

## What are the Therapeutic Factors in Group Psychotherapy?

Dr. George L. Christie

### Summary

This paper begins with some discussion of the general notion of 'curative factors' in therapeutic groups, such as proposed by early writers such as Franz Alexander, Jerome Frank and Irvin Yalom.

These ideas will then be considered against the background of a psychoanalytic understanding of groups, i.e. their essential nature, how they form, and those influences which can facilitate the evolution of a creative collaboration, e.g. a generative ambivalence, rather than a destructive one. Some reference will be made to contributions of workers such as Sigmund Freud, Wilfred Bion, S. H. Foulkes, and Walter Schindler. Consideration will be given to concepts such as the revival of the Primal Horde, and the significance of the Group-as-a-Whole as Mother. The advantages of Co-therapy will be explored.

Finally some of the therapeutic advantages of group psychotherapy will be discussed, as exemplified in the treatment of severely borderline individuals.

### Introduction

A group psychotherapy experience can be said to be successful if it is able to help each member (including the therapist) in the process of unfolding personal growth and the achievement of more effective and fulfilling living. This will involve helping the member retrieve warded-off parts of the self, so he or she can establish a more integrated self, and a more effective and appropriate assertion of self. It also means helping the member to mourn more adequately, and to find an increasing capacity for concern, and for accepting his or her limitations, and the limitations of others, with more empathy and humour.

Such a productive outcome from a therapeutic interaction, whether in a dyadic or group therapy setting, will require, amongst other things, a trustworthy therapeutic containment, adequate space for risk-taking, and the passage of a sufficient period of time. Only then will it become possible for a gradual opening up of creative avenues for the ambivalence that is universal, rather than having this manifest in destructive ways, or defended against in neurotically restrictive ways.

Rifkind [1], who is both an artist and group analyst, describes how, as an artist, she sets a frame or boundary around her work to act as a container for the not-knowing, and the potential chaos, that precede the creation of something new. Similarly, in a group, she sees a boundary created that provides sufficient safety for members to explore the familiar and cohesive before moving into a position of greater tension and unfamiliarity, necessary if there are to be new, creative ideas, and any resumption of growth.

What are the therapeutic factors in group psychotherapy which can facilitate the group process ?

#### The So-called Curative Factors

Franz Alexander [2] took up the idea of a 'corrective emotional experience', which he saw as involving a combination of emotional and cognitive learning, including the following steps :-

- (1) Expression of some self-disclosure that involves risk-taking
- (2) Finding the feared catastrophe does not occur
- (3) An improved reality-testing (which can be heightened by group support)
- (4) The experience of becoming more self-aware, insightful, authentic.

Professor Jerome Frank [3] pointed out that in all apparently 'new' forms of psychotherapy one tended to find the same old principles emerging from one era to another in new disguises compatible with new socio-cultural settings. He then proceeded to spell out 6 principles, which he held to be common to all more or less successful psychotherapeutic approaches :-

- (1) A confiding relationship with someone (therapist + or - a group)
- (2) A rationale and a method
- (3) The emergence of new information and new options
- (4) The stimulation of hope
- (5) Success experiences
- (6) The facilitation of emotional arousal

The containment and space for new learning provided by a cohesive group setting will facilitate the realisation of all these principles. The question of what is involved in the 'facilitation of emotional arousal' raises an important area for research.

Irvin D. Yalom [4] separated out 11 'curative factors', which embraced those outlined by Frank, and additional ones such as 'a corrective recapitulation of the

primary family group', 'the emergence of altruism', 'the development of socialising techniques', etc., and recognition of the fact of 'universality'. In reference to the latter he revealed that the so-called top-secret task, afforded to patients seeking treatment and to others, e.g. people seeking training in the helping professions, produced similar themes for both :-

- (a) a deep conviction of some sense of basic inadequacy or falseness
- (b) a deep sense of interpersonal alienation and doubt re a capacity for loving and being loved
- (c) some sort of sexual secret

#### • The Psychoanalytic Understanding of Groups

Our task here will be helped by an increased understanding of the gradual unfolding of individual psychic development. The innermost core of our being is influenced by our early infantile experiences, e.g. severe early deprivation and trauma can evoke a psychic core of rage and terror that can result in severe early persecutory or depressive anxieties, defended against in different ways, e.g. by a heightened early narcissistic organisation of the primitive ego, with borderline potential.

We have to keep in mind those early situations which establish powerful triangulations, e.g. sibling rivalry - the child-mother-new baby triangle, and the over-ridingly important oedipal situation - the triangle of child-mother-father, adding dramatic shapings to the evolving personality

We also need to understand the period of adolescence with its revival of the early, e.g. oedipal problems, now influenced and intensified by hormonal changes, and the adolescent's need to search for and consolidate a unique sense of identity and separateness, before he or she will be able to let go of this temporarily in the achievement of intimacy with another person.

How can the individual person be influenced by coming into a group ?

Using contemporary sources Freud [5] showed that when individuals come together in transient or ephemeral groupings they show a lowering in the quality of intellectual functioning, and a marked heightening of emotional intensity, which can spread like a contagion. There is also some loss in the sense of personal identity, and the emergence of omnipotent feelings. An emerging leader (who may be the most disturbed member) can be endowed with extraordinary prestige.

It has been said that such a group shows a temporary slide down the ladder

of civilization. But it could also be said, surely, that the members are sliding down the ontogenetic ladder, i.e. they are experiencing a marked regression, in which needs for symbiotic attachment to, and dependency upon, a primary parental figure have re-emerged, accompanied by something of the omnipotence of infancy. And, as Freud pointed out, something of the same nature can occur with members of more structured, task-oriented groups at times, e.g. as members of any work group we can endow the leader with exaggerated prestige, and become personally compliant and suggestible with him, particularly early in the piece.

In exploring the nature of these happenings Freud saw aim-inhibited love as prevailing over hate in the group, the hate tending to become repressed. In his view, the group member turns away from competitive feelings, and any wish to displace the group leader, to wanting to become like the leader, and proceeds to internalise an idealised image of the group leader in place of his or her own inner ego ideal. The group members are thus seen to develop a mutual identification with each other through possessing this common tie to the leader.

The likely pre-oedipal significance of such regressive features was not lost upon Freud. In fact he saw the symbiotic dependency of the group member as being like the incompleteness felt by the child in the absence of the mother. But in thinking further about the significance of the group leader he began to focus upon a wish to have and be like the father. However he was not satisfied with this. Something was missing. Thinking of the compliant attitude of group members towards the leader, he went on to postulate 'an element of paralysis' i.e. the paralysing effect of someone with superior power upon someone who is without power and helpless. He compared this with the hypnotic immobility of a terrified animal.

It was here that Freud [6] developed his idea that entry into a group facilitates an unconscious revival of the so-called Primal Horde in the minds of its members. The great value of such a myth lies in the fact that it represents an imaginative attempt to reach into the alive, more primary process levels of phenomenology that are involved in the ways that group membership affects our individual ego functioning.

In the Primal Horde the father is all-powerful, and the others must obey him. He possesses all the women. So powerful is his mana that the others cannot look upon him directly. But in the end the band of brothers break free from their compliance, kill him, and eat him. The primal horde is transformed into a fraternity of brothers. A gynaecracy takes over. In time the deposed and murdered father is

the object of an increasing retrospective idealisation by the brothers, and the father forms of religion evolve, with the killing and eating ritualised in the ritual Communion Feast. The Totem emerges, representing father, and is worshipped, and conscience and guilt over the killing lead to the establishment of Law which all must obey. The emergence of exogamy allows the brothers to marry, and form their own families, and individual psychology is born out of all this.

In work with latency age children and adolescents, Rob. Gordon [7] in Melbourne has demonstrated how this idea of an unconscious revival of the primal horde theme can help to explain something of what goes on in these groups, such as defensive isolation and fragmentation, and how therapeutic containment and interpretation can facilitate the gradual emergence of creative transformations that help to produce an increasingly integrated group.

Freud proceeded to draw parallels between the power of the primal father, the mana of the priest or king, and the power of the hypnotist with his subject. He suggested that this power awakens in the subject a portion of his archaic inheritance, i.e. that which made him compliant towards his parents in the past. Freud focussed upon this reanimation in relation to the father, whom the infant first perceives as "a paramount and dangerous personality, towards which only a passive-masochistic attitude is possible, to whom one's will has to be surrendered".

But as Helen Durkin [8] points out, Freud here has turned away from the obvious fact that the first compelling power in human experience is the mother. According to Durkin it is the frustrating pre-oedipal mother, even in her good-enough version, that the infant first perceives as such a paramount and dangerous personality.

And it is identification with the two aspects of the pre-oedipal mother - the idealised aspect and the feared and hated aspect - which accounts for the contrasting aspects of the primitive ego-ideal and primitive super-ego. Durkin added "This seemingly cruel, powerful aspect of the mother-image is subsequently largely repressed, but its deep-seated effect can later be demonstrated". She went on to say "The idea of a group activates in the adult individual traces of the pre-oedipal mother image, and the fears connected with it, causing him to become relatively submissive to the group, and unusually suggestible".

Now how do these transferences manifest themselves in our therapy groups? In 1966 the German analyst, Walter Schindler [9], suggested that whereas the leader of the group is regarded as a father figure, and the other group members as siblings, the group-as-a-whole is responded to as mother.

Other group analysts have taken up and developed this idea. And Foulkes [10] chose a term like Matrix to designate the common shared ground of the group, i.e. the hypothetical web of communication and relationship existing there. The word matrix, of course, refers to something which is a container, or a womb.

### Example

Several decades ago I put together a new psychotherapeutic group. This group seemed to thrive with enthusiasm from the first day, members feeling they were lucky to be drawn together in such a great group, and one with such a ideal leader. I proceeded to make better interpretations than I'd ever made before, or, indeed, have ever made since then. The whole situation was reminiscent of a sort of pervasive falling-in-love process that involved us all.

After some weeks, however, one group member began a session by narrating a disturbing dream. He said he'd dreamt he was one of several people trying to escape from a sadistic man who wanted to torture them all. Someone else said "That's funny, I, too, had a dream like that". He had been in a park with a group of frightened people, listening to an angry orator who had been terrorizing them all in some way. One or two other members proceeded to tell frightening dreams with related themes.

It soon began to dawn on me that the shared idealisation of the group and its leader represented a way of defending against a deeply persecutory, unconscious anxiety, shared by them all in relation to myself as group conductor, and associated with unconscious hostile feelings towards me. I attempted some interpretations along these lines, and the group gradually settled down into some genuine work, becoming able to view me increasingly as a human being who could make helpful interpretations some of the time, as well as making occasional mistakes.

What happened in this example could be seen in terms of a revival of the primal horde theme, with me as the feared primal father, and the group members beginning to idealise me as a defence against their fear of me, and their underlying wish to annihilate me. But nowadays we would understand what happened primarily as an initial group regression, in which early and primitive paranoid anxiety feelings and extreme dependency feelings towards a primal mother-figure were regressively uncovered, and quickly defended against by a defensive idealisation of the group, and the leader.

So we have an early fear of the pre-oedipal mother, and a later fear of the

oedipal father. And the more intense the fear of the primal mother, the more difficult it will be for the individual later to survive the pre-oedipally intensified hate and fear at the oedipal level, and the more likely that individual will be to regress back into primitive levels of functioning.

Wilfred Bion [11] entered the group psychotherapy field with a claim that in the operation of any organised group one can draw a clear distinction between what he called the task-oriented Work Group level of functioning, and periodic regressions back into more or less unified, unconsciously determined levels of functioning which he called the Basic Assumption Groups. Whereas Freud had enlivened us in reviving a primal horde psychology, with idealisation of the leader concealing the unconscious wish to annihilate him, Bion now introduced a vivid broadening of the regressive possibilities.

We have already seen an example of Bion's Basic Assumption Dependency in the story I just recounted, where group members seem to be searching for an idealised someone, a primal mother image, upon whom they could rely to meet all their needs.

A triadic psychology, with an oedipal dimension embracing the more primal horde form, is glimpsed in the assumption of a group attempting to externalise destructive impulses into the shape of an outside enemy to fight, or to flee from in panic.

And then there is the Pairing Basic Assumption where the shared unconscious fantasy has two group members coming together in order to produce a Messiah, in the form of a person, or inspirational idea, that will save everybody.

Recognition of a Basic Assumption position holding sway in an analytic group can be very useful when that position is existing as a defence against one of the other positions.

### Example

Mr. A. is an Asian immigrant, with a history of an early intensely hostile relationship with his mother. Sensitive to a paranoid degree, he has lost a number of jobs because of periodic violent outbursts of rage. Some of these have followed what he has experienced (with some justification at times) as racial discrimination.

Admitted to an analytic group, initially he often stood and shouted with rage when he felt unfairly treated by other group members, and this frightened them. However as the group gradually assumed importance for him as a good maternal

matrix, his trust increased, the outbursts became less frequent, and the other members began to value him.

This group eventually entered an uncomfortable phase and no-one could understand why. Several members turned towards Mr. A., and began to blame him, citing the unsettling effect of his past outbursts. My co-conductor, Dr. Ann Morgan, and I braced ourselves for his reaction. To our surprise, he listened carefully to the complaints, and then smiled at everyone. "I think you are all using me as a conduit for your own aggression", he said, in a sort of quietly challenging playfulness.

The whole course of the session changed at that moment. Mr. B., who had initiated the attack upon Mr. A., immediately turned towards Miss C., and began arguing with her. She reacted with a counter-attack. I intervened to suggest that the group seemed to be searching for someone to fight - was this perhaps a way of avoiding some other anxiety?

After a pause, Mr. B. began to speak quietly of his intense feeling of attraction for Miss C., who, in turn, admitted to similar feelings towards him. With considerable difficulty, Mr. B. then went on to tell us that Miss C. reminded him of his sister, with whom there had been a brief incestuous contact in adolescence.

When an increasing trust in the group enabled Mr. A. to take time in reflecting about the experience of being scapegoated, his sense of humour became accessible to him. He was then able to challenge the others playfully, for once using projection in the service of empathy rather than blame. An interpretation could eventually be made about the group's regression to Bion's fight-flight basic assumption position, as a way of defending against awareness of something else, i.e. a pairing situation that included a threatening incestuous dimension.

### Co-Therapy

Can a co-therapist couple provide more opportunity than a single therapist for a quality of containment that will :-

- (1) facilitate the working-through of early feelings and fears related to the experiencing of the group-as-a-whole as mother
- (2) make it safer for the emergence of hate feelings
- (3) provide a safer and more appropriate setting for pathology to actualise at the triadic oedipal level.

A sound co-therapist relationship has something in common with a sound marriage. As Dick, Lessler & Whiteside [12] point out, there needs to be a

progressively unfolding development in any co-therapist relationship (ideally helped by supervision), a development that is able to proceed to a point where the two people can survive, come what may, and work naturally and creatively together. The couple can be put under great strain at times, coping with the projections of disturbed patients.

#### Example

My co-therapist, Dr. Ann Morgan, and I felt utterly exhausted after a group session which had involved considerable tension, and where we had both been trying to cope with, and think about, confusing developments, and where we both, presumably, were recipients of primitive projections. The group members left, and Ann and I sat together silently for some time. Eventually I found the courage to say to her "Ann, during one of those difficult periods in the session, I was preoccupied with a thought that you might suddenly drop dead!" - "Oh, don't worry", she replied, "I was giving the eulogy at your funeral!" The laugh that followed did much to relax us both, of course.

The importance of the therapeutic couple has been emphasized by experiences at the Cassel Hospital in London, as described in Main's classic paper, "The Ailment" [13], and also in papers by Ploye [14], James [15] and Stan Gold [16], among others. The seriously regressed borderline in-patients at the Cassel each have an individual therapist and a nurse, who are supervised as a couple by the Consultant Psychotherapist and the Senior Nurse. The splitting and projective defences of the regressed borderline patient can have a powerful divisive effect upon the therapist-nurse couple at two levels - a primitive, so-called part-object level, and a more whole person oedipal level. At the more primitive level it is not uncommon for the regressed borderline patient to split his or her feelings towards the therapist and nurse, i.e. as towards an ideally good therapist and a persecutory bad nurse, or vice versa, using massive projections that the couple find it hard to contain, reflect about and process.

However it has also been shown that the inner world and behaviour of such a patient can be powerfully influenced, in turn, by an increasing capacity in the patient's therapist and nurse to survive as a couple, and grow in understanding and cooperation as a couple, facilitated by the regular supervision of the treatment situation by the Consultant and Senior Nurse, backed by the Unit and hospital community structure. And it would seem that the severely borderline or schizoid

patient can only allow his or her severe, primitive psychopathology to actualize in a three-body, much more articulate whole person or oedipal framework, if he or she senses it is safe enough to do so, i.e. in relation to a therapeutic couple that can survive the murderous wishes involved.

While speaking of co-therapy I would like to mention the intriguing and innovative work with mother-infant groups being conducted in Melbourne by Campbell Paul and Francis Salo -Thompson. There are interesting links here with the ideas of writers like Donald Winnicott and Daniel Stern.

Four major themes seem to emerge in these mother-infant groups :-

(1) The way the two co-therapists are helping these mothers in the direction of finding their own unique style of genuine parenting, thereby gaining access to their own genuine creative potential as parents - it is a relief not to be hearing of attempts to educate, train or condition the mothers.

(2) The importance here of a quality of containment or holding that helps the mothers in the direction of achieving these ends - a containment or holding provided not only by the two co-therapists but also by the mother-infant group-as-a-whole - a containment of the mess, at times - and a containment or holding not only of the real child and mother, but of the child within the mother as well - in a way that helps the mothers 'to find the answers within themselves'.

(3) The way the co-therapists relate to the infants in 'the language of action and play', modelling this for the infants, and thereby facilitating an opening up of creative avenues within the mother-infant dyad - e.g. facilitating the emergence of humour in their interactions.

(4) The detection of signs of developing concern in the infants for their mothers, i.e. an apparent facilitation of the infants' capacity to tune in to the feelings and needs of the mothers, e.g. the hullabaloo story.

It is of interest to compare (4) with Stern [17], i.e. the infant's move from a sense of core-relatedness to a sense of intersubjective relatedness, with an increasing affective attunement to the mother.

David Rampling has given us an intriguing paper about how a number of patients have taken up an opportunity to explore their group experience in retrospect. Let us view some of the words used by the patients in describing this :-  
'a circle' - 'a closeness' - 'a sharing' - 'a connectedness, a belonging'  
'a strong sense of relating to each other at a really deep level'  
'a getting in touch with the centre - a sense of being, and a realising that it is always there'

'mosaics are built up from small pieces whose meaning is not clear until they are placed in relation to other pieces - I had to put together the meanings as the meetings progressed - and I continue to do this'

Here we have direct resonance with experiences that have been described within the Mother-Infant Group - a containment or holding that allows something to occur at a deep level within the individual group members, be they infants, mothers or adult patients - something occurring within the child and within the child within the adult - a something that includes :-

an increasing sense of self (the mosaic)

an increasing intersubjective relatedness and affective attunement

an increasing access to the creative potential within.

All this seems to underline the maternal significance of the group-as-a-whole, in addition to the transference-determined parental significance of the therapist, or co-therapist couple.

#### Therapeutic Factors in Groups Relevant for Treatment of the Borderline Patient

There have been differences of opinion re the optimum structuring of group psychotherapy in the treatment of these difficult patients, and even whether it has a place in such treatment. Some workers see it as contra-indicated, holding that the borderline position is of a primarily dyadic nature, and arguing that fluctuations in such states as idealization and devaluation need to be related to the vicissitudes of a major dyadic relationship. They allege that this is not easy to do in a group session where the attempt may impede the group process.

However an increasing number of group therapists practising both individual and group analytic therapy would not agree with this, seeing the use of group therapy as representing one of the most promising recent developments in the management of these disorders. One such group therapist is Norman Wong [18] who suggests that three basic requirements need to be met :-

(1) the patient must have an initial period of individual analytic therapy, and sometimes an extended one.

(2) the same therapist should conduct both the initial individual, and later group or combined individual and group treatments, wherever possible.

(3) only one or two borderline patients should be included at any time in a heterogeneous group.

Under these circumstances, it is argued that any primarily dyadic borderline

pathology will come alive in the transference not only to the individual therapist, and to fellow group members, but also to the group as a whole. As Wong, Horwitz [19] and Pines [20], among others, have described, the group itself provides essential additional support and containment for these patients, a 'neutralizing matrix', as Pines puts it, that is lacking in their own ego structure.

Pines points out that these patients lack a clear concept of the good, helpful object that can be turned to in times of stress and need. 'Rage, envy, guilt all contribute to the sense of not having good enough internal object relationships to enable them to recover from rage or despondency'. Pines quotes Winnicott and Modell in arguing that where the patient has been starved of relationship possibilities these may need to be provided in therapy, which means that the therapist has really to relate to the patient, and not only offer his analytic self. Pines goes on to say how it seems to him that the essentials that Winnicott, Modell and others stress for the treatment of these patients are provided naturally, reasonably, and without too much difficulty in group psychotherapy. To quote Pines :-

"There is no artificiality about the support, or the criticism, that people offer each other in a group analytic situation for it is based upon their actual experience of the impact of other people upon them and their more or less spontaneous responses to this impact. Comments, confrontations, interpretations, advice, all these are based on the relationships the patients experience in the group. They are not detached, they are not basing their personal responses upon theories".

Pines points out two advantages in this :-

(1) On the one hand acceptance and affection in such a group is like a warm matrix that aids the internalisation of images of the therapist, and of the group-as-a-whole as good internal objects, helping to build up missing psychic structure - the mosaic analogy again.

(2) On the other hand, the expression of hostility becomes far less dangerous in such a group containment - why ? - because the good-enough group, like the good-enough mother, cannot be destroyed.

In addition, as Wong (18) writes, in arguing for a combined individual and group treatment approach with the same therapist :- "In the group setting the borderline patient is exposed to a number of models with which to identify".

Pines reminds us also that it is characteristic for borderline patients to relate to other persons as part-objects, selecting and amplifying what they detect in the other persons will enable them to project feared and hated inner oppressors or unwanted parts of themselves, and manipulating these others into taking up

positions which verify the projections. Those aspects of ourselves which the patient tune into, says Pines, are nearly always persecutory or masochistic. We need to respond, however, from a higher level of psychic functioning, like the good parent, remaining whole persons, and continuing to treat the borderline patient as a whole person.

Finally, in a group setting, the patient's tendency to split his or her feelings for people may manifest itself in an idealizing of one group member and a devaluing of another. Here it can more easily be identified and interpreted. In dyadic therapy the split-off feelings (devaluing or idealizing) may be displaced to an outside person and be less easy to interpret effectively.

### Example

A brief vignette here may be helpful in illustrating some of the points made above. A young woman, exhibiting a neurotic character structure with well-developed borderline features, was unable to work, handicapped by recurring migraine headaches and weaknesses in her arms, diagnosed as R.S.I. She was living with an alcoholic and drug-addicted young man, and smoked excessively herself. She had made no significant progress in several years analytic work with one therapist, and in two years of similar therapy with me, appearing polite and superficially cooperative, but remaining manifestly aloof and rather masochistic. Eventually I decide to include her in an ongoing analytic group as well, which I conduct with Dr. Ann Morgan. At first in the group she looked only towards me, ignoring my co-therapist entirely, and distancing herself from the other group members.

In the combined therapy her split-off anger gradually began to emerge. Her rage was eventually intense at times, and it was striking to see her firmly wave the 'weak' arms in the air in expressing this emotion. The release of her rage towards certain other group members and, to a lesser extent towards the co-therapists, facilitated access to her considerable ego assets. Her migraine and muscular symptoms gradually began to recede in parallel with this progressive freeing of her feelings and capacities.

The patient began to engage genuinely with my co-therapist, and was able to challenge each of us from time to time. As she started to work through some pre-oedipal and oedipal difficulties more effectively, she began to look increasingly attractive, and returned to the workforce. Her partner, in turn, gave up drugs, reduced his drinking, and enrolled in an Art course.

A destabilizing of this young woman's earlier borderline position appears to have released her capacity for more integrated, more whole-person functioning, with a beneficial effect also upon her partner. What is perhaps missing from this brief vignette is a feel for the long arduous struggle she has had, and continues to have, the steps forward and the inevitable setbacks, the essentially traumatic nature of her lengthy battle towards more integrated and individuated functioning, but also the growing respect she earns from others during the course of this process.

The above vignette gives an example of the Foulkesian idea of the interaction between Matrix and Network. The term Network refers to the natural group in which the patient lives at the time of his or her illness and its treatment. According to Foulkes, when a significant change occurs in a patient, the other members of the network (e.g. in this case the young woman's live-in partner) become affected. Any subsequent strengthening in network member functioning serves to consolidate the patient's improvement.

### Conclusions

Important therapeutic factors in group psychotherapy include :-

- (1) The over-all quality of containment provided by the group-as-a-whole, including its boundaries
  - (2) The capacity of the therapist or co-therapist couple to accept the patients, listen reflectively and relate authentically to them, survive all developments, come what may, and interpret in a generative manner, where appropriate
  - (3) The opportunities provided for group members to take risks in self-disclosure, and in testing new options
  - (4) The provision of space and time for the emergence of new information, e.g. about the child within the adult, and for a gradual unfolding of change within the members, including the gradual integration of new knowledge, a strengthening sense of self, and the opening up of more creative, perhaps playful avenues of expression for the powerful ambivalent forces that exist within all of us.
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