

The Relevance of Group Dynamics for Dynamic Psychiatric Treatment*

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The group dynamic view of human development in the individual as well as in groups is one of the central postulates of Günter Ammon's Dynamic Psychiatry. According to this view, humans, from birth on, experiences a number of conscious and unconscious contacts, expectations, desires, conflicts and controversies in different groups, which essentially form the psychic and bodily dimensions of his identity. In particular he is formed by internalized group dynamic experiences made in groups of his early childhood. It is these experiences, which are responsible for the developmental processes he makes later in his life; whether it is a more sick or a more sound development. This group dynamic understanding is very important for treatment.

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Kurt Lewin, who, in 1939, for the first time used the term 'group dynamics' in his article 'Experiments in Social Space', is seen as a forerunner and the original founder of group dynamics. The field theory developed by him is a gestalt theoretical concept, where individual and environment form an independent, indissoluble connection of a system in which the condition of each part is dependent on every other part. In this context we should also mention Jacob Levi Moreno with his psycho- and socio-dramatic approach and the sociometry, which as well as Kurt Lewin, created important conditions for the research of group dynamics.

The Extension of the Group Dynamic Science through the Psychoanalytic Dimension

Between group dynamics and psychoanalysis there had always been connections. Kurt Lewin already would have liked to explain „the subjective perception of the living space through an individual with the aid

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of the psychoanalytical theory.“ (FLIEDL, KRAFFT-EBING 1999, p. 35) Since then, various scientists and psychoanalysts have connected both fields in every conceivable way. Particularly to name is here Trigant Burrow (1926) who transformed the psychoanalytic single therapy into a group therapy, because he saw the real reason for the suffering of a neurotic person in his/her isolation from society and not in neurosis itself. It is interesting that Burrow was very suspicious of the single-therapy.

The societal human being has not to be looked at in isolation but must be observed adequately within the group, otherwise the organic integrity of man as a member of the human race will be destroyed. [...We would as well] destroy the integrity of a flower's organism, if we dissected its leaves and tried to examine them without the structural continuity as a whole (BURROW 1926, pp. 211–212).

W. Bion's 'Analysis of the process of minimally structured groups', with the three ideal-typical basic principles of dependency, fight-or-flight response, and pair-formation, had a lasting influence not only on analytical group dynamics and the work with groups but also on nonanalytical approaches.

In addition, there are numerous other concepts which connect the psychoanalytical concepts with the group dynamic or field-theoretical ones, for instance Stock-Whitacker's and Lieberman's (1965) 'group focal conflict', Ezriel's (1950) concept of 'group tension', Yalom's (1974) concept of 'relation disorders', the Göttinger model of 'group levels' by Heigl-Evers and Heigl (1971) as well as the mainly Austrian kind of dynamic group psychotherapy (s. MAJCE-EGGER 1999).

Another advocate of an integrative view of the individual and group was the psychiatrist and psychoanalyst Günter Ammon whose group dynamic/social energetic concept I would like to introduce here.

The Group as an Integrating Space for the Development of Human Identity

In Ammon's Dynamic Psychiatry, the group is always analysed and assessed with regard to the development and change of a person's identity which is inseparably connected to an interpersonal network of other persons. "The person develops his/her identity within the group. The group context integrates the person, and the identity differentiates the person

outside of the group“ (AMMON 1982a, p. 38). With that Dynamic Psychiatry emphasizes the inseparability of person and relationship, of identity and group and therefore also of identity and society with its multitude of groups communicating with each other.

Everything that a human being represents, in every area of his life or his identity he has achieved through the group, through experienced encounters with others during his/her development.

To have stated this we do not consider every form of group and group experience as conducive to development and identity of a person.

A person can become healthy in groups, but also become ill in groups, her/his identity can unfold constructively but also be hindered or formed destructively. The quality of interpersonal contacts and group dynamic areas on a gliding spectrum can be constructive (that means conducive to contact and development), destructive (that means the destruction of contact and arresting development), and deficient (that means without contact and without development), and is equivalent to the quality of the identity development on the spectrum between healthy and ill.

An example for a destructive group could be a bureaucratic group paralyzed by over-institutionalisation which uses all forces of its members in order to prevent that something constructive happens. Deficient groups are groups with a lack of identity which often appear invisible and passively adapted towards outside (s. AMMON 1973, p. 515).

Thus it is not important to analyse how a group is functioning outwardly, the main emphasis is put on the identity development of both, the individual within the group and the group as a whole. A destructive group is easily able to act outwardly but its members have no possibility of continuous development.

Another element of the concept of group is the unconscious in its meaning for the group process and, vice versa, the meaning of the group for the unconscious. In each group situation, unconscious processes come into force which are articulated in a person's behaviour, in synergetic connection with the consciousness. "The unconscious means the human potential, which only through the social energy of an environmental group can take shape" (AMMON, GRIEPENSTROH, HARLANDER 1982a, p. 37).

To unfold the creative potential of the unconscious through the group is the aim of a continuing identity development.

Group characteristics

To describe groups, we can use the following characteristics: group structure, group dynamics, group process, group function, group energy (s. BURBIEL, BOTT, PINKE 1982, pp. 532-537).

In 1981 'social energy' has been formulated as an energetic explanatory model for dynamics. "Social energy means life energy and develops always in a social environment, i. e. the dynamics of environmental groups" (s. AMMON, AMMON, GRIEPENSTROH 1981, p. 7).

Social energy is the psychic energy created through interpersonal contacts. Social energy is the power which mobilizes and supports structure, dynamics, and the process of identity and group.

With the concept of social energy Ammon explained for the first time the force which acts as a mediator for the individual, the group, and the society (AMMON 1982b, p. 4).

The Structural-Dynamic-Social-Energetic Field Theory and its Importance for a Model of Development for Identity

According to the above formulated group dynamic, social energetic review, humans, from birth on, experiences a number of conscious and unconscious interpersonal experiences in different groups, which holistically form the biological, psychological, social, cultural, and spiritual dimensions of his identity up to developmental processes in the brain (AMMON 1982b). The individual internalises the structure and the energetic quality of experienced group dynamic processes going along with social energetic networks and fields. The quality of interpersonal contacts and group dynamic, social energetic fields determines the quality of identity development on a gliding spectrum between healthy and ill with the determinants: Constructive, i. e. supporting contact and development, destructive, i. e. destroying contact and so hindering development and deficient, i. e. without contact and so without development.

Internalized are not only objects and their characteristics but in a structural way (the whole network of relations of objects) group dynamically connected with each other (as a group dynamic field), the group dynamic processes between the objects as well as the social-energetic quality of this field. Social energy as an expression of identity is structured energy which constructs and differentiates psychic structures within the individual. In this sense a psychodynamic formulation of personality is always

a group dynamic one. In our view psychodynamics and group dynamics can not be separated from each other.

The Relevance of Group Dynamics for Dynamic Psychiatric Treatment

If a person can become ill within groups he/she will as well recover within groups. The therapeutic agent for this are the 'emotional correcting' (ALEXANDER 1930) inter-human experiences in the sense to repair and develop the structure of the earlier neglected identity. The internalised group dynamics are acted out in the group therapies, in the sense of the often described pathology of compulsive repetition, until they can be modified through new group experiences. The patients are then able to give up their internalised group dynamic position of the primary family with the mostly unconscious ascribed role expectation as for instance to be the redeemer, integrator, mother or the partner of one parent. They will be able to overcome group dynamic traumata and lasses, transferred by generations, and devote themselves to new tasks in life. In therapeutic groups the patient can 're-build' structural deficits by compensating social-energetic experiences, solve arrested developments, activate potentials which have not been used, extend his personality and differentiate himself structurally. The matter is to help a person or a group to become open again for development and processes of change. For this purpose Dynamic Psychiatry has integrated the group dynamic social energetic working into its so called identity therapy and uses a range of verbal and nonverbal therapy methods as for instance milieuthrapy, group psychotherapy, dance, theatre, music, art, and horsebackriding therapy, both in inpatient and outpatient dynamic psychiatric treatment settings.

Principles of Group Dynamic Working in Group Psychotherapies

1. Working with transference, counter-transference, resistance, and the unconscious as phenomena of groups is central for analytic group dynamic processes.
Further essential principles of group dynamic work are (AMMON 1973, AMMON 1979, p. 169):
2. The selection of the members and the composition of the group are of critical importance for the group process. In principle the proportion

- of constructive developed identities should predominate to facilitate a health promoting, social-energetic milieu within the group.
3. To make both the processes of differentiation as well as the one of integration possible, the group should be composed as homogeneous as necessary and as heterogeneous as possible selecting its members with regard to gender, age, proportion of illness, and health, skin color, hobbies, and field of interests, sympathies, socio-cultural aspects, and so on. Every member of the group should at least find one person as a mirror for him/her.
 4. In the beginning phase it is essential first to build supportable therapeutic relationships between therapist and patients as well as patients with each other or respectively the construction of a sustainable social-energetic field within the group.
 5. The therapist as a 'central person' (REDL 1971) has great importance for the development of the group process.
 6. Especially in the beginning but later always again the debate is about the boundaries of the group.
 7. The social energetic exchange among the group members regulated by the therapist and later also by the whole group.
 8. The encouragement of direct contact with the therapist and between patients with as little as possible transference interpretation.
 9. The establishment of emotional correcting group dynamic experiences.
 10. The mutual take-over of supporting Ego-functions, with which the group members could then identify themselves.
 11. Working within the 'here and now' of the groupdynamics.
 12. Focussing of all group dynamic processes under the aspect of identity.
 13. The work with the destructive and deficient aggression is the precondition to free the arrested development of the patient.
 14. Work with the healthy parts of identity. The alliance with those parts allows to make the feelings bound in the symptom accessible for a working through.
 15. Work not directly with the symptom but with the underlying fear of abandonment and for identity.
 16. Work with the reflection processes within the group.
 17. To include the weakest member into the protection of the group through the commitment of the therapist directing the aggression towards him/herself.

18. Consideration of and working with transference processes focussed on the whole institution and its leader
19. Consideration of the whole large group and the whole milieu of a group's surroundings.

Dynamic Psychiatric Hospital Mengerschwaige, Munich

For example, our dynamic psychiatric hospital Mengerschwaige in Munich with all the people living and working there, over all 60 patients and about 40 co-workers (including kitchen and administration staff), and with its multitude of therapeutic methods is conceived as a multidimensional, group dynamically structured space for development, in which, in co-existing processes, a multitude of unconscious and conscious group dynamics develop and are combined into the dynamics of one whole group. In order to make the building of structure and the regulative, integrative, and energetic processes of a repairing identity development possible, the developmental space has, both in a structural and dynamical view, to be established as constructively and multi-dimensionally differentiated as possible and has to be flexibly demarcated from the inside of the hospital as well as from outside, i. e. from the environment and the community. The space has further to be integrated into a whole system with its variety of structure elements.

Such elements of structuring are for instance the different therapeutic methods.

The clinical director and his leading team are daily challenged to orientate the group dynamics direction towards a social energetic field which is relevant for change and emotionally correcting for our patients. At the same time the structuring of the large group and the team, that means the composition of these groups has to be considered as well as the openings and closings of boundaries of the hospital system towards the outside and inside, that means to regulate the exchange between hospital and its social, cultural, political, and scientific surrounding.

(Translation by Franziska von Wendland)

Zusammenfassung

Nach einem Überblick über die Vorläufer gruppensystemischer Denkens und früherer Ansätze einer Verbindung von Gruppendynamik und Psychoanalyse wird beispielhaft für diese Perspektive ausführlicher in das Denken der Dynamischen Psychiatrie Günter Ammons eingeführt. In diesem wurde die Integration beider Betrachtungsweisen für einen Behandlungsansatz nachholender Identitätstherapie systematisch fruchtbar gemacht. Die Integration des Individuums in die Gruppe und dessen Differenzierung aus der Gruppe verdeutlicht die Untrennbarkeit von Person und Beziehungsgeschehen, als eine auch im Unbewussten verortete Erfahrungsmatrix. Die Qualität des interpersonellen Geschehens lässt sich dabei unter dem Aspekt der Identitätsentwicklung als konstruktiv, destruktiv oder defizitär beschreiben. Mit dem Begriff der Sozialenergie wird die psychische Energie benannt, die im Kontakt entsteht, ausgetauscht und als Persönlichkeitsstruktur internalisiert wird. Insofern ist eine psychodynamische Formulierung von Persönlichkeit immer auch eine gruppendynamische. In der Dynamischen Psychiatrie ist die Berücksichtigung der Gruppendynamik bedeutsam, da Menschen in Gruppen erkranken, aber auch gesunden können. Hierbei ist das Konzept der wiedergutmachenden Erfahrung von Franz Alexander insofern von Bedeutung, als in Gruppen die früher vernachlässigte Identität durch den Zweischritt von Wiederholen und Wiedergutmachen eine Nachentwicklung erfahren kann und unbewusste Rollenzuschreibungen und gruppendynamische Traumatisierungen überwunden werden können.

Die Prinzipien des gruppendynamischen Arbeitens nach Ammon (1979, S. 169) in der analytischen Gruppenpsychotherapie lassen sich in 19 Kernsätzen zusammenfassen:

1. Arbeiten mit Übertragung, Gegenübertragung, Widerstand und dem Gruppenunbewussten ist zentral für einen analytisch gruppendynamischen Prozess.
2. Die Auswahl der Mitglieder und die Zusammensetzung der Gruppe sind entscheidend für den Gruppenprozess. Konstruktiv entwickelte Identitätsanteile sollten überwiegen, um ein gesundheitsförderndes sozialenergetisches Milieu in der Gruppe zu schaffen.
3. Um sowohl Prozesse der Differenzierung als auch der Integration zu ermöglichen, sollte die Gruppe so homogen wie nötig als auch so heterogen wie möglich zusammengesetzt sein hinsichtlich der Merkmale

von Geschlecht und Alter, dem Verhältnis von gesunden und kranken Anteilen, Ethnie, Hobbies und Interessensgebieten, soziokulturellen Aspekten usw. Jedes Gruppenmitglied sollte zumindest ein Gegenüber haben, das ihn spiegelt.

4. In der Anfangsphase muss zunächst ein tragendes therapeutisches Bündnis zwischen Therapeut und Patienten sowie den Patienten untereinander geschaffen werden, also ein tragfähiges sozialenergetisches Feld.
5. Der Therapeut hat als zentrale Figur größte Wichtigkeit für die Entwicklung des Gruppenprozesses.
6. Besonders in der Anfangsphase, aber auch später immer wiederkehrend ist die Auseinandersetzung (mit dem Therapeuten) um die Gruppengrenzen entscheidend.
7. Der sozialenergetische Austausch unter den Gruppenmitgliedern wird durch den Therapeuten reguliert, später auch durch die gesamte Gruppe selbst.
8. Es sollte direkter Kontakt mit dem Therapeuten und unter den Patienten mit so wenig wie möglich Übertragungsdeutung gefördert werden.
9. In der Gruppe sollten emotional korrigierende gruppenspezifische Erfahrungen etabliert werden.
10. Die Mitglieder sollen wechselseitig Hilfs-Ich-Funktionen füreinander übernehmen und sich im Verlauf selbst damit identifizieren.
11. Es soll im Hier und Jetzt der aktuellen Gruppendynamik gearbeitet werden.
12. Alle gruppendynamischen Prozesse sind im Hinblick auf die Identität zu betrachten.
13. Die Arbeit mit der destruktiven und der defizitären Aggression ist die Voraussetzung, um die arretierte Entwicklung der Patienten wieder in Gang zu bringen.
14. Es muss mit den gesunden Identitätsanteilen gearbeitet werden. Eine Verbündung mit diesen erlaubt ein Durcharbeiten der Gefühle, die in den Symptomen gebunden sind.
15. Es soll nicht direkt mit dem Symptom gearbeitet werden, sondern mit der zugrunde liegenden Verlassenheits- und Identitätsangst.
16. Es wird mit den Widerspiegelungsprozessen in der Gruppe gearbeitet.

17. Um das schwächste Gruppenmitglied im Schutz der Gruppe zu halten, muss der Therapeut die Aggression auf sich ziehen.
18. Übertragungspänomene auf die gesamte Institution und ihre Leiter müssen berücksichtigt und bearbeitet werden, z. B. in einer Klinik.
19. Die umgebende Großgruppe und das gesamte soziale Milieu, in das die Gruppe eingebettet ist, sind zu beachten.

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