Group analytic psychotherapy: (im)possibilities to research

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Abstract

In the course of group analytic psychotherapy, where we discovered the power of the therapeutic effects, there occurred the need of group analytic psychotherapy researches. Psychotherapeutic work in general, and group psychotherapy in particular, are hard to measure and put into some objective frames. Researches, i.e. measuring of changes in psychotherapy is a complex task, and there are large disagreements. For a long time, the empirical-descriptive method was the only way of research in the field of group psychotherapy. Problems of researches in group psychotherapy in general, and particularly in group analytic psychotherapy can be reviewed as methodology problems at first, especially due to unrepeatability of the therapeutic process.

The basic polemics about measuring of changes in psychotherapy is based on the question whether a change is to be measured by means of open measuring of behaviour or whether it should be evaluated more finely by monitoring inner psychological dimensions. Following the therapy results up, besides providing additional information on the patient’s improvement, strengthens the psychotherapist’s self-respect, as well as his respectability and credibility as a scientist.

Introduction

Psychotherapy - individual or group psychotherapy - is a psychological method developed in order to treat psychological problems and mental disorders. Its aim is to bring about change in painful feelings, distorted perceptions of self and others, and dysfunctional behavior. A dramatic rise in the popularity of group psychotherapy was caused by World War II. Because of the high number of psychiatric casualties, military psychiatrists were forced to use group treatment methods out of necessity. The development of therapeutic group activities in Great Britain since World War II can be traced back to the Northfield experiment and S.H. Foulkes, the founder of group analysis i.e. group analytic psychotherapy. Group analysis (the term established by Foulkes himself) is a group psychotherapy based on psychoanalysis. Northfield’s military hospital in England during the Second World War gathered numerous army officers - patients suffering from neurotic disturbances, and their considerable number demanding application of group working method. From this experience Foulkes developed the concept of psychoanalysis by the group, or the group-as-a-whole, that includes concepts identical to those in the classical psychoanalysis, but it is much more than mere application of psychoanalytic principles to a group. While the basic biological unit is the individual organism, Foulkes considered the group as the basic psychological unit. He maintained that every man is fundamentally determined by the world he lives in, his group or the society he is a part of. Foulkes saw the individual as enmeshed in the social network, which consisted of transpersonal processes that penetrated each person to the very core. He looked upon neuroses and psychological disturbances as a result of an incompatibility between the individual and his original group, the family. Symptom is individualistic in nature and, according to Foulkes, autistic, and could not be verbalized in an understandable language. Because of this, it could not be communicated openly and directly. The resolution is only possible in a social network, either that of the group in which the disturbance arose, e.g. the family, or in a therapeutic group. The healing properties of the group are dependent on this uncovering. Foulkes maintained that new modes of relating were available once the old patterns had been recognized, analyzed, and translated.

Methodological problems of researches in group psychotherapy

The practice of group psychotherapy has resulted in rich, but descriptive clinical studies. As more studies accumulated, reviewers became more concerned with evaluation of therapy outcome. Problems of researches in group psychotherapy in general, and specifically in group analytic psychotherapy can be reviewed as methodology problems at first, validity and reliability problems, as well as problems of outcome research.

While there are many systematic studies on short term individual and group psychotherapy, researches on long term psychotherapy such as group analytic psychotherapy, hardly exist.

There are many methodological problems arising from psychotherapeutic researches such as: i) a psychotherapeutic process by its nature is unrepeatable, and no parallel – control group can be established; ii) like in medical psychology in general, the research has qualitative nature, wherefore there remains the question as how to quantify exceptionally subtle processes such as a psychotherapeutic process, and yet to save it from losing its character; iii) the number of variables that may influence personality changes is large and it is difficult to control and evaluate them precisely enough; iv) a problem is that there is no general agreement on healing criteria, i.e. on psychotherapy success; v) the test-retest method is most acceptable one; however, it opens the dilemma as when and in what intervals to repeat the measurements, i.e. how to prevent the very act of measurement to influence the results; vi) finally, there is the significant problem of objective and adequate measuring instruments, because there are not enough standardised instruments that can be used in psychotherapy.

The problem is getting worse with researches on group psychotherapy, and much worse in group analytic psychotherapy. According to some psychoanalysts - No study of psychotherapy process and/or outcome is better than the instrumentation that has been utilized, and - Thus, group analysis has yet to digest evidence on its efficacy.

The basic polemics about measuring of changes in psychotherapy is based on the question whether a change is to be measured by means of open measuring of behaviour or whether it should be evaluated more finely by monitoring inner psychological dimensions. A doctor has to wonder how to know when his patients feel better. Following the therapy results up, besides providing additional information on the patient’s improvement, strengthens the therapist’s self-respect, as well as his respectability and credibility as a scientist. What makes us measure the therapeutic changes is the belief that certain events are characteristic for therapeutic effects and do

Key words: group analytic psychotherapy, research, therapeutic effects

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not result from certain conditions or influences. The dilemma whether something has been caused by the therapy or by something else can be solved if we can differentiate the patient’s reports on useful events from the objective improvement measures.

**Researching group therapeutic factors**

For a long time, the empirical-descriptive method was the only way of research in the field of group psychotherapy. Among the numerous authors who dealt with group-psychotherapy research and who structured various measurement instruments – questionnaires, Yalom’s questionnaire proved to be by far the most acceptable, especially the questionnaire for assessing the group therapeutic factors.

Although known as therapeutic factors, they are unfortunately nothing like medicines that a doctor may administer, as Zinkin has put it. They emerge spontaneously from the group, and the group conductor (group therapist/group analyst) is to help the group as a whole to follow them up.

**Searching for therapeutic factors in the group**

Searching for therapeutic effects of the group psychotherapy, MacKenzie measured the group climate, represented by the group description through a series of interactions Group climate questionnaire (GCQ) and the data collected from various sources - from the patient as well as from the therapist, observer, researcher. Some of the items are that, for instance, group members tried to understand why they do what they do, or that they tried to avoid seeing important events that take place between them, or that they depended on the conductor and his conducting, etc. GCQ is a questionnaire that generates considering the first group stages. MacKenzie also researches the important others in psychotherapeutic process.

Marziali et al. measured group cohesion by a group atmosphere scale. Group atmosphere scale (GAS) is a scale with twelve subscales, where seven subscales maintain group cohesion: spontaneity, support, belonging, involvement, insight, clearness and autonomy. According to that, group cohesion can be identified with the concept of therapeutic alliance. However, the group cohesion should be differentiated from the group alliance since the cohesion relates firstly to links between group members, while the group alliance mostly focuses to member - conductor (group therapist/analyst) relations.

Bloch and Crouch carefully researched therapeutic factors in different kind of group psychotherapy. According to them group therapeutic factors are elements the acting of which is demonstrated by improving of the patients’ clinical status, by disappearance of symptoms or by the aimed change of behaviour, i.e. personal development. Importance of particular group factors is relative since it depends on the sort of group, group goal, size, composition, duration, developmental stages, etc.

Some factors are more important in one group process stage, others in another. In the same group, some patients profit from one group of factors, others from another, etc. Furthermore, Bloch and Crouch have commented the relation between the length of the patient’s stay in the group and his experiencing of the group, and the fact that those who spent more time in the group pointed out: cohesiveness, self-understanding and interaction (interpersonal learning). Outpatients pointed out: self-understanding as the most important, whereas day hospital patient pointed out cohesiveness.

Their results, as well as Yalom’s, are quite similar to those in our researches. About shorter lasting groups, e.g. two weeks, it is interesting the MacKenzie’s Core battery that includes the patient’s report instruments and the technique that introduces the important others (e.g. family members) into the research. It is clear that it is not possible to create an absolute hierarchy of the group therapeutic factors. The situation is made further complicated by the fact that all these factors are inter-dependable: they neither appear nor act independently. Their being discriminated is arbitrary, and it should be always kept in mind that many of them act simultaneously and mutually.

**Yalom’s group therapeutic factors**

In the Yalom’s classification, there are twelve therapeutic factors that gave base for designing the questionnaire that was applied in our researches. By his questionnaire, Yalom follows: i) altruism; ii) group cohesiveness; iii) universality; iv) interpersonal learning - input; v) interpersonal learning - output; vi) guidance; vii) catharsis; viii) identification; ix) family re-enactment; x) self-understanding; xi) instillation of hope; xii) existential factors.

Through its applications, the Yalom’s questionnaire enabled insight into the importance of the group therapeutic factors and the attempt to build a hierarchy of factors scaled in the order of their importance to the patients. It should be pointed out again that there is no absolute therapeutic factor hierarchy, as it depends on a number of elements.

We applied 12 Yalom classification therapeutic factors, i.e. his questionnaire, where each factor was described with five items. Of course, while replaying to the 60 items, the patients were not aware that they assessed therapeutic factors.

There is no doubt that in any type of group the patient feels better through the help extended to others in the group (altruism). Important feeling is togetherness/acceptance with other group members (cohesiveness), and a feeling of being in the same boat as other group members (universality). In the group, members share the perceptions of each other (interpersonal learning -input) and there are opportunities for interpersonal experimentation (interpersonal learning – output). For the members, group therapy is also the place for imparting information or giving advice to others (guidance), for ventilation and release of strong feelings (catharsis), for modelling oneself on others, including the group therapist (identification), for the repeat of the original family experience (family re-enactment).

Learning about the mechanisms underlying behavior and its origin, patients achieve psychogenetic insight (self-understanding). The group member perceives that others are improving (instillation of hope) and finally, takes personal responsibility for actions (existential factors).

Yalom’s research showed interpersonal learning – input as the most important, and the identification as the least important factor. Our researches, one implemented in three small groups, i.e. among 20 patients, and the other with more groups (66 patients), following the group process that lasted about 4.5 years (as it usually in group analysis) showed that self-understanding was most often chosen among the most important factors. Other factors have been evaluated lesser, the lowest one always being identification.

The patients’ identity during long term group analytic psychotherapy can be deemed built enough, so that there is no need for identifications. Besides these thoughts, there should not be neglected the fact that Yalom’s researches showed very low evaluation of identification too - identification was often stated as the very least important therapeutic factor.

Since identification implies imitative behavior (forming oneself according to other group members’ and therapist’s aspects), it is obvious that conscious imitation is unpopular. Here certainly fits the thesis made by Foulkes himself, that the group, although functioning as a whole and one organism, still does not stimulate resigning the individual and his identity.

The most important factor was self-understanding. This confirms the thesis on the importance of the insight as being proportion-al to the time spent in the group (as with the group analytic psychotherapy). Self-understanding is the heart of the therapeutic...
process since it has the meaning of insight. According to Rycroft, insight in psychoanalysis is the ability to understand one’s own motives, become aware of one’s own psyche, and respect the meaning of symbolic behavior. In the group context, insight includes the process of learning and acquiring knowledge, which means awareness of the quality of interpersonal relations as well.

**Researching defence mechanisms in the group**

By the term defence Freud describes the unconscious manifestations of the Ego which protects himself against inner aggressions (drives) as well as against outer threats and attacks. We were interested in defence mechanisms in group analytic psychotherapy in a way that it might be measurable. So we used The Life Style Index and Defence Mechanism Scale (LSD-M) that was an adaptation of the Henry Kellerman’s Life Style Index, created in Ljubljana, Slovenia, in 1990. (It is based upon Plutchik’s theory of emotions and psychoanalysis). The test provides information about general degree of defence mechanisms used by individuals and about preferred combinations of defence mechanisms. It measures eight defence mechanisms: reaction formation, denial, regression, repression, compensation, projection, intellectualisation and displacement. Life style is the visible behaviour of an individual that he is aware of and through which his defence mechanisms speak out (and that is unconscious). An individual may use any of defence mechanism combinations, but some of them prevail. The differences between individuals are in the overall degree of defence orientation as well. Some defence mechanisms are more primitive, other more differentiated. They usually differ in whether they block impulses and are considered more mature (denial, reaction formation, repression and intellectualisation), or whether they facilitate them and are considered more primitive and less mature (projection, compensation, displacement and regression). Let’s say that normal persons use more blocking, and disturbed persons more facilitating defence mechanisms. As the group analytic psychotherapy progresses, a tendency towards using more mature defence mechanisms is expected.

At the group level, the more disturbed groups most often used projection as a primitive mechanism, but during longer treatment, besides projection, also showed dominance of intellectualisation as a more mature mechanism. It is to be reminded that intellectualisation as a mature defence enables control by affecting impulses indirectly, at an intellectual and not motoric level. Instead of direct motoricity, there is a mental processing.

The group members who experienced a therapeutic progress, showed evident decrease of intensity of defence mechanisms and reorganisation of them with the tendency to using more mature mechanisms. These changes showed that during group analytic psychotherapy a better adjustment of personality develops. The lower level of defences leaves room for sublimation. The decrease of group defences, which is related to better adjustment and development of sublimatable mechanisms, showed that the group as a whole matured. Normalisation of defence mechanisms that relates to better adaptation, could be used as a predictor of positive outcome of the therapy.

**Researching group conductor**

Notwithstanding the well known Foulkes’ statement on a group-analysis conductor (group analyst) being but a group member – nothing more and nothing less, his specific role cannot be denied: it is the conductor who creates the group and selects its members according to indication for group analysis, it is he who assembles them, provides place and time for group-analytic sessions. By free floating attention, he follows the course of the session and development of coherence and matrix. He cares for risk group-members and potential drop-outs. He pays equal attention both to individual group member and the group as a whole. In the pilot study we researched the group members’ assessment of their conductor in group analytic psychotherapy, presenting the results obtained by evaluation of characteristics of the group therapist. In that evaluation there were 30 items and by factorial analysis it gave three interpretable factors: authenticity, empathy and distrust. The group members ranked characteristics of their conductor, and expressed whether and how much they experienced their conductor as an authentic, empathic and trustworthy person. While in the beginning of the group analytic process the conductor’s role was important, his importance decreased as the group as a whole developed. Group experience became more important than the conductor. In other words, the group itself became the therapist, what is one more the proof of the Foulkes’ concept of the group-as-a-whole.

However, Grotjahn deems the therapist’s personality to have a significant role in treatment, especially in a group therapy, the personality including his appearance, age, sex, cultural background as well as his system of values and honesty. A therapist’s skills, integrity, empathy and warmth are important for an efficient group treatment.

While the analyst is the primary interpreter in the individual therapy, in group analytic psychotherapy, in line with its principles, this role is gradually being taken over by the very group. After all, Foulkes has defined group analysis as analysis of the group, by the group, including the conductor.

It is very important that the group experiences her conductor as an emphatic, trustworthy and authentic person. However, their experiencing the conductor does not depend on the conductor’s characteristics only, but on the very patient’s characteristics as well. Our study showed that more difficult patients, value the conductor as less authentic and accept him to a lesser degree. Furthermore, the valuations within such groups of patients are less according than valuations within the other groups.

It also proved that the more the group lasts, the more accordant experiencing of the conductor by the group are achieved. The differences in valuations are always greater in the beginning than in the later phases of group analytic treatment. Also, the conductor is given much more positive marks later than in the beginning. All this, besides the very conductor’s qualities, emphasizes the development and importance of transference and the degree of the patient’s regression. Important correlation was found the connection between the belief in group-analytic treatment efficiency, and the trust with the conductor. However, this correlation loses the significance in the later, mature phase of treatment. The importance of the conductor’s role decreases. Group experience, both personal experience and experiencing the value of the group as a whole, becomes more important than the conductor, according to Foulkes’ group-analytic concept.

**Researching empathy and aggression in the group**

Empathy as an introspective method for observation provides information about patient’s feelings and thoughts at times when they are not accessible to direct observation. As an intrapsychic and interpersonal capacity and process it allows one to feel, with the help of his/her own thoughts and feelings, what other person feels. Information gathered in such a manner serves the communication and makes it possible. Empathy represents an essential precondition for psychoanalytical-psychotherapy process in which many conscious and unconscious emotions are exchanged, verbally or non-verbally, directly or indirectly. Empathically adjusted communication involves exchange of emotions (receiving and responding), their containing and metabo-

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Psychological condition of other person that has been experienced and accepted as a separate one. Empathy originates from the mother-child relationship and their mutual communication. 23-25 In our pilot study creating a questionnaire, factor analysis showed multilayered character of empathy that has been measured by it. 26 We identified five factors as following, and titled them like this: factor 1 – emotional disclosure and sensibility; factor 2 – containing and metabolizing feelings; factor 3 – immersion and identification; factor 4 – resonance and responsiveness with recognized emotions; factor 5 – insight (understanding of motives and meaning of interactions and emotions).

According to our research, group analytic psychotherapy increased patients’ empathic capacity and ability to partake in a meaningful, affectively and empathically adjusted communications. 26 We find it significant that this questionnaire allows evaluation of such changes from a psychodynamic point of view.

In this line, we were also interested in creating a questionnaire that should be applicable to research aggression. Group situation by its nature activates and reactivates high tensions and strong conflicts. It is accompanied by aggressive affects, reactions, thoughts, fantasies, dreams, feelings, memories, and acting-outs. At the same time object relationships are also reactivated along with the aggressive affects and emotions. 27,30 The intensity, rhythm and the threshold for activating an affect are defined by neurophysiologic disposition. 27 And just like with empathy, the empirical evidence of therapeutic changes in aggressive patterns of behavior is insufficient because of the lack of adequate and analytically sensitive measuring instruments. Having reviewed the literature and data bases posted on the Internet (Medline, PsyINFO), a similar instrument has not been found.

In our study we tried to create a questionnaire which should allow observing of the dynamics of aggressive impulses and affects in group analytic psychotherapy. 31

Factor analysis showed multidimensionality of aggression measured by this questionnaire, so that five independent and very clean factors were isolated and we titled them as following: factor 1 – difficulty in communication; factor 2 – distrust in the therapist and the group; factor 3 – withdrawal from communication; factor 4 – low containing capacity; factor 5 – mutual lack of understanding.

During group-analytic treatment general level of aggressiveness diminishes individually, and in the group as a whole. In our opinion it is of special importance that the developed questionnaire offers possibility to evaluate these changes from a psychodynamic point of view.

**Discussion**

Group analytic psychotherapy (i.e. group analysis) is a special type of group psychotherapy with its historical background in psychoanalysis. Verbal communication is changed into group-association, which implies that discussion in the group is not the discussion in the ordinary sense of the word, but something known as free-floating discussion (it is the group-analytic equivalent of free associations in psychoanalysis). The material produced in the group and the actions and interactions of its members are analysed; they are voiced, interpreted and studied by the group. The subject matter of the discussion is treated with regard to its unconscious content, its latent meaning, according to the psychoanalytic principles. And finally, the group therapist is not the leader, but the conductor of the group. 1 The efficiency of group analytic psychotherapy (group analysis) as a psychotherapeutic method has always been described descriptively, and very few studies have been based on objective measurements. Among the greatest methodological difficulties in psychotherapy, including group psychotherapy in general and group analysis as a long term psychoanalytic treatment (during about 4-5 years, attendance 1 weekly 90 minutes session), there is the impossibility of creating a control group, due to unrepeatability of the psychotherapeutic process. Therefore, measuring instruments may be applied only to the observed sample. 10

Problems of researches in group psychotherapy in general, and specifically in group analytic psychotherapy can be reviewed as methodology problems at first, validity and reliability problems, as well as problems of outcome research. It is not possible to grasp the final truth about nature, since all knowledge will depend on the methodology that was used to produce it. Research in psychotherapy should take into account that man, being a biologically driven subject, also seeks meaning and is ruled by intentions and ideals. 32

The efficiency of group psychotherapy has been demonstrated through about sixty years of research in empirical, descriptive, case-presentation way. Obviously, it has been difficult to demonstrate therapeutic effects in proper, scientific way. Search for literature in databases (Medline, PsychLit), major journals and references lists has yielded only few studies dealing with long term group psychotherapy and group analysis, but these studies are methodologically weak and the findings are inconclusive. For example, many of them lacks a discussion of the impact of life events, which may be important given the long follow-up period. 32

Because of all mentioned above we could find ourselves in some kind of the trap keep asking the questions like this: Can we prove that long term group analytic psychotherapy is an effective treatment?, or: What is the relationship between patient characteristics, therapy duration and outcome?, or: What is the relationship between patient characteristics, attendance rate and outcome?, or: What is the influence of the therapist on the patient’s outcome?, etc. What about variables, significance, correlations, intercorrelations, validity, reliability and statistics at all?

Trying to answer some of these complex questions we have been interested in researching issues like group therapeutic factors, group defence mechanisms, group conductor’s characteristics, group empathy and aggression. 11,12,17,18,26,31

**Conclusions**

Instead of conclusion, we hope that some of our results such as achieving better self-understanding during group analytic psychotherapy, orientation toward more mature defence mechanisms and sublimation, empathy and authenticity of the conductor, increasing empathy and decreasing aggression in the group - could be predictive for positive outcome of group analysis, but more studies are still needed. Methodological problems of researches in this fields persist.

**References**