

THE GROUP AND THE UNCONSCIOUS

Didier Anzieu

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Volume 1

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DIDIER ANZIEU

Translated from the French by
Benjamin Kilborne

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Chapter 1

On the psycho-analytic method and the rules of its application in group situations

General and applied psycho-analysis

The unconscious universally produces effects that men continually defend themselves against, wrongly interpret, or seek to manipulate by obscure means for a presumed gain. A scientific approach to these unconscious manifestations depends upon the establishment of a situation in which, governed by specific rules, the situation itself transfers what the unconscious produces and guarantees the accuracy of the interpretations. In this situation two beings, the psycho-analyst and the subject (analysand), made homologous by their psychical apparatus, occupy dissimilar positions. Certain rules apply to them both: that of abstinence, which prohibits any 'real' personal relationship inside or outside the analytic situation and dooms them to merely phantasized symbolic – as well as everyday social – relations. Other rules apply specifically to each of the two positions. The task of the subject is to express everything he thinks, imagines or feels in the situation, i.e., to 'symbolize' the effects it has on him. The task of the analyst is to understand – as transference or as resistance to transference – everything the subject tries to express in the situation, and to intervene (by providing interpretations) only to make him aware of what he is expressing. It is in this way the psycho-analyst affects the situation from the inside.

Complementary rules lay down the respective positions of the body in space during the sessions, the frequency and duration of the sessions, and determine the symbolic activities required of the subject (speaking, drawing, playing with certain materials, relaxing, gesturing, mimicking, assuming certain body positions or reacting to them, having bodily contact, improvising roles,

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producing or interpreting a certain kind of document) and the financial demands placed upon him. However, this brings us into the realm of applied psycho-analysis.

In fact, the method defined above, long confused with the individual treatment of neuroses, which constituted the original ground upon which it was discovered and to which it was first applied, belongs to the discipline we shall call 'general psycho-analysis.' 'Applied psycho-analysis', on the other hand, is defined as the corpus of open-ended, continually evolving concrete applications of this general method. The now well-advanced task of general psycho-analysis is to construct a theory of the psychical apparatus (its origins, its functioning and its changes) on the basis of observations that psycho-analysts, beginning with Freud, have made and continue to make. The task of applied psycho-analysis is to discover the specific effects of the unconscious in a given field and the necessary transpositions of the general method when applied specifically to this field. These depend, for example, on the type of analysand ('normal', neurotic, narcissistic, psychotic, or psychosomatic; adult, adolescent or child; individual, group or institution) or the type of goal aimed at by the analysis (diagnostic, therapeutic, training, impact on the real social situation).

For the time being, only in psycho-analysis are unconscious effects created by and treated under scientific conditions. As a general rule the psycho-analytic method may be applied to all areas in which the effects of the unconscious are discernible, even if the unconscious resistance which these effects elicit from psycho-analysts themselves still obscures their origin and treatment.

Notwithstanding such exceptional circumstances, the general conditions for the application of the psycho-analytic method to a given field are the following:

- (i) the psycho-analyst who works in the field of applied psycho-analysis can do so only within a personal practice, which is indispensable for the treatment of individual adult patients;
- (ii) the 'interpreter' must not only make the rules governing the psycho-analytic situation explicit from the outset, but must above all observe them himself if they are adequately to fulfil their regulatory function. If the psycho-analyst exempts himself from the rules he imposes on the subject he provokes an unanalysable sado-masochistic or perverse relationship;

- (iii) like all other elements of the psycho-analytic situation, the rules are cathected – and defensively counter-cathected – in phantasy. This cathexis needs to be interpreted.
- (iv) the psycho-analyst who upholds the rules once they have been rendered explicit must not censor their application by the subject or subjects, but rather seek to understand and to interpret those occasions upon which the rules are broken or put into practice with difficulty;
- (v) the situation comes to an end when the psycho-analyst, no longer treated as the object of transference, is recognized by the subject(s) as equally human, when the operative character of the rules has been assimilated, when the resistance to terminate the situation has been analysed and when the end has been recognized as such.

Following these general considerations we can investigate concrete applications of psycho-analysis to group situations, particularly to training groups. I shall try to define three sorts of rules: those that constitute the basis of the psycho-analytic method applied to group phenomena, those that establish the psycho-analytic process in a group situation, and those that govern the psycho-analytic interpretation in this situation.

The psycho-analytic method applied to groups

The psycho-analytic method is first of all a method of scientific reasoning. Whatever the area to which the psycho-analyst applies this method, his hypotheses concerning the unconscious processes specific to this area are assessed in terms of three criteria:

- (i) for each type of clinical fact there must be a corresponding hypothesis that accounts for it, and each hypothesis must be grounded in specific and significant clinical material; for example, the obstinate silence of certain participants in non-directive discussion groups can be explained with reference to the phantasized representation of the group as devouring mouth and breast. The existence of this representation has been confirmed by subsequent individual interviews with group members; timely interpretation may modify their attitude (see p. 171);

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- (ii) each hypothesis must be congruent with those hypotheses specific to its field, and must also be able to be related to or deduced from already-established hypotheses in general psycho-analysis; for instance, Kaës's hypothesis, that ideas in group situations are produced by the defensive negation of a primal phantasy, is an application to the group of observations concerning primary processes and infantile sexual theories brought to light by individual psycho-analysis (Kaës, 1971b, 1973b, 1974b; Gori, 1973b);
- (iii) the validity of each hypothesis must be confirmed by the fruit it bears in an area other than the one for which it was originally conceived; for example, the hypothesis that the non-directive large group situation (30 to 60 persons) causes split transference and intensified negative transference helps us to understand from an economic point of view why large, 'real' social groups composed of several thousands of persons frequently resort to violent, archaic expressions of aggressiveness (e.g. war).

The psycho-analytic method applied to group phenomena depends equally on certain more specifically psycho-analytic criteria. The first of these concerns vocabulary. The psycho-analyst carrying out research on groups is limited to psycho-analytic jargon when he writes about them (in interpretative practice, on the other hand, he expresses himself as much as possible in everyday language). Indeed, although description of facts is rich, diversified and polyphasic, scientific explanation is monophasic. By psycho-analytic jargon is meant not only Freud's own concepts, but also the conceptual contributions of his successors, the validity of which has been established in particular areas of psycho-analysis.

The analogy between the group and the dream, which I developed in an article of 1966 (*infra*) (the group, like the dream, is the imaginary fulfilment of a repressed wish), refers back to early Freudian theory, i.e. to the first topography. Since then psycho-analytic group theory has progressed by systematic recourse to the second topography. This, moreover, is an appropriate turn of events, for Freud discovered the latter by associating hypnosis and crowds, on the one hand, and ambivalence towards paternal imagos and group psychology, on the other. The second topography draws on an analogy between

inter- and intra-systemic conflicts and inter-individual tensions within a group, where the individual psychical apparatus is to be explained with reference to the internalization of a group model. But the analogy is reversible; there is a group psychical apparatus resembling that of the individual, but differing in function, homologous but not isomorphic. Missenard (1971, 1972, 1976) has shown that the principal effect of training group methods on subjects is the destruction of certain imaginary (phantasized) identifications, on the one hand, and the progressive establishment of stabilizing narcissistic identifications, followed by innovating symbolic identifications, on the other.

The contribution of Freud's successors has proved every bit as rich. In 1950 the British Kleinian school recognized that the anxiety level in groups was psychotic, and has since observed that persecutory and depressive anxiety are intensified by a group's non-directive character. In France, Angélo Béjarano, also influenced by Melanie Klein, discovered in 1968 that the seminar situation, in which participants work alternately in small groups and as a body, triggers off split transference: positive transference directed generally to the small group and negative transference directed to the group as a whole (Béjarano, 1971, 1976).

Psycho-analysts interested in training group methods have so far failed to take into account the criticism that Lewin, Rogers and their followers have directed at the psycho-sociological jargon, nor have they stated with sufficient clarity and conviction the fact that monitors of training groups resort to this jargon essentially as counter-transference. Psycho-sociological concepts used in group dynamics reflect a defensive attitude towards unconscious group processes. Psycho-sociology, for instance, has stressed leadership, making it a key process in the functioning and progress of the group. A psycho-analytic understanding of groups leads one to a rather different conclusion, as Béjarano (1972) has noted: the phenomena of leadership and splitting into groups constitute the *specific* form that resistance in non-directive training group situations usually takes; the spontaneous leader is the spokesman of the unconscious resistance of the group at a given time and if the group is not provided with a relevant interpretation (or if the group itself doesn't come up with one) its underlying phantasies remain repressed and its progress impaired.

In 1971, taking as our point of departure Winnicott's concept of

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'illusion', we gave a more precise meaning to the hypothesis of the group illusion (see Chapter 3). In the course of staff discussions Schilder's notion of the body image enabled my colleagues and myself to realize that the 'large' group situation induces both a phantasized wish to explore the inside of the mother's body and its correlative anxiety (see section 3 of Chapter 4).

A second type of more specifically psycho-analytic criteria concerns the concept of determination rather than vocabulary. Psycho-analytic explanation is, in fact, multi-dimensional. All unconscious processes discovered to operate in a given field need to be explained from a number of perspectives: dynamic, economic, topographical, genetic, phantasmic. Take, for instance, one of the phenomena we have just mentioned, the group illusion, which designates certain moments of symbiotic euphoria during which all group members feel at ease together and happily consider themselves a good group. Dynamically, the group illusion is an attempt to resolve the conflict between a desire for security, on the one hand, and the anxiety of body fragmentation and the threat of loss of personal identity in the group situation, on the other. Economically, it constitutes a particular instance of split transference: the positive transference is concentrated on the group as libidinal object. Topographically, it demonstrates the existence of a group ideal ego. From the point of view of phantasy, it requires the introjection of – and narcissistic identification with – the good breast as part-object to compensate for the damage wrought by the destructive phantasy (induced specifically by the small group situation) of children who tear one another apart in the womb of the bad mother. Genetically, the illusion is, as we know from Winnicott (1953), a necessary stage in the child's conception of the external world, which the child represents as an extension of maternal omnipotence: the group illusion enables the group itself to function as transitional object.

A third psycho-analytic rule concerns the interaction of the subjects' unconscious and the unconscious of the interpreter(s) (where the seminar situations require a number of psycho-analysts acting as a team of interpreters). One of the formulations of this rule is the following: for every unconscious effect, in whatever field, there is a corresponding and opposed resistance. A psycho-analytic explanation of a group phenomenon necessarily takes into account the unconscious epistemological resistance to this phenomenon.

Thus the team of psycho-analysts with whom I have worked for the past fifteen years on training seminars did not readily admit that the rules of the 'small group' (diagnostic group, T group) were transposable in their entirety to the seminar as a whole. We went on trying to 'organize' these meetings – by assigning a theme in advance and by using directive and semi-directive methods (report followed by discussion, statement at the beginning and at the end, collective practical exercises, panel, Phillips 66), by instituting a day of review, by distributing notes of previous meetings to participants – until an internal process of collective working-through led us to recognize the defensive nature of these attempts at organization. What dangerous drive was this defensive mechanism directed against? The danger, resulting from split transference, of finding oneself exposed to the particular intensity of the death drive induced by the 'large' group. The removal of the defence (the 'organization' of the meetings) and a recognition of the form and strength of the repressed drive (split negative transference) went hand in hand. Knowledge of a specific interaction between a defence and a drive opens up the possibility of practical and scientifically grounded applications. For example, if one wants to allow a group to control the destructive drive within its own ranks, one must help it organize itself; if one wants to free this drive, for instance with a view to therapy or training, it is necessary to put the group in a situation governed by the rules of non-omission and of abstinence, and to preclude any other organization.

Another type of interaction, equally important from the triple standpoint of epistemology, technique and practice, is that of the phantasizing of subjects in group situations, and of the phantasizing of interpreters acting as a team. The former, that of the subjects, can only be apprehended to the extent that it triggers off the latter, that of the psycho-analysts', making them aware of it among themselves. In the case cited by Biffe and Martin (1971) of the 'psychotic' group, the phantasizing induced among the participants by a psycho-analytic group situation was evidently not picked up by the two interpreters, themselves preoccupied with their theoretical and technical differences, i.e., their own phantasized disagreement, which the group gave them the opportunity to air. Another case is that in which group monitors, who generally have psycho-sociological but not psycho-analytic training, let themselves be hoodwinked by the phantasizing of the

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subjects and 'fuse' with their group by, for example, sharing the group illusion instead of interpreting it. A third case has been described but not analysed by the school of Lewin under the concept of resistance to change: psycho-analytic experience in groups has shown that in a seminar to which participants come in order to 'change', resistance to change is a reaction to an unspoken phantasy unconsciously shared by the team of interpreters and known as the 'breaking apart' phantasy.

The psycho-analytic group situation

All psycho-analytic situations, be they individual or group, therapeutic or training, are based on two basic rules: that of non-omission and that of abstinence. Naturally these rules need to be adapted to the particular areas in which they are applied.

The rule of non-omission does not mean that each member says *everything* that comes into his head – otherwise the result would be chaotic. In its application to groups this rule has three phases. First, group participants speak among themselves about any subject they wish. This encourages freedom and arouses anxiety over transgressing what is forbidden by verbalizing repressed wishes; hence the collective equivalents of the dream that unite group members together; hence, above all at first, inhibition, paralysis, silence. For the rule of free speech is also a command to speak: participants and monitors must discuss together what they have to say; they have no choice but to do so (which is already the rule of abstinence). Finally, this rule gives group members an opportunity of making public during the session conversations held in private, in so far as these conversations concern the group as a whole (implicit rule of restitution).

These three stages apply above all to small non-directive discussion groups. Groups involving psychodrama, relaxation or bodily expression, and large, non-directive groups need to be handled differently, depending on the purpose and size of the group. For example, in a large group, it is suggested that group members:

- (i) express what they feel here and now;
- (ii) address all group members when speaking about the seminar as a whole (on the other hand, matters of concern to small

diagnostic groups or psychodrama groups should be dealt with in those groups).

In fact, the seminar situation calls for a distinction between three orders of reality, as each problem is related to its corresponding level:

- (i) that of small groups (diagnostic, psychodrama or body exercise groups);
- (ii) that of large groups (full sessions of participants and monitors);
- (iii) that of groups of monitors.

In each situation the rule, together with its applications, is made explicit from the outset by the person responsible for interpreting it. The monitor-interpreter identifies himself as such at the same time as he lays down the rules. He intervenes only to see that the rules are followed, to encourage transference on to him and on to the group and to communicate his interpretations of what is happening.

The rule of abstinence is often omitted or broken by monitors who have not had psycho-analytic training. This is why such members fall victim to the group illusion and even believe the goal of the training experience is symbiotic euphoria or making new acquaintances. For the psycho-analyst all such behaviour is counter-transferential. The absence of *real* personal relations between the monitor and the participants, whether within or outside the session, is a *sine qua non* condition of establishing an interpretable transference. The rule has several phases: the monitor does not take part in verbal exchanges in the group when they relate to anything other than the *hic et nunc* group experience; he abstains from speaking of this experience outside the sessions (except in cases where a member needs an individual psychotherapeutic consultation). Naturally, he refrains from all aggressive or sexual acts with participants during the duration of the course of treatment. But the abstinence does not imply rigidity, nor does it preclude ordinary social, spontaneous relations or physical contact required by certain kinds of group activity. As for the participants, they are encouraged to be discreet about discussing with outsiders what goes on during the sessions.

Although psycho-analytic work with more complex units (e.g.

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medical or social institutions or business concerns) is in its early stages, it is clear that certain kinds of educational or institutional psychotherapy that rely on group experiences – while doing away with anything resembling a basic rule and by refusing to define in advance the role of the interpreter – lead at best to collective versions of wild psycho-analysis and at worst to perverse manipulations of unconscious processes.

Chapter 2

The system of rules in diagnostic groups: structure, internal dynamics and groundwork

The rules of diagnostic groups or (T groups, development groups, sensitivity groups, encounter groups, etc.) are organized in an internally coherent symbolic system composed of polar opposites. The operational efficiency of this system for any individual psychological training and psychotherapy is derived from its resemblance to the social system and the system of the individual unconscious.

The rules of diagnostic groups

Depending upon his personal style and the specific features of the group, the monitor lays down five basic rules at the beginning of the course:

- (i) the rule of verbalization ('What we do is speak'), complemented by that of free speech ('say what you like');
- (ii) the rule of here and now;
- (iii) the rule of abstinence ('outside sessions, the monitor does not take part in the conversations or activities of the participants');
- (iv) the rule of restitution ('it may be useful for what participants say outside the session to be repeated during the session');
- (v) the rule of discretion ('what is said in the sessions is not to be repeated outside'), complemented by the rule of anonymity ('the names of the participants are not divulged by the organizers; however, the participants themselves may reveal their own names when the occasion arises; to facilitate con-

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tact, you may if you wish call one another by your first names’).

The monitor defines his role: he is present among the others, neither proposing subjects for discussion nor organizing conversations; he tries to understand what is going on here and now and talks about it. He also defines the roles of the observer(s) (taking notes at meetings; helping the meetings; helping the monitor to understand) and their requirement to respect the rule of discretion.

Another rule is formulated ‘in practice’ by the monitor, who sets an example by changing seats at the beginning of each session.

Rules of psycho-analysis and rules of diagnostic groups

Rules introduce individuals into the symbolic dimension and it is only through such rules that individuals can be introduced into that dimension. For a rule never exists independently, but belongs to a coherent set of rules of which it is a part. None the less, this set of rules generally remains implicit, its coherence implied and any complete list of rules incomplete. Such – despite the work of grammarians and structural linguists – is the case of language. The rules of diagnostic groups have gradually emerged out of a long, insufficiently understood experience of groups. This experience has validated these rules, but cannot provide an adequate foundation for them. The purpose of a rule is to be sought not in its efficacy, but in its articulation within a symbolic system that gives it a specific function. For diagnostic groups psycho-analysis serves as a point of departure.

The psycho-analytic method – in the typical case of a neurotic adult – defines a situation and the rules to which the partners will function. The situation is located in space (the psycho-analyst’s office, the couch on which the patient is lying, the armchair in which the psycho-analyst is sitting) and in time (the regular frequency of the sessions in the week, their fixed duration, the total number of sessions, which cannot be fixed in advance). There are two parties: the psycho-analyst and the patient. Any third party is excluded. The patient must follow two rules: the rule of non-omission and free association (speak freely of whatever comes to mind, trying to omit nothing), and the rule of abstinence

(abstain from any other kind of relation to the psycho-analyst, whether acting out or any relation in real life, outside the sessions). The psycho-analyst must obey two similar rules: he must react to the patient's free associations by letting his concentration float free and, when the time is ripe, speak freely of what he has understood; during the sessions, he must refrain from deriving personal satisfaction from the counter-transference of the patient and, outside the sessions, must not speak of him (except to analyse his own counter-transference with a colleague, or, for scientific purposes, to write up the case material, in which case he must respect the patient's anonymity). Agreement concerning fees seals the pact between the two parties, and symbolically represents in the mind of the patient the price to be paid for a cure. Psycho-analytic practice involves a number of particular rules, depending on the case, the time and the difficulty of implementing them – but which none the less conform to the spirit of the basic rules.

It is difficult to discover the system of rules governing a specific domain for two reasons: the symbolic is the very element in which the mind functions and can therefore be grasped only awkwardly, uncertainly, for knowledge of symbolic systems block the way to the discovery of new systems. Moreover, as long as the symbolic organization of an activity or object remains in the dark, phantasies preclude understanding. Knowledge of a symbolic system requires that phantasies be known, otherwise each person continues to use the others for the satisfaction of his own wishes.

Freud invented the psycho-analytic rules by breaking medical habits (letting the patient speak rather than asking him questions, frustrating him by refusing to guarantee a cure by pills or hypnotism). But Freud did not invent these alone. Conversations first with Breuer then with Fliess, in addition to his self-analysis, made it possible for him to separate phantasy from knowledge and to define the rules of a new symbolic system whose area of operation is the unconscious.

The symbolic system of the rules of diagnostic groups emerged in the course of a similar process. Discussions inside the team to which I belong, the exchange of questions studied and comparing experiences with colleagues led us to discern the rules formulated at the beginning of this chapter.

These rules are articulated in terms of an overall structure that will emerge in due course. This structure determines the relations between the rules, the situation here and now and a number of

participants. It determines the way in which the two fundamental rules, free association and abstinence, function with respect to the persons in this situation. It is thus possible to say that this structure is 'generative', in the sense used by mathematicians or linguists (e.g. 'generative grammar').

The size of the groups

It varies between seven and fifteen. Eight is the optimum for a group in psychotherapy and ten to twelve for a training group. The logic behind these numbers reflects an old law: beyond a certain point, quantitative variation produces qualitative changes. In human (and animal) groups, the quality of the psychological processes varies with the number of individuals assembled. The total number of inter-individual relations possible between n individuals is provided by the formula: $n(n-1)/2$. If n is equal to or below 6, the total number of interrelations is equal to or below fifteen: in this case, it is easy for each individual actually to develop all the interrelations theoretically possible (five at most) and to recognize the development of all the interrelations among the others (ten at most). If n is equal to or above fifteen, the total number of possible interrelations exceeds 100; in this case, it is no longer feasible for an individual to enter into the fourteen interrelations theoretically possible for him, nor to recognize the innumerable interrelations proliferating among the others. A group of between seven and fourteen members gives each a chance to develop a maximum of from six to thirteen different interrelations and to perceive among the others a theoretical maximum of fifteen (for seven members) and 78 (for fourteen members).

The diagnostic group situation is not a group situation from the beginning as is often believed. During the course the participants may feel they are part of a group, but this is neither a goal to set before them nor necessary for them to get something out of the experience.

Group members generally do not know one another beforehand. They call each other by their first names and are encouraged to disguise their social identities in order to appear more personal. For the implicit task is to seek to communicate part of one's subjectivity and, in turn, to understand that of others.

The size of the diagnostic group is determined by a double analogy: an analogy with socio-occupational life in which one is confronted with a limited number of colleagues, against a background of social life; and an analogy with the individual unconscious where a number of levels, drives and important identifications are continually interacting: the small group situation gives each individual an opportunity of projecting that level, that drive, that identification on to another member of the group.

The space and time of meeting

These interrelations develop in a here and now situation different from that of an individual psycho-analysis. The 'here' is the place where the group meets, the place that it makes its own, encloses, just as animal bands delimit a territory, generally by their excrement, and protect it against enemy incursions. In the enclosed space of the diagnostic group, people are seated, with or without a table. The theoretical line that links them together varies from the circle to the regular polygon. Mathematicians were asked to calculate a curve such that group members, while situated at regular intervals along this curve, should be as close as possible to one another (the ideal in this case is a straight line) and as visible as possible to each other (the ideal in this case is a circle); such a form is an oval. Certain monitors have even had egg-shaped tables built for their diagnostic groups.

Group phenomena vary according to the way participants are arranged, e.g. in rows (as in school) or lying down (as in psycho-analysis). The latter arrangement is used for certain relaxation groups in which problems of individual body image are foremost.

Having neither the regularity nor the indefiniteness of individual psycho-analytic practice, the diagnostic group situation is located in time in a concentrated form. A diagnostic group functions on the basis of ten to twenty sessions concentrated in a short space of time: a minimum of three days and a maximum of fifteen. In other words each day there are at least one and at most four sessions of between one and a quarter to two hours each.

The team to which I belong (in common with other teams) has run long, cyclical diagnostic groups which meet, for example, once a week for one or two years. These experiences are too recent to

allow us to draw any conclusions. This is particularly the case with the weekly 'slow open groups' of unlimited duration in which new members replace old members, who, considering themselves to be well enough trained, withdraw, with the agreement of the group. These are new experiences the psycho-therapeutic dimension of which overrides the training dimension.

In a diagnostic group lasting three or four days, time is experienced as a continuity broken only by nights. Other interruptions are not readily accepted by the participants, who often meet during the breaks, at noon and in the evening in a café or restaurant or at the home of one of them, to continue the session. The features of this diagnostic group time are based on what I call 'the intense ephemerality of brief encounters'. This involves strong and rapid, libidinal arousal in participants whose defences are not too rigid. The all-out striving after this concentration has led to marathon groups meeting eighteen hours on end, or over an entire weekend, with sleep reduced to a minimum. Keeping sessions distinct is, we believe, necessary, however flexible their overall duration may be.

René Kaës (1972) has pointed out that space and time in diagnostic groups have their own organization and differ from both the social organization of space and time and the particular organization of those categories in the unconscious. The spatio-temporal structure of the diagnostic group mediates between social organization and unconscious organization: one might compare it to a two-sided membrane, one side of which faces the social and the other the primary psychical processes.

The diagnostic group 'brackets-out' social space-time. The participants 'retreat' into a 'seminar'. By contrast to real, profane social space-time, the group space takes on a symbolic, sacred character; as Kaës (1972) remarks, the group space is at once an enclosed place (*huis clos*), from which ordinary social life is excluded, and a laboratory in which the participants experiment on the seething life of a society in miniature. They are not completely cut off from the outside: they can telephone, go home, eat in town, buy newspapers. They know that afterwards they will return to their usual family, social and professional routines, about which perhaps they will feel differently. The group space is thus not a 'hell' from which there is no escape, as in Sartre's play *Huis clos*, nor a desert island on which shipwrecked survivors seek shelter, as in William Golding's *Lord of the Flies*, nor a *Raft of the*

Medusa, cut off from all contact with the human world, where the struggle for survival becomes primordial and tragic. Society continues to nourish and protect the participants of a diagnostic group. Group space, is, in effect, a figure against the background of everyday social space. Often, however, a diagnostic group tries to represent another society, a society yet to be born; it strives for a social Utopia.

In fact, group space, by virtue of its temporary enclosure – and this is its other side – tends to be not a real or ideal society, but rather a phantasized space of unconscious repressed wishes. Each member anxiously tries to defend himself against the desire of others, who try to treat him as an object (a point on which there is a clear divergence with individual psycho-analysis). The diagnostic group helps its participants to extricate themselves not only from their social roles, but also from the roles in which the unconscious wishes of their professional and family milieux have frozen them. It can help them find their places as subjects.

Let us now examine the time of diagnostic groups. It is outside that of usual social relations. It may be vacation time, or quite simply time on one's hands. Above all, it is a time that gives the individual an opportunity of moving from one stage in his life to another. This theme – of passing to the other side, of crossing a threshold, of walking through a mirror – arises in a more explicit way in training groups using psychodrama than in diagnostic groups.

The participants in a diagnostic group lose their usual sense of time: they have all the time in the world and anyone who cannot stand waiting and tries to get the others to do something is promptly put in his place. Sessions run for varying lengths of time, and generally end unexpectedly, except when they coincide with periods of tension or boredom; occasionally, time itself seems to stand still: this is the time of immobility, of death, or the time before birth; at other moments the density of time is such that it seems to burst, hurtling the participants towards some possible new life. One might posit a symmetrical relation between the 'utopic' character of group space and, to use Renouvier's neologism, the 'uchronic' character of group time.

The reader will have noted in these descriptions made by participants of their experience the mark of Freud's 'unconscious time'. Unconscious time is the time of repetition, of the return of the repressed, of the automatism that drives the psychical

apparatus to find again the first lost object; it is, in Proustian terms, the search for lost time. It is a phantasized, imaginary time, then, that abolishes real, profane time as the phantasized space abolishes social space. But in groups, as in individual psychoanalysis, the lost object is recovered in phantasy only so that it can be lost consciously and become the object of wishes. Each participant is born again in time, constituted, between his birth and the horizon of his death, as a horizon of his temporary partial subject, is driven to the dynamism of the repetition compulsion. There is, none the less, a considerable difference between psychoanalytic time, bearing the stamp of regression to childhood, of personal reconstruction of the past, of recovering lost memories, and this time without a past, which is that of the diagnostic group. The participants say little about their personal pasts. When the group begins, it is in a sense a-historical: it has no previous existence and, with a few exceptions, does not continue beyond the agreed duration. The desire to last as a group is one of the aspects of the group illusion. Thus, the time of the diagnostic group operates on three registers: the time of repetition, the time of returning to origins and the time of new beginnings.

When a diagnostic group has been able to live through these three phases, the prospect of the group's coming to an end no longer arouses anxiety. The last session no longer has an atmosphere of mourning in which silence alternates with funeral orations for the still-present departed. Early in our experience everyone analysed the role that each person had played in the group. This series of Rogerian analyses, so many mirrored reflexions of the participants' feelings for one another, ended in mutual panegyric. Separation anxiety prompted promises to get together again, the exchange of names and addresses, the request that the monitor disclose the ultimate meaning of their experience, etc. As we became more psycho-analytically oriented, we gave up our crutches (summarized explanations, a day of summing up and a questionnaire on how satisfied participants were). Naturally, those participants who wanted to extend their friendship in reality are perfectly free to do so, but the artificial need for the survival of the group as such had to be interpreted.

The principal theory on which the termination of a diagnostic group is based is diametrically opposed to the group illusion. It may be summarized as follows: the aim of group training methods is the more complete fulfilment of individual potential. An

ephemeral, gratuitous group – the primary group of the sociologists – is no more than a mock goal for people who do not know one another at the outset and who have scarcely any chance of working together after the group is disbanded. The unfortunately ambiguous term ‘group’ refers here only to a group situation – its own place, its own duration, its own rules of the game – which enables the participants to come close to realizing their individual goals. Attaining such goals is impossible, of course, since a diagnostic group cannot of itself provide sufficient training, but, for some participants, it may represent a decisive turning-point in their lives. Individuals generally feel the effects of the experience *ex post facto*. The diagnostic group un-freezes defensive positions, removes counter-cathexis, gives greater mobility to the libido. Ending a diagnostic group on time, without drawing conclusions or promising to send a summary explaining everything, forces each participant to ‘translaborate’ – to use Melanie Klein’s expression – what has been experienced collectively in what is inappropriately called a group. The death of the group may be agonizing only if participants, with the tacit consent of the monitor, take as their goal the emotional experience of a symbolic group. However, if participants are not victims of the group illusion, the termination of the course has a rather different sense. The enclosed space opens and its imaginary reality fades away. It becomes no more than a memory, a symbol of changes in the way each participant will place himself in relation to his social role, to others and above all to his wishes. The rule of not sitting in the same place at every session functions in this sense as a symbolic prefiguration. Group time comes to an end; individual time begins, a time more personal and freer both of social time and of the repetition of the unconscious.

We can now attempt to understand the functioning of the space-time rule as it applies to training groups (‘sessions are here and now, not anywhere else, and they take place each day at fixed times’). As we noted in the preceding chapter, this rule recalls the famous rule of the three unities of space, time and action in classical tragedy. Drama is, in fact, the staging of a phantasy, itself the staging of a defensive conflict; it requires that the phantasy be summoned, as it were, to a certain place, at a certain time. But we eventually realized that it is a mistake to draw a parallel with classical tragedy. For the dramatic principle of the unity of action is purely aesthetic and quite inappropriate to the diagnostic group,

where there is never a unity of action – a shared phantasy – except at the moment of the group illusion. In diagnostic groups, each participant tries, unconsciously, at various times, to impose his individual phantasies on the rest of the group. The resonance of these phantasies in the unconscious of some – never all – of the other participants corresponds to the phenomenon of leadership. If there is no resonance, if each participant who exposes himself waits for an echo that does not come, the group stagnates and is experienced as a dismemberment. In which case, instead of individual phantasies, the group attempts to organize itself around an imago or a shared primal fantasy. One of the goals of the diagnostic group is to enable participants to grasp the specific character of the trans-individual circulation of phantasies. This goal is obscured if the unity of action, or, what amounts to the same thing, the constitution of a (united) group becomes the overriding imperative.

We have seen the relation between the rule of spatio-temporal unity and the unconscious. We shall now examine its relation to human and social reality. Families and individuals do not choose to be born. From birth there are others with whom one must live; life at work follows life at school, and both repeat this limitation; this dimension of family and social existence is reproduced by the diagnostic group enclosed in a space in which participants who did not know one another beforehand are obliged to communicate. So much for the rule of spatial unity.

The fact that participants cannot decide when either the sessions or the series of sessions as a whole begin or end refers to another dimension of the human condition: no individual knows the hour of his birth nor that of his death. This, we believe, is the basis of the rule of temporal unity.

The rule of free association

In diagnostic groups, as in psycho-analysis, there are two and only two rules: that of free association (i.e., non-omission) and that of abstinence. Depending on the group situation (size, place, time), these rules are applied differently to (a) a participant considered as an individual, (b) the group participants, (c) the monitor and (d) the observers.

Let us begin with the rule of free association. It invites

participants to speak of whatever they want during the sessions (i.e., inside the situation). This 'invitation' is two-sided: it involves, on the one hand, obligation and, on the other, freedom. This reflects the two aspects of this rule: non-omission stresses obligation, free association stresses freedom. The participants are therefore morally obliged to communicate; they are not allowed, at least until the end of the series of sessions, to act together; they are condemned to freedom. This obligation is dual: they must speak and can only speak. On the one hand, they have to speak 'freely'; in other words, it is preferable for them not to decide on subjects for discussion that might predetermine the direction that discussion might take; there is no particular reason to choose certain subjects rather than others. What then is communicated? The only thing the participants have in common, the only subject immediately meaningful to all, is their experience of here and now. This experience is also a personal experience, and refers each individual to his own past, his childhood, his character, his private, occupational and social commitments. Each person is thus led to communicate to the others his personal manner of experiencing the group.

Where a number of individuals are involved, can one really use the expression 'non-omission'? In individual psycho-analytic treatment, the patient must not consciously or voluntarily leave out any of the affects and representations that come to mind during the session. This rule is, however, an ideal, an inaccessible goal. No patient, particularly at the beginning of psycho-analysis, can respect it fully. To be scrupulous in trying to do so is itself an obsessional defence. What is instructive and needs to be analysed is the way the patient behaves with respect to this rule. If several persons speak out at the same time, the result would be cacophonous, like the collective monologue Piaget describes among nursery school children or the myth of the Tower of Babel, often used as a metaphor in diagnostic groups. A defensive rationalization is often resorted to by some participants: they call for a 'chairman' who would control the discussion in an orderly fashion, calling not only on those who ask to speak, but also those who have something to say and don't dare to speak up. This defence mechanism is analogous to the self-imposed censorship encountered in individual treatment ('what's the point of telling the analyst that? It's unimportant, absurd, or won't get us any further'). In both cases, it amounts to an attempt to prevent the