Also
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of Experiences in groups.
Routledge.

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Intra-Group Tensions in Therapy

Their study as the task of the group[1]

The term 'group therapy' can have two meanings. It can refer to the treatment of a number of individuals assembled for special therapeutic sessions, or it can refer to a planned endeavour to develop in a group the forces that lead to smoothly running co-operative activity.

The therapy of individuals assembled in groups is usually in the nature of explanation of neurotic trouble, with reassurance; and sometimes it turns mainly on the catharsis of public confession. The therapy of groups is likely to turn on the acquisition of knowledge and experience of the factors which make for a good group spirit.

A SCHEME FOR REHABILITATION (W. R. B.)

In the treatment of the individual, neurosis is displayed as a problem of the individual. In the treatment of a group it must be displayed as a problem of the group. This was the aim I set myself when I was put in charge of the training wing of a military psychiatric hospital. My first task, there-

[1] Written in collaboration with John Rickman, M.D.

fore, was to find out what the pursuit of this aim would mean in terms of time-table and organization.

I was not able to work at this task in an atmosphere of cloistered calm. No sooner was I seated before desk and papers than I was beset with urgent problems posed by importunate patients and others. Would I see the NCOs in charge of the training wing and explain to them what their duties were? Would I see Private A who had an urgent need for 48 hours' leave to see an old friend just back from the Middle East? Private B, on the other hand, would seek advice because an unfortunate delay on the railway had laid him open to misunderstanding as one who had overstayed his leave. And so on.

An hour or so of this kind of thing convinced me that what was required was discipline. Exasperated at what I felt to be a postponement of my work, I turned to consider this problem.

DISCIPLINE FOR THE NEUROTIC

Under one roof were gathered 300-400 men who in their units already had the benefit of such therapeutic value as lies in military discipline, good food, and regular care; clearly this had not been enough to stop them from finding their way into a psychiatric hospital. In a psychiatric hospital such types provide the total population and by the time they reach the training wing they are not even subject to such slight restraint as is provided by being confined to bed.

I became convinced that what was required was the sort of discipline achieved in a theatre of war by an experienced officer in command of a rather scallywag battalion. But what sort of discipline is that? In face of the urgent need for action I sought, and found, a working hypothesis. It was, that the discipline required depends on two main factors: (i) the presence of the enemy, who provided a common danger and

a common aim; and (ii) the presence of an officer who, being experienced, knows some of his own failings, respects the integrity of his men, and is not afraid of either their goodwill or their hostility.

An officer who aspires to be the psychiatrist in charge of a rehabilitation wing must know what it is to be in a responsible position at a time when responsibility means having to face issues of life and death. He must know what it is to exercise authority in circumstances that make his fellows unable to accept his authority except in so far as he appears to be able to sustain it. He must know what it is to live in close emotional relationship with his fellow men. In short, he must know the sort of life that is led by a combatant officer. A psychiatrist who knows this will at least be spared the hideous blunder of thinking that patients are potential cannon-fodder, to be returned as such to their units. He will realize that it is his task to produce self-respecting men socially adjusted to the community and therefore willing to accept its responsibilities whether in peace or war. Only thus will he be free from deep feelings of guilt that effectually stultify any efforts he may otherwise make towards treatment.

What common danger is shared by the men in the rehabilitation wing? What aim could unite them?

There was no difficulty about detecting a common danger; neurotic extravagances of one sort and another perpetually endanger the work of the psychiatrist or of any institution set up to further treatment of neurotic disorders. The common danger in the training wing was the existence of neurosis as a disability of the community. I was now back at my starting-point—the need, in the treatment of a group, for displaying neurosis as a problem of the group. But, thanks to my excursion into the problem of discipline, I had come back with two additions. Neurosis needs to be displayed as

a danger to the group; and its display must somehow be made the common aim of the group.

But how was the group to be persuaded to tackle neurotic disability as a communal problem?

The neurotic patient does not always want treatment, and when at last his distress drives him to it he does not want it wholeheartedly. This reluctance has been recognized in the discussion of resistance and allied phenomena; but the existence of comparable phenomena in societies has not been recognized.

Society has not yet been driven to seek treatment of its psychological disorders by psychological means because it has not achieved sufficient insight to appreciate the nature of its distress. The organization of the training wing had to be such that the growth of insight should at least not be hindered. Better still if it could be designed to throw into prominence the way in which neurotic behaviour adds to the difficulties of the community, destroying happiness and efficiency. If communal distress were to become demonstrable as a neurotic by-product, then neurosis itself would be seen to be worthy of communal study and attack. And a step would have been taken on the way to overcoming resistance in the society.

Two minor, but severely practical, military requirements had to be satisfied by the training wing. The organization should if possible provide a means by which the progress of the patients could be indicated, so that the psychiatrist could tell if a man were fit for discharge. It would also be useful to have an indication of the patient's direction, of his effective motivation, so that an opinion could be formed about the sort of work to which he should be discharged.

I found it helpful to visualize the projected organization of the training wing as if it were a framework enclosed within transparent walls. Into this space the patient would be

admitted at one point, and the activities within that space would be so organized that he could move freely in any direction according to the resultant of his conflicting impulses. His movements, as far as possible, were not to be distorted by outside interference. As a result, his behaviour could be trusted to give a fair indication of his effective will and aims, as opposed to the aims he himself proclaimed or the psychiatrist wished him to have.

It was expected that some of the activities organized within the 'space' would be clearly warlike, others equally clearly civilian, others again merely expressions of neurotic powerlessness. As the patient's progress was seen to run along one or other of these paths, so his 'assets and liabilities', to use a phrase employed in the sphere of officer selection by Major Eric Wittkower, could be assessed with reasonable objectivity. As his progress appeared to be towards one or other of the possible exits from this imaginary space, so his true aim could be judged.

At the same time the organization could be used to further the main aim of the training wing—the education and training of the community in the problems of interpersonal relationships. If it could approximate to this theoretical construct it would enable the members of the training wing to stand (as it were) outside the framework and look with detachment and growing understanding upon the problems of its working.

THE EXPERIMENT

The training wing, consisting of some hundred men, was paraded and was told that in future the following regulations would apply:

1. Every man must do one hour's physical training daily unless a medical certificate excused him.

2. Every man must be a member of one or more groups—the groups designed to study handicrafts, Army correspondence courses, carpentry, map-reading, sand-tabling, etc.

3. Any man could form a fresh group if he wanted to do so, either because no group existed for his particular activity or because, for some reason or other, he was not able to join an existing similar group.

4. A man feeling unable to attend his group would have to go to the rest-room.

5. The rest-room would be in charge of a nursing orderly, and must be kept quiet for reading, writing, or games such as draughts. Talking in an undertone was permitted with the permission of the nursing orderly but other patients must not be disturbed; couches were provided so that any men who felt unfit for any activity whatever could lie down. The nursing orderly would take the names of all those in the rest-room as a matter of routine.

It was also announced that a parade would be held every day at 12.10 p.m. for making announcements and conducting other business of the training wing. Unknown to the patients, it was intended that this meeting, strictly limited to 30 minutes, should provide an occasion for the men to step outside their framework and look upon its working with the detachment of spectators. In short, it was intended to be the first step towards the elaboration of therapeutic seminars.

For the first few days little happened; but it was evident that among the patients a great deal of discussion and thinking was taking place. The first few 12.10 meetings were little more than attempts to guage the sincerity of the proposals; then the groups began to form in earnest. Among the more

obvious activities there was a programme group to chart out working hours of groups and their location, to make announcements, and to allocate tickets for free concerts and such-like. In a very short time the programme room, which showed by means of flags on a work-chart the activities of every man in the training wing, now growing rapidly in size, became almost vernal in its display of multi-coloured flags of patterns suggested by the ingenuity of the patients. By a happy thought a supply of flags bearing the skull and crossbones was prepared, ready for the use of such gentlemen as felt compelled to be absent without leave.

The existence of this brave display gave occasion for what was probably the first important attempt at therapeutic co-operation at a 12.10 meeting. It had been my habit, on going the rounds of the groups, to detach one or two men from their immediate work and take them with me 'just to see how the rest of the world lives'. I was therefore able to communicate to this meeting an interesting fact observed by myself and by others who had gone round with me. Namely, that, although there were many groups and almost entire freedom to each man to follow the bent of his own inclinations, provided he could make a practical proposal, yet very little was happening. The carpenter's shop might have one or two men at most; car maintenance the same; in short, I suggested, it almost looked as if the training wing was a façade with nothing behind it. This, I said, seemed odd because I remembered how bitterly the patients in the training wing had previously complained to me that one of their objections to the Army was the 'eyewash'. Its presence in the training wing, therefore, really did seem to be a point worth study and discussion.

This announcement left the audience looking as if they felt they were being 'got at'. I turned the discussion over at that point as a matter of communal responsibility and not

something that concerned myself, as an officer, alone.

With surprising rapidity the training wing became self-critical. The freedom of movement permitted by the original set-up allowed the characteristics of a neurotic community to show with painful clarity; within a few days men complained that the wards (hitherto always claimed to be spotless) were dirty and could not be kept clean under the present system of a routine hour for ward fatigues. They asked and were allowed to organize under the programme group an 'orderly group', whose duties it would be to keep the wards clean throughout the day. The result of this was that on a subsequent weekly inspection the Commanding Officer of the hospital remarked on the big change in cleanliness that had taken place.

SOME RESULTS

It is impossible to go into details about the working of all the therapeutic aspects of the organization; but two examples of method and result may be given.

Shortly after the new arrangement started, men began to complain to me that patients were taking advantage of the laxity of the organization. 'Only 20 per cent,' they said, 'of the men are taking part and really working hard; the other 80 per cent are just a lot of shirkers.' They complained that not only was the rest-room often filled with people simply loafing, but that some men even cut that. I was already aware of this, but refused, at least outwardly, to have its cure made my responsibility. Instead, I pointed out that, at an Army Bureau of Current Affairs meeting some weeks before, the discussion had at one point centred on just that question—namely, the existence in communities (and the community then under discussion was Soviet Russia) of just such uncooperative individuals as these and the problem presented to

society by their existence. Why, then, did they sound so surprised and affronted at discovering that just the same problem afflicted the training wing?

This cool reply did not satisfy the complainants—they wanted such men to be punished, or otherwise dealt with. To this I replied that no doubt the complainants themselves had neurotic symptoms, or they would not be in hospital; why should their disabilities be treated in one way and the disabilities of the 80 per cent be treated in another? After all, the problem of the '80 per cent' was not new; in civil life magistrates, probation officers, social workers, the Church, and statesmen had all attempted to deal with it, some of them by discipline and punishment. The '80 per cent', however, were still with us; was it not possible that the nature of the problem had not yet been fully elucidated and that they (the complainants) were attempting to rush in with a cure before the disease had been diagnosed? The problem, I said, appeared to be one that not only concerned the training wing, or even the Army alone, but had the widest possible implications for society at large. I suggested that they should study it and come forward with fresh proposals when they felt they were beginning to see daylight.

It is worth remarking at this point that my determination not to attempt solution of any problem until its borders had become clearly defined helped to produce, after a vivid and healthy impatience, a real belief that the unit was meant to tackle its job with scientific seriousness. One critic expostulated that surely such a system of patient observation would be exceedingly slow in producing results, if indeed it produced results at all. He was answered by reminding him that only a few days previously the critic himself had spontaneously remarked that military discipline and bearing of the training wing had improved out of all recognition within the short period of one month.

The second example illustrates the development of an idea from the stage of rather wild, neurotic impulses to practical common-sense activity.

By far the largest group of men proposed the formation of a dancing class. Despite the veneer of a desire to test my sincerity in promising facilities for group activity, the pathetic sense of inferiority towards women that underlay this proposal, by men taking no part in fighting, was only too obvious. They were told to produce concrete proposals. The steps by which this was done need not detain us; in the end the class was held during hours usually taken up by an evening entertainment; it was confined, by the volition of the men themselves, only to those who had no knowledge at all of dancing and the instruction was done by ATS staff. In short, a proposal, which had started as a quite impractical idea, quite contrary to any apparently serious military aim, or sense of social responsibility to the nation at war, ended by being an inoffensive and serious study carried out at the end of a day's work. Furthermore, the men concerned had had to approach the Commanding Officer, the ATS officers, and the ATS, as a matter of discipline in the first place and social courtesy in the second.

In the meantime, the 12.10 parades had developed very fast into business-like, lively, and constructive meetings, and that in spite of the fact that the wing was now receiving heavy reinforcements of patients new to the organization, as well as losing others who had been discharged from hospital, often when they had become very useful.

Within a month of the inception of the scheme big changes had taken place. Whereas at first it almost seemed difficult to find ways of employing the men, at the end of the month it was difficult to find time for the work they wanted to do. Groups had already begun to operate well outside what were ordinarily considered parade hours; absence without leave

was for a considerable period non-existent, and over the whole period there was only one case; patients not in the training wing became anxious to come over to it; and despite the changing population, the wing had an unmistakable *esprit de corps*, which showed itself in details such as the smartness with which men came to attention when officers entered the room at the 12.10 meetings. The relationship of the men to the officers was friendly and co-operative; they were eager to enlist the officers' sympathy in concerts and other activities which they were arranging. There was a subtle but unmistakable sense that the officers and men alike were engaged on a worth-while and important task, even though the men had not yet grasped quite fully the nature of the task on which they were engaged. The atmosphere was not unlike that seen in a unit of an army under the command of a general in whom they have confidence, even though they cannot know his plans.

COMMENT

It is not possible to draw many conclusions from an experiment lasting, in all, six weeks. Some problems that arose could not be fully explored in the time; others could not be openly discussed while the war was still in progress.

It was evident that the 12.10 meetings were increasingly concerned with the expression, on the part of the men, of their ability to make contact with reality and to regulate their relationships with others, and with their tasks, efficiently. The need for organization of seminars for group therapy had become clear, and the foundation of their commencement appeared to be firmly laid.

The whole concept of the 'occupation' of the training wing as a study of, and a training in, the management of interpersonal relationships within a group seemed to be amply

justified as a therapeutic approach. Anyone with a knowledge of good fighting regiments in a theatre of war would have been struck by certain similarities in outlook in the men of such a unit and the men of the training wing. In these respects the attempt could be regarded as helpful; but there were also lessons to be learnt.

Some of these raised serious doubts about the suitability of a hospital milieu for psychotherapy. It was possible to envisage an organization that would be more fitly described as a psychiatric training unit; and, indeed, some work had been done in the elaboration of an establishment and a *modus operandi* of such a unit. With regard to the psychiatrist, also, there was room for some readjustment of outlook. If group therapy is to succeed it appears necessary that he should have the outlook, and the sort of intuitive sympathetic flair, of the good unit commander. Otherwise there will always be a lingering suspicion that some combatant officers are better psychiatrists, and achieve better results, than those who have devoted themselves to the narrow paths of individual interview.

Finally, attention may be drawn again to the fact that society, like the individual, may not want to deal with its distresses by psychological means until driven to do so by a realization that some at least of these distresses are psychological in origin. The community represented by the training wing had to learn this fact before the full force of its energy could be released in self-cure. What applied to the small community of the training wing may well apply to the community at large; and further insight may be needed before whole-hearted backing can be obtained for those who attempt in this way to deal with deep-seated springs of national morale.

APPLICATION OF GROUP THERAPY IN A SMALL WARD (J. R.)

An experiment in the application of group therapy, in the newer sense, to patients in a ward of 14-16 beds was made in the hospital division of the same institution. Each patient had an initial interview with the psychiatrist in which a personal history was taken in the usual way; thereafter there were group discussions every morning before the hour's 'route march'; and after it, as the patients returned to the ward, they could call in at the psychiatrist's room to discuss privately the topic of the group discussion, which had usually been the subject of conversation of the route march, and their personal feelings about it.

The therapeutic talks centred on their personal difficulties in putting the welfare of the group in the first place during their membership of the group. The topics of the group discussion included the following:

(a) Since residence in this ward is temporary, some going into the training wing and others coming from the admission ward to take their place, how is this changing situation to be met? We—the distinction between physician and patient, officer and other ranks, was another special topic—should have to accommodate ourselves to people entering our group to whom our attitude to our ward (it was always referred to as 'our ward') meant nothing at all; either we could regard them as outsiders or as imperfectly accommodated insiders. So, too, with those who 'went out' into the training wing: they could not expect to retain the ward-group attitude indefinitely, nor could they expect to include the much larger training wing in their ward-group; they would have to find their place in the new groupings and allow their ward experience to be but a memory, but it was to be hoped a helpful memory.

Then there was the further point whether those in the training wing should come back to the daily group discussions, the question being not what they would get out of them (there seemed little doubt they were among the most interesting experiences we had ever had) but whether, coming from another group-formation, or having lost their ward contact, they might not prove a distraction to those who were finding their feet in the ward-group.

(b) How far were the differences of rank acquired 'outside' to determine the behaviour of the members of the group to one another while in the ward? Would an attempt at equality work? Or would it be better, while not forgetting the rank acquired outside, to consider what equivalents of rank emerge when in the ward, and, if so, the basis of these equivalents?

(c) What makes for discontent in the ward? Is it something peculiar to the war, and any ward, or to any association of people?

(d) What makes for content and happiness in the ward? Is it the exercise of individual initiative having for its sole criterion the free expression of the person's own private enterprises, or does that come only after recognition of what the ward needs from the individual? Is there a fundamental incompatability between these two points of view, and, if so, does it apply to all or only some members? If to only some, what causes it to appear in these, and is it a characteristic they carry through in their lives all the time or is it stronger at some times than at others? If it varies, can the ward diminish it without being oppressive to those individuals so endowed?

The effect of this approach to the problem of neurosis was

considerable. There was a readiness, and at times an eagerness, to discuss both in public and in private the social implications of personality problems. The neurotic is commonly regarded as being self-centred and averse from co-operative endeavour; but perhaps this is because he is seldom put in an environment in which *every* member is on the same footing as regards interpersonal relationships.

The experiment was interrupted by posting of personnel, so I cannot give clinical or statistical results; but it seemed to show that it is possible for a clinician to turn attention to the structure of a group and to the forces operating in that structure without losing touch with his patients and, further, that anxiety may be raised either inside or outside the group if this approach is made.

CONCLUSIONS

We are now in a better position to define the 'good group spirit' that has been our aim.

It is as hard to define as is the concept of good health in an individual; but some of its qualities appear to be associated with:

(a) A common purpose, whether that be overcoming an enemy or defending and fostering an ideal or a creative construction in the field of social relationships or in physical amenities.

(b) Common recognition by members of the group of the 'boundaries' of the group and their position and function in relation to those of larger units or groups.

(c) The capacity to absorb new members, and to lose

members without fear of losing group individuality—*i.e.* 'group character' must be flexible.

(d) Freedom from internal sub-groups having rigid (*i.e.* exclusive) boundaries. If a sub-group is present it must not be centred on any of its members nor on itself—treating other members of the main group as if they did not belong within the main group barrier—and the value of the sub-group to the function of the main group must be generally recognized.

(e) Each individual member is valued for his contribution to the group and has free movement within it, his freedom of locomotion being limited only by the generally accepted conditions devised and imposed by the group.

(f) The group must have the capacity to face discontent within the group and must have means to cope with discontent.

(g) The minimum size of the group is three. Two members have personal relationships; with three or more there is a change of quality (interpersonal relationship).

These experiments in a rehabilitation wing of a military psychiatric neurosis hospital suggest the need for further examination of the structure of groups and the interplay of forces within the groups. Psychology and psychopathology have focused attention on the individual often to the exclusion of the social field of which he is a part. There is a useful future in the study of the interplay of individual and social psychology, viewed as equally important interacting elements.

Experiences in Groups

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AND OTHER PAPERS

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