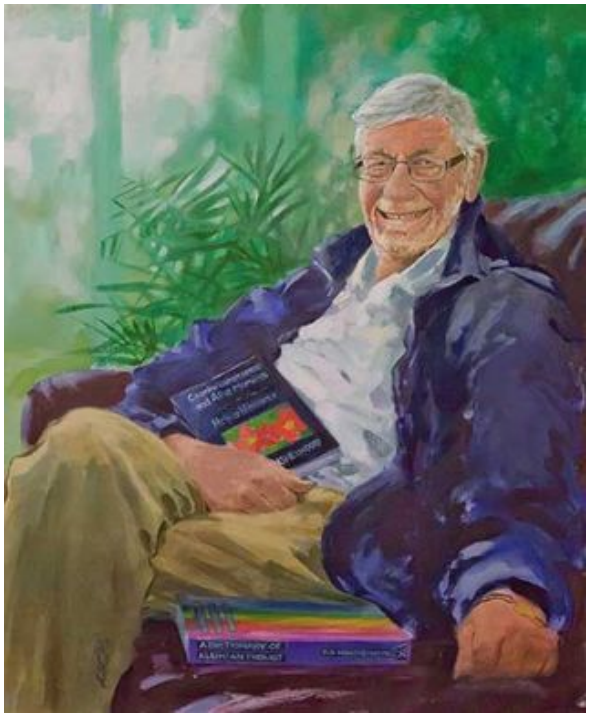
There are still many people who go into the psychiatric services who want to do good by the patients and have an empathic interest in their suffering. But as explained in a previous answer, the work is stressful, and on the whole that stress is not recognised, so there is not adequate support for staff, and so instead, defensive group phenomena develop which keeps an emotional distance between staff and patients. The distance reduces patients to symptoms and diagnosis (as described in the Menzies research mentioned above). This is a sad situation in which the more human response to suffering is reduced. The capacity for a communal sharing of distress, and of responsibility for recovery is lost. Patients can become commodities, and the overall task of institution is less personal and more abstract.

**12.** *What types of groups other than psychoanalytic groups have developed over the past 50 years in Great Britain?*

I may not be the best person to comment on this question, as I am not fully aware of what is now happening outside my field. I know there is fairly widespread provision for mindfulness groups, for wellbeing groups, for mentalisation.These are usually run outside the public services by charities. I know that the cognitive behaviour therapy movement has tried work with groups. Mostly these are privately run, and most regard themselves as providing support, often for very disturbed people who in the past would have gained their support from those old residential institutions which have now been discontinued.

The loss of those old mental hospitals with their long-term institutionalising group dynamics is perhaps a good thing, but the limitations on more humane groups is not good. Short-term treatments benefit managers and taxpayers, but they only benefit patients sometimes.

**Robert D.Hinshelwood**



*We liked to report from the personal website of the Author, Honorary Member of Argo, the picture of the portrait made for him by one of his nephews, and reproduce below the biographical information reported in the first person by the Author himself on the Site (written with different fonts and layout).*

***Group Psychoanalysis: Reporting on 50 Years of Work***

## ABOUT MY WEBSITE

### Welcome

The site is intended, first and foremost, to indicate my own publications. I have annotated my bibliography with some personal details.
I have published work on clinical psychoanalysis, psychotherapy and the history of psychoanalysis, and various aspects of the application of psychoanalysis.
I have included some biographical details that I hope will help to place this work in a systematic, yet also personal context. The sections are partly thematic, and partly chronological, and you will see them via the Menu.
The site will change from time to time as I add new items to the bibliography, and indeed new interests as they develop.
From time to time I propose to upload text files of some papers in draft form that I am working on. And any comments will be gratefully received.
I would be very pleased to hear any comments you have, quarrels with, or criticisms of, my work.
Thank you for your interest. I hope that you will return again, and will find it helpful and informative.
E-MAIL ADDRESS: bob.hinsh@gmail.com
[I am grateful to Georgia and Georgiou Chalkia for creating this website for me]

### In Prospect

- In 2001, I began to develop, with Enrico Pedriali, a series of workshops now referred to as Learning from Action, intended for care workers to 'read' communications from cared-for persons in their behvaiour and relationships, rather than words. Although Enrico died 10 years ago, these have been taken over and developed by Luca Mingarelli. Luca and I have now edited a book, Learning from Action: Working with the Non-Verbal, recently published, June 2022.
- For many years, even decades, I have been fascunated by the fact that emotions are at the centre of interest making people come for psychoanalysis, and yet it is noted over and over again that there is no satisfactory

psychoanalytic theory of emotions! Shortly, Phoenix Publishing House will publish a book that I have completed on affects/emotions -The Mystery of Emotions: Seeking a Theory of What We Feel. This is an attempt at a survey of many of the varied attempts, with some qualitative meta-analysis and conclusions.

- Further prospects: W.R. Bion as Clinician (to be published in The New Library Series of the Londnon Institute). And Herbert Rosenfeld: A Contemporary Introduction (Routledge).

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*Argo and the editorial staff are pleased to report here that after this important opportunity for productive collaboration for which we thank him, Giancarlo Di Luzio has accepted the request to be considered an honorary member of Argo together with Claudio Neri and Robert D. Hinshelwood.*

**Giancarlo Di Luzio** born in 1951 in Rome where he lives and works. Psychiatrist, is a psychoanalyst, ordinary member of SPI/IPA (International Association of Psychoanalysis), group-analyst, former member of SISDCA (Soc.Ital.Studio.Dist.Comp.Alim.) and AED (Academy of Eating Disorders) and

teaching member of COIRAG (Confederation of Italian Organizations for Analytical Research on Groups). For almost forty years he worked full time in the psychiatric services of the National Health Service (IT), including, in recent decades, in the Interdepartmental Area of Adolescence and in the U.O. Eating Disorders of AUSL RM E. For over thirty years he has been involved, in the public and private sector, in the study and treatment of juvenile psychopathology and psychogenic nutritional-eating disorders. He has been leading for decades, in the Roman Psychoanalysis Center, a study group on "disorders of the self, body image and food-nutrition".

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