
Referata

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A Critique of the Group Therapy Literature

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The reader will have no difficulty in recognizing how foolhardy one must be to assume the task implied in the title of this paper. However, it was upon the request of the venerable editor of this Journal that it was undertaken, though the writer is fully aware of the fact that it must fall far short of his own expectations and those of others. As the founder and editor for ten years (1951-1960) of the *International Journal of Group Psychotherapy*, the only publication in the world devoted exclusively to the subject, he has had the singular advantage and opportunity to examine well over 1200 manuscripts dealing with the topic and select less than 25 per cent of them as suitable for publication by the Journal's standards. The overwhelming majority of these had come from practitioners in the United States, though a significant sampling came from other parts of the world. Because the preponderance of the material had originated in the U.S., much that will be said in this paper will apply more pertinently to that geographic area than, perhaps, to others.

It is estimated that considerably more than 10,000 papers saw print in this area. A limited bibliography of which recently appeared privately in the United States spanning the preceding ten years lists more than 1,000 articles and doctoral theses. A thesis on the subject that came to this writer's attention recently makes reference to 1,375 publications. This profligation is of comparatively recent origin. In the early editions of the bibliography on the subject issued by the American Group Psychotherapy Association (1) there are no articles listed prior to 1934 bearing the title of "group therapy" or "group psychotherapy". However, TRIGAND BURROW published one paper in 1927 and another in 1928 in which "group analysis" appears.

A rather complete listing of psychiatric and allied publications and their content by *Psychological Abstracts* yielded the following table (2):

Table I. Group Psychotherapy Titles Listed in the Psychological Abstracts 1934-1955

Year	Titles	Year	Titles
1934	0	1945	23
1935	1	1946	40
1936	3	1947	41
1937	1	1948	42
1938	0	1949	49
1939	3	1950	48
1940	5	1951	79
1941	7	1952	88
1942	7	1953	107
1943	9	1954	127
1944	11	1955	87
		Total	778

The author remarks: "(This) table permits us to see in *absolute* terms... the background of the last twenty years. In 1935, the *Psychological Abstracts* listed only one title on group psychotherapy. In 1940 there were five, and ten years later almost ten times as many."

The following table taken from the same source pictures the incidence of publications in relation to general psychotherapy (other than psychoanalysis):

Table II. Group Psychotherapy Abstracts as per cent of Total Psychotherapy Abstracts 1950-1955

	1950	1951	1952	1953	1954	1955
Psychotherapy other than group	122	136	146	215	232	238
Group psychotherapy	48	79	88	107	127	87
Per cent (rounded off to nearest integral)	28	37	39	33	36	27

The *International Journal of Group Psychotherapy* summarizes annually the publications in the field as they appear in the United States and (as far as it is possible) in other countries and other languages. The following table records the number of publications after 1955:

Table III*

1956	1957	1958	1959	1960
85	86	122	112	148

It must be kept clearly in mind that group psychotherapy is a new movement, and as in the case of all other para- and supra-scientific endeavors, it, too, is going through a period of labile mobility and a profusion of suppositions, hypotheses, and speculation in the arena of theory and in testing and experimentation in practice. This is as it should be, provided the frame of reference and the theoretic base is sound and has been subjected to at least moderate validation. Unfortunately, this is not the case. Projects on which many reports have been received regularly and in some instances saw publication fall far short of a rational base or possible justification. For example, one therapist reports that he has his wife present during group sessions with patients so that they can see a "demonstration" of a "lovely relation between two people". Another conducts "therapy" groups consisting of parents and their children of a variety of ages. Still others mistake didactic lessons in psychology and psychopathology which they teach to their groups as constituting psychotherapy, while still another has a refrigerator filled with food in his office to feed to his adult patients.

Group psychotherapy is plagued, more than any other endeavor in the field of mental treatment, by individuals with what we once described as the "psychotic need to appear original". The need to throw off the yoke of authority, be it sound scientific authority, is outstanding. It almost seems as though psychotherapists with particularly strong negative oedipal attitudes find their way into group therapy. Dr. BERTCE W. MACLENNAN called attention to this fact in a

* This survey is not as thorough as that of the *Psychological Abstracts*.

review of a recently published book when she said, "The tendency for each worker is to try to carve out a unique place for himself rather than to build on the achievements of others before him" (3). As a result, we have transactional, contractual, mimetic, existential group psychotherapies, among many others, and artifices, "gimmicks", and devices too numerous even to attempt to list.

Particularly annoying are these excursions into fields unknown and "stabs in the dark", as it were, when they are attempted by persons with no foundation or frame of reference. One accosts in the literature reports that can be justifiably described as "wild group psychotherapy" paralleling Freud's characterization of some practices in psychoanalysis. The reasons for the surge of this undisciplined activity are not difficult to identify, but to do so here would take us too far afield and may prove too uncomfortable to contemplate.

Another obvious transgression of the scientific spirit that writers not infrequently make, is drawing conclusions on scant and inadequate evidence. We have received at our editorial office numerous reports with conclusions drawn upon experiences with groups of as few as six sessions. Even those of twenty sessions cannot be considered as adequate to conclude anything of sound or useful value. In fact, very frequently they prove misleading to the tyro as well as the experienced who attempt to copy or emulate them.

A serious error that the overwhelming majority of writers on group psychotherapy make is what may be called as *transmutation of evidence*. By this we mean the drawing of conclusions and principles from one area of psychopathology or category of patients to others of entirely different age, clinical and nosological entities. Thus in reporting on, or discussing groups of neurotic patients, the principles adduced from psychotics are applied; attempt at illustrating or supporting principles for the treatment of adults usually include formulations derived from observations and experiences with children and vice versa. This lack of *specificity* was pointed out by the present writer many years ago (4) and his repeated warning in his writings, lectures, and teaching, somehow did not take root as yet. The psychic structures of the psychotic and the non-psychotic, especially the psychoneurotic, are so vastly different that any move toward transmutability of techniques or principles must be in error. A similar statement can be made also of the inapplicability of methods and principles as related to child and adult group psychotherapy. The basic differences in ego structures and their defenses, the place of identification

5 Acta psychother., Vol. 10, No. 1 (1962).

and the general levels of physical maturity and psychological development place them into distinct therapeutic categories (5).

Despite the fact that practitioners have been repeatedly warned as to the importance of separating these fields of endeavor, a considerable number still cling to the principle of transmutability and universality. This is strangely observable even in papers whose writers are aware of specificity with regard to individual patients and even clinical and diagnostic entities.

However, in individual treatment, as well, the literature, discussions, and lectures reveal a confusion. Therapeutic procedures such as exploration and uncovering, the use of authority, and the like, are frequently not related to the nature of the pathology and the state of patients' egos and defenses. This is particularly important in groups, since there is unavoidable variety of syndromes and readiness among patients in a group. Thus the therapy of some members is either vitiated and not infrequently proves to be even harmful.

Perhaps in this connection it should be said that group psychotherapy, in the very nature of psychopathology (which is always pathology of the individual), cannot be an independent treatment procedure. It is and always will be a special application and an extension of individual psychotherapy. The dominant ideas, principles, and understandings in group psychotherapy cannot but reflect principles of individual treatment. The more clearly the bases and principles of one are defined the more effective the other will be. This is unmistakably demonstrated in the theoretic orientation of writers on group psychotherapy. Where the therapist adheres to the position of depth psychology in his work with individuals, he is *guided* by it also in work with groups; where the bias is in favor of social adaption in one, it also serves as a guide in the other. In cases where mystic cults are the sources for a therapist's work, he adheres to them both in individual and group treatment.

This is unavoidable, for the basic training for group psychotherapy is the therapy of individuals and it is understandable that attitudes and learnings would be transferred. The problem that group psychotherapy faces in this connection is the variagated and not infrequently confused picture in the area of individual therapy. Group psychotherapy cannot stand alone in this regard and must wait upon greater clarification in the former. There is a small group of writers who hold that group psychotherapy needs to be and can develop dynamics and nosologies of its own different and independent of indi-

vidual psychotherapy. Among them are those who view the group-as-the-patient rather than a collection in which each individual requires *specific* consideration and focus. They believe that the analysis of the "group tensions" as they appear from moment to moment not only unify the group into a single entity, but can serve as the focus of treatment. They are, however, a small voice in the literary chorus in the field.

Then there are those who see in the larger field of group psychotherapy levels of intensity which gave rise to terms like "group therapy", "group psychotherapy", "group analysis", and "group psychoanalysis".* In recent years articles in journals and papers at conferences have been appearing under these varying titles. Ostensibly "group therapy" seems to be used with regard to children; "group psychotherapy" addresses itself to behavior and reactions in daily life; "group analysis" takes place when underlying motivations and latencies are explored which are carried to "deeper" levels. When dreams and childhood memories are analyzed, then we have "group psychoanalysis". However, the majority of group therapists feel no need to shine in the reflected light of "psychoanalysis". They consider that the latter is a specific practice that can be carried on only in the treatment of specifically selected individuals in a specific setting in rigidly defined and controlled relation and setting. In the case of the vast majority of American practitioners, they adhere to Freudian depth and genetic psychology and his psychic topology and use these as *frames of reference* in understanding individual patients and in the conduct of group therapeutic interviews. In these interviews, daily problems, hidden motives, early memories, dreams, oedipal strivings, interpersonal tensions and everything else is dealt with, according to what the situation requires or what the needs of a specific patient at the moment are.

These practitioners, though adherents of FREUD, are in a large measure neo-Freudian in so far as they do not concentrate on the libido alone and address themselves variously to the ego, its defenses, the self-image, and the problems of interpersonal attitudes and reactions. The more objective of this large group of American group therapists, some of whom employ classical psychoanalysis in their private practice with individual patients, hold that the latter must be

* Paradoxically, a small group of therapists in the United States who insist on being known as "group psychoanalysts" repudiate the teachings of FREUD and are instead existentialists and Zen-Buddhists.

reserved to treatment of patients of a specific category, chiefly the psychoneuroses, and cannot be fully employed in groups. They are also modest and objective enough not to lay claims that group psychotherapy can affect personality as deeply as does psychoanalysis. They believe that treatment in groups cannot rise to the depths of the latter.

However, writers, largely following the suggestion by the present author, employ the terms of "group counselling" and "group guidance" to identify the work of *helping* people with their problems (as differentiated from *changing* them). The differential techniques and dynamics of these have been described in considerable detail elsewhere (6). Actually the term "group analysis" is misleading for it is also applicable to the process involved in "group diagnosis", namely, describing the composition of a group, identifying the sources of constructive and disruptive forces in it, the foci of hidden and active infection and similar elements and dynamics in group existence and action. This is employed in industrial, commercial, governmental, and social groupings. As already indicated, psychoanalysis, on the other hand, suggests a specific procedure in a specific setting which cannot be reproduced with a group.

The flux and theoretic variability of the current practices in group psychotherapy are reflected in the astonishing difference of opinion in the writings of practitioners on almost all matters. Beginning with the composition of groups as to age and sex, unisexual vs. heterosexual, choice of patients, structuring of groups, (i.e., combining of patients by psychodynamic and clinical criteria), the phenomena of transference and countertransference, functions of the therapist, his training and personality, and the numerous other factors that constitute the phenomenology of group therapy are subject to a variety of opinions and convictions.

An extreme case of this is perhaps supplied by the doctrine of "status denial". In this view the therapist who conducts the group occupies the same status vis-à-vis his patients as they do, and participates with them in the group interviews on the same level. Or as one proponent of this practice put it: "The patients then become therapists at times, and the therapist becomes a patient at times" (7). This could be considered as carrying the holistic philosophy to a point of absurdity. Just as the application of the "alternate sessions" may be viewed in a light approaching that category.

In this latter plan patients are required to meet as a group without the therapist on days other than those scheduled for regular

therapy sessions. This plan is varied by "pre-sessions" and "post sessions", namely, the patients meet before or continue the group meeting after the official session is terminated also in the therapist's absence. Thus the patients are given the opportunity to interact with one another without the benefit of the therapist's interpretive and perhaps restraining influence. The rationale for this practice is very vague and the papers published on the subject do not convey clear reasons for it beyond the fact that it "enriches" the regular sessions. The conflicts and other interactions in the "alternate" and "pre" and "post" sessions supposedly feed content to the regular group interviews. Obviously the original idea stems from the requirement for daily interviews in psychoanalysis and since group patients would find it too burdensome to undertake such frequency, this compromise was struck. However, even if these sessions were constructive—and all reports received indicate that they are not—the interchange in the absence of the symbolic meaning of the therapist cannot but degenerate either into fruitless strife and haggling or commonplace conversations. Actually reports have it that the leadership is taken over usually by the most pathognomic individual in the group with negative effects. A common by-product is rather extensive sexual acting out among the participating men and women. This subject was discussed rather fully in a paper devoted exclusively to this topic. The offshot of it was the statement that the individuals who act out thus with fellow group members would do so anyway, apparently implying that at any rate no harm was done.

The appearance of a small number of articles on group psychotherapy with mystical derivatives and interpretations is of comparative recent vintage. They were introduced in Western culture after the Second World War and the consequent social upheaval, as is usually the case after major catastrophies that undermine faith and render hope an empty word. The war and its aftermath, the Nazi devastations and prevalent world turmoil impel the less healthy to seek escape, and this escape is provided in the unreality of transcendentalism and mysticism. Society operates as a reflex organism or as the system of concentric circles on a water surface. As a result the escapism urge has penetrated to varying degrees all areas of human thought and endeavor and psychiatry was not spared in the process.

Largely influenced by the general renaissance or perhaps resurgence of mysticism, psychiatry, too, first in Europe then in America, was affected. Psychiatrists and other psychotherapists, though so far in

very small numbers, have become devout promulgators and exponents of ideas stemming from Eastern mysticism and philosophies of negation. To elaborate on these at their value and appropriateness for the atomic and interplanetary era would take us too far afield and would require prohibited space. Only record of it is made here and the thought suggested that such philosophies cannot resolve intrapsychic conflicts nor change the basic character of patients.

A predominant volume of the recorded material that appears in the literature on group psychotherapy is descriptive of results, outcomes, and gross reactions of patients. Group psychotherapy being a new field of endeavor would benefit more from procedural reports and protocols of the actual process which affects or fails to affect clinically specific patients. We need more material that would trace the occurrences in group interviews and non-verbal actions and reactions that reach or resolve difficulties in clinically particular patients and why. The accumulation of such knowledge would open the way to accurate selection and grouping and would shed light on the functions of the therapist, thus immeasurably enhancing the value of this practice.

It should be noted that steps have been taken in this direction by the American Group Psychotherapy Association, Inc. In its requests to its members for conference papers, the program committee in the last few years called for "case reports" of groups and individuals in groups rather than general theoretic and gross descriptions of occurrences. The specific papers have been receiving preference in the composition of the annual programs. Since many of the papers presented at the conference appear in the *International Journal of Group Psychotherapy*, which is circulated in 39 countries outside the United States, it is hoped that they will serve to encourage others to embark on similar studies of specifics in group psychotherapy.

The matter of specificity leads us directly to the problems of research. Some years ago, the present writer had suggested that group psychotherapy was not ready for research, that the ideas and practices were too nascent and as yet rudimentary to supply a fruitful research arena and that at the time only "evaluations" would be valid (8). Since that was written, the field had grown by leaps and bounds and many assumptions and claims have appeared on the professional horizon. Validation of many of these is imperative at this point to prevent deleterious developments and practices. From time to time reports of researches appear in professional journals.

The most active group in this endeavor in the United States are psychologists, though some of the "researches" come from the other allied professions. The doctoral theses requirements in that country require them to be based on valid statistical laws. It is also required that they be based on "assumptions" which are then confirmed or disproved by legitimate statistical precepts and laws. This has given rise to a considerable number of studies on the bases of extraneous assumptions and conditions which have no value to the clinical practitioner of group psychotherapy.

Only a few examples will suffice to illustrate what is meant here. An impressive number of research reports with conclusions have been received by us from universities where the groups consisted of "volunteers", students who joined "therapy" groups in response to a public announcement. They were not clinically selected, but were given a battery of psychological tests for comparison purposes with re-tests after a specified number of sessions, usually twelve or fewer. Obviously such findings cannot be of any value to the clinician who deals with *real* patients. Not infrequently conclusions arrived at after as few as six sessions of such conglomerate groups are prepared by such "researchers" who seek publication.

Without going too far afield of our central topic, it may be of value to just point out that it would be fruitful to differentiate between "studies", "evaluations", and "research". In the first two a general review is made of the material at hand to ascertain the nature, effectiveness and implications of a project, out of which may arise suggestions as to lines of assessing values and results. A research, on the other hand, requires an hypothesis formulated in advance which requires proof or validation. Usually a research project involved "controls" with which comparisons and correlations are made.

At the present stage in the development of group psychotherapy, the latter two types of investigation are necessary, but research is becoming increasingly important. However, in order to raise its level and effectiveness, the research must be of the "action" and "field" nature, rather than "pure research". In our opinion, group psychotherapy by its very nature will not yield to the latter because of its infinite variables resulting from the impact and interactions of emotionally unstable and pathognomic individuals. Controlled "action research" of some of the elements in group psychotherapy should yield considerable value. However, up to the present such research has not been forthcoming.

The preceding discussion may at first glance appear as consisting of negative criticism. This was more or less inevitable and inherent in the assignment given us by the editor. The gardener who surveys his garden cannot but note first the weeds that blemish his work. Others may be entranced by the color and regularity of the flower beds; some may only notice the alien growth among them. Not so the gardener who has tilled the soil, planted the seeds, and watched the flowers grow and bloom. These he takes pleasantly for granted; what strikes him first are the blemishes of his creation which he at once sets out to eradicate.

This is the case also with us. What we have said does not mean that we are unaware of the excellent work reported by numerous workers in all parts of the world, of the thoughtful and sound contributions to the theory and understanding of the subject. Always these come from persons who are grounded in a sound psychologic anchorage, who understand psychopathology, the nature and sources of human disturbances and malformations. It is only these who have the strength to deal with groups and individuals realistically and effortfully, rather than escape into mysticism and phantasy to which we have referred.

Summary

The Group Psychotherapy Literature, by and large reflects the confusion that exists in individual psychotherapy, since the same practitioners do both types of treatment. Being a new and a rapidly expanding field, at that, a considerable number of doctrines and practices having a somewhat bizarre character have appeared. However, the overwhelming majority of group therapists are neo-Freudians who, though employing techniques different from classical psychoanalysis, draw their understanding from its fundamental concepts. The crying need is controlled and valid research to ascertain effectiveness with specific patients as to age, sex and clinical categories.

Zusammenfassung

Die bereits grosse Literatur über Gruppenpsychotherapie spiegelt die Verwirrung wieder, welche in der Individualpsychotherapie herrscht, da die gleichen Praktiker beide Arten von Behandlung aus-

führen. Auf dem sich so rasch erweiternden Gebiet erschien eine bemerkenswerte Zahl von Lehrmeinungen und praktischen Anweisungen von ein wenig bizarrem Charakter. Jedoch besteht die überwiegende Mehrzahl der Gruppentherapeuten aus Neo-Freudianern, welche, obzwar sie von der klassischen Psychoanalyse abweichende Techniken anwenden, doch ihr Verständnis aus deren grundlegenden Konzeptionen beziehen. Das dringendste Bedürfnis ist eine kontrollierte und validierte Forschung, um die Wirksamkeit bei nach Alter, Geschlecht und klinischer Kategorie spezifizierten Kranken zu ermitteln.

Résumé

La littérature de la psychothérapie de groupe reflète la confusion existant dans la psychothérapie individuelle, car ce sont les mêmes praticiens qui appliquent les deux types de traitement. S'agissant d'une discipline nouvelle en cours d'expansion, un nombre considérable de doctrines et de pratiques est apparu, ayant des caractères quelque peu bizarres. Néanmoins, la plupart des thérapeutes de groupe est d'obédience neo-freudienne qui, tout en utilisant des techniques différentes des psychanalyses classiques, y puisent cependant les concepts fondamentaux. Ce qui est vraiment urgent, c'est d'assurer l'efficacité en rapport avec l'âge, le sexe et les manifestations cliniques des malades.

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