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PSYCHOANALYTIC GROUP THERAPY



Psychotherapy Guidebook

Psychoanalytic Group Therapy

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Psychoanalytic Group Therapy

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DEFINITION

Psychoanalytic Group Therapy refers to the application of psychoanalytic principles to the treatment of individuals in small groups. The goals of this form of psychotherapy are to elicit and ultimately to work through the core conflicts of each member of the group.

HISTORY

Although several precursors appeared in the 1920s and 1930s, analytic group psychotherapy did not emerge as a major therapeutic movement until World War II. At first, it was regarded simply as an expeditious way to treat a suddenly expanded patient population and not at all comparable — in depth or effectiveness — to individual analytic psychotherapy. However, its practitioners quickly realized that it not only constituted an important treatment modality in its own right, but that it offered certain technical advantages that were not available to the individual analyst.

Analytic group therapy is now practiced extensively throughout the

United States. A burgeoning professional literature has accumulated and a good deal of clinical research has been carried out. The field has also reached a high level of development in Great Britain and in a number of Latin American countries, especially Argentina and Brazil. Although there are many exceptions, the Americans tend, both in theory and in practice, to focus on the psychodynamics of the individual in the group, whereas the British and the South Americans are more likely to address their interventions to the group as a whole. In recent years, European therapists have become quite interested in analytic group therapy, and there is every reason to believe that its clinical APPLICATIONS there will greatly expand in the near future.

Important figures in the history of analytic group therapy in the United States have included: Nathan Ackerman, Helen Durkin, Edrita Fried, Henriette Glatzer, Asya Kadis, Emanuel Schwartz, Samuel Slavson, Arlene Wolberg, and Alexander Wolf. In Great Britain, its leading exponents include: Wilfred Bion, Henry Ezriel, S. H. Foulkes, Malcolm Pines, Joseph Rey, and A. C. R. Skynner. Leading figures in South America are Bernardo Blay Neto of Brazil and Leon Grinberg and Raul Usandivaras of Argentina.

TECHNIQUE

Group patients are instructed to interact with each other and with the therapist as openly and nondefensively as they can. In the course of their

interactions, three major types of communications manifest themselves: 1) accurate observations of and responses to events and personalities within the group, 2) transference reactions (transference occurs when a patient shifts feelings about a significant person in his past to other patients), and 3) projections and/or more primitive projective identifications.

Each patient inevitably reveals the patterns of feeling and acting he developed in his original family and that he still maintains in his intimate relationships outside of the group via the network of multiple transferences he establishes in the group. Concomitantly, he projects unacceptable aspects of himself onto individual members, the therapist, or the group as a whole. (Projective identifications are more likely to characterize patients with severe ego disturbances, but they also appear, although to a lesser degree, in the communications of neurotics and character disorders.)

The analytic group therapist employs repeated interpretations of the emergent transferences and projections in order to bring their unconscious determinants into awareness. As in individual analytic therapy, he systematically interprets relevant aspects of the patient's fantasies, defenses, and security operations. He has the added advantage in group therapy of being able to point out the precise interpersonal impact that each patient's behavioral patterns has on others.

By the middle phases of analytic group therapy, the members typically ally themselves with the therapist's goals and begin to interpret each other's behavior and to deal with individual and group resistances. They also establish a group culture that rewards those members who demonstrate a willingness to experiment and to change. This benign peer pressure is extremely salutary in prompting patients to take the emotional risks essential for translating insights into more adaptive actions.

Elicitation and working through of core conflicts proceed most effectively if group resistance is maintained at an optimal level. One of the most crucial skills required of the analytic group therapist is that he be able to resolve any group resistances that threaten to impede untrammelled communication within the group.

Acquiring this skill necessitates specialized training; preferably, such training should come after the therapist has mastered the intricacies of individual psychoanalytic therapy.

Most American authorities agree that analytic group works best in conjunction with individual therapy, conducted either by the same therapist (combined therapy) or by a colleague (conjoint therapy). Ideally, patients should be seen individually for at least fifteen to fifty sessions before they enter a group. The reason for this is that individual therapy is much better

suited for establishing a working alliance. Clinical research has shown that the majority of premature dropouts from group therapy are caused by insufficient attention to the establishment of a working alliance in the early phases of the therapeutic process.

APPLICATIONS

The indications for Psychoanalytic Group Therapy are essentially the same as for individual analytic therapy. Preferably, patients should be of at least average intelligence, have had some gratifying experiences in small groups during their formative years, and possess a minimal capacity for expressing their thoughts and feelings in words.

Initially, analytic group therapy was mainly used for treating neurotics and character disorders. In recent years, modified versions of it have been extensively utilized for the treatment of borderline and certain schizophrenic patients in a variety of in-patient and day-hospital settings. Current developments in object relations theory and in ego psychology have been of considerable help in adapting analytic group therapy to the clinical needs of these patients.