Towards an Integrative Approach to Group Psychotherapy

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Group analysis and psychodrama are often portrayed in terms of sharp contrasts. Despite eleven international group therapy congresses with representatives from both psychodrama and group analysis, there has been few serious efforts to relate one to the other, and to find a common methodological platform. On the contrary, separate sections within the IAGP have lately been formed, which reinforce their basic differences. Perhaps because of political interests and professional chauvinism, the field of group psychotherapy seem to be more occupied with control than with pluralism, differentiation and integration, according to Kipper (1993). While some system theorists in the past tried to find some common ground, analysts and psychodramatists today each continue to do their own things, rarely seeing the possible merits of the other approach as well as the limitations of their own. As a matter of fact, many psychodramatists feel outright impatient with the analytic approach which they perceive as emotionally "detached", while many analysts find psychodrama manipulative and emotionally over-involved. The former want to move around, touch one another and have some "action" happening while the latter insist on the careful working through of resistances and transferences. Both feel that their approach is "deeper" and more "authentic" than the other and, as a matter of course, that it is more therapeutic!

Such views are based on a highly dogmatic or "monolitic" belief in one truth and one system. There is still a tendency among orthodox Freudians and Morenians that they have the only valid conception of the human psyche and that their's is the treatment of choice for all mental disorders. Like religious fundamentalists, their truth is the only valid one and anyone who see things differently is either uninformed, superficial or unsufficiently self-aware. Perhaps we all search for some certainties on which we can rely in our daily work.

But times have changed. The old certainties no longer hold. Practitioners will have to give up their dogmatism and be more open to cross-disciplinary influences because Mankind has never had, and will never have, a single vision of truth. The Berlin wall which separated east from west has come down - and similarly, the walls that separate psychoanalysis from psychodrama will have to come down. As Salvendy (1993) pointed out, "the intense competition of years past between the various schools of thought has given way to a more eclectic and comprehensive approach. [And, there is] a continual search for an integrative, comprehensive model of group psychotherapy, the conceptualization of which would be relevant and applicable to the majority, if not all presently practiced approaches (p. 10). No single point of view will represent the one and only truth and, regardless of affiliation, we will have to deal with integration in a fundamentally new manner, basing our work on a holistic view of the person. As a further step in this direction, the present paper is an effort to move this process forward.

Integration.

Psychotherapy integration may be approached both from a theoretical and a technical point of view (and perhaps from the point of "common factors"). From the point of theory, integration emphasizes the importance of a pluralistic or multidimensional understanding of human beings. From the point of technique, integration suggests the eclectic use of interventions according to the different needs of various patients.

Theoretical integration presupposes a recognition of the paradoxical nature of human experience, that opposites of body, mind, soul and life-world co-exist, and that good and evil are inseparable and in fact, define each other. Based on a holistic view of personality, such integration rejects any simplistic dialectical opposition between, for example, individual subject versus social entity, inner world versus outer behavior and irrational emotional versus rational cognitive parts of human experience. Like Stern (1938) and the humanistic psychology of Maslow (1968) it strives to preserve the correlation between part and whole, figure and ground, and methods of explanations and understanding. Their critique of simple dichotomies and trichotomies in personality theory is still relevant today.

The classical controversies between the emotionally oriented or expressive therapies which are based on experiential learning and the cognitive, or verbal therapies which are based on insight learning is outdated. While there is still large differences in style between therapists in both camps, they all recognize that striving for both release and insight will be more effective than emphasizing one of them alone. On this basis, group psychotherapy is constructed to set into motion a careful combination of emotional, cognitive, interpersonal, imaginary, behavioral, and non-specific healing forces in patients with various mental disorders (Kellermann, 1992).

This does not mean that we try to "amalgamate a dozen techniques into a 'super-turn-on' commercial package" (Farson, 1978, p. 31). Rather, it means that we are unsatisfied with the statement that all approaches promises the best for all people.

instead of a rigid adherence to a single system of psychotherapy, we try to profit from a broad and flexible repertoire of therapeutic interventions that include the emotional, intra-psychic, inter-personal, and social frames of refrence. While awaiting research findings that indicate which healing forces are suitable for specific patient groups, these forces are set in motion through a concerted effort.

Acting Out.

Much of the controversy between psychodrama and group analysis centers around the interpretation of the concept "acting out". While acting out is discouraged in psychoanalysis, Moreno (1972) said that: "Acting from within, or acting out, is a necessary phase in the progress of therapy" (p. xi). In psychodrama, participants not only talk about their conflicts, they also "act them out" in overt role playing behavior within the therapeutic setting. The concept of acting out represents the behavioral dimension of psychodramatic healing because, through its use, earlier events and their emotional residues are repeated in action via a direct motor expression of intrapsychic processes. Inner tensions may thus be transformed into overt behavior which provides a possibility of gaining "act-completion," an experiental satisfaction of act-hunger similar to a complete catharsis. According to Breuer and Freud (1893), "a complete catharsis depends on whether there has been an energetic reaction to the event that provokes an affect. By 'reaction' we here understand the whole class of voluntary and involuntary refleges — from tears to acts of revenge — in which, as experience shows, the affects are discharged" (p. 5).

A careful analysis of the various ways in which acting out has been defined by psychoanalytic and psychodramatic authors shows that the concept of acting out should be replaced by several terms from an action-terminology emphasizing doing rather than being, for this allows a finer distinction between the various aspects of actional phenomena in group psychotherapy than is provided by the simple postfix "out" (Kellermann, 1984).

There is an often-neglected consensus between psychoanalysis and psychodrama on the therapeutic usefulness of counter-action, abreaction, communicative action and repetitive action.

While it is true than motor behavior generally is interpreted as a resistance in psychoanalysis and that refraining from motility would be resistance in psychodrama, both approaches emphasize the importance of analysing and resolving counter-actions. Counter-action in psychodrama is a non-invocation of spontaneity operating counter to the therapeutic progress; a definition which is congruent with Schafer's (1976) proposal that "resisting is engaging in actions contrary to analysis while also engaging in analysis itself,... it is analytic counteraction" (p. 244). Irrational actions performed outside the therapeutic setting are potentially destructive and, as a matter of course, both psychodrama and psychoanalysis discourage and try to minimize harmful behavior where participants endanger their own or others' safety.

Some analysts criticize psychodrama because it gratifies the patients' affectional needs in opposition to the psychoanalytic rule of abstinence, encourages defensive regression on a very primitive level and strengthens resistance vis-a-vis verbal activity. Lebovici (1974), himself a psychoanalyst, counter this argument saying that psychodrama does nothing of the sort. It is my view that the psychodramatic principle of "act-completion," where past actions are re-enacted and integrated in the present, is congruent with psychoanalytic practice, and that psychodramatic enactment is not defensive regression opposed to working through but rather regression in the service of the ego, a therapeutic process of reorganization.

No adequate therapy is possible unless all actions — whether emotional, cognitive, or behavioral — are allowed to emerge within the therapeutic setting. Impulse-ridden patients will characteristically react to therapy without restraint while inhibited patients will control and delay their actions. Psychoanalysis and psychodrama provide opportunities for both kinds of patient to communicate and express themselves verbally and non-verbally without encountering disapproval or retaliation. In psychoanalysis, patients are encouraged to say what comes to their mind in order to uncover unconscious material. In psychodrama, patients are encouraged to do what comes to their body-mind in order to enhance spontaneous action. In spite of this difference in technique, what emerges through words or behavior is regarded by both approaches as important information about the inner self of the patient.

Repetitive action and re-enactment of repressed experiences are necessary in order to secure recall and translate some of the most unacceptable, unconscious phantasies into conscious thoughts. Both psychodrama and psychoanalysis agree on the importance of transforming non-spontaneous, "there-and-then" actions (whether impulse-ridden or inhibited) into more spontaneous "here-and-now" actions. By the same token, both agree on the aim of narrowing the gap between conscious experience (of motor and affective discharge) and the unconscious meanings of these same actions.

The original controversy between psychoanalysis and psychodrama regarding acting out has thus lost much of its relevance.

Integration.

It is already well recognized that different theoretical and technical orientations can be used to understand and respond to various group events. What we are not sure about is whether a truly eclectic approach is possible. To support that notion we need a set of guidelines and clinical illustrations that focus on when and how to intervene differently in group psychotherapy.

What I suggest is to use a combination of emotional, intra-psychic, inter-personal and group-as-a-whole interventions. These four overlapping and highly interrelated approaches have different theoretical bases and different treatment goals. Together, they comprise a general model of integrative group psychotherapy which can be used in succession or combination during various phases, or levels, of the group process. I believe these four levels of intervention are more or less all-inclusive of various approaches to group psychotherapy.

Each and every event can be understood and responded to from the point of view of four different aspects. It can be applied within both a psychoanalytical and an action-oriented framework. Four levels of intervention approaches are reviewed including their underlying theoretical assumptions. At the first "emotional" level of conflict management, group leaders focus on the expression of feelings; assuming that they have caused the underlying tension. At the second "intra-psychic" level, group leaders focus on the individual - On the third "inter-personal" level, group leaders focus on the interaction and communication between participants. Finally, on the fourth "group-as-a-whole" level, group leaders focus on global group dynamic factors that seem to be influencing the participants. Perspectives that focus solely on one level are seen as limited and incomplete. Optimally, more than one, and frequently all of these levels should be included at various stages in the conflict management process, creating a truly integrative and trans-theoretical approach to conflict management.

There is always a continuum of physiological, intra-psychic, interactional and group related variables at work in any event and the group leader had a choice to focus on either one, or all of these. Most often, multiple sources of the event is revealed giving the group leader an opportunity to intervene on the various emotional, individual, interpersonal and social levels in succession and combination.

Discussion.

Practitioners must firmly acknowledge the intricate interplay among different levels of human experience, suggesting that behavior is caused by a complex of related factors, including instict, drive, physiological state, genetic makeup, individual developmental history, environmental provocation and social situation (Bandura, 1973). This interplay demands the employment of an integrative approach which, according to my experience, will be more effective than the use of any individual approach in isolation.

Naturally, much work remains to be done in the integration of various group psychotherapy approaches. Specifically, it would be important to consider how various techniques and aims can be coherently incorporated into the same group protocol. Further clarification regarding the determination of which intervention to choose, how to prioritize and how they can be coordinated would also be useful.

Such an integrative approach must take into consideration more than one, and frequently all, levels of understanding and intervention at various stages in the group process. Whether working within a psychodynamic, or an action-oriented therapeu framework, the group process spanning over a few or many sessi should include some amount of ventilation, some identificatio individual issues, some interpersonal learning and some analy of the group-as-a-whole in combination. The omission of one l of intervention may leave the antagonists with some amount unresolved tensions and the conflict management uncompleted.

All human systems are hierarchically and isomorphica related (Agazarian, 1992), each level influencing all the othe The levels of intervention seem to be arranged in a prior hierarchy, following a certain order of preference. As those one level are resolved, those on the next take precedence. Th when the physiological needs of expression are satisfied, needs of the next level, the intra-psychic exploration personal preferences press for resolution. If some progress made on this level, the inter-personal work on recipro interaction and communication will have more chance to succe Finally, if people are in peace with both their bodies and th minds, and with each other, they can start to deal with mo global, group dynamic factors that bother them.

It is not easy to reconcile in one model several dive approaches and to integrate them within one and the same gro The fundamental theoretical assumptions and treatment goals of seem to be contradictory. This contradiction, however, disappe as soon as the total picture is analyzed from all the vario points of view and it is my experience that the four levels conflict management can be made compatible with one anoth through the flexible employment of an integrative approach conflict-management. Actually, in the final analysis, anythi less than such a global and holistic perspective is a reducti and simplification of the complex and multidimensional bi physiological-emotional-organic-social systems involved in a human experience.

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