

A Shriek From the Protomental System: Faint as a result of a failure in containing the group's latent dependency

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ABSTRACT

One of Wilfred Bion's most original concepts is the "protomental system" (PMS). This, which transcends clinical experience, he defined as a "hypothetical" place in human *psyche* wherein the physical and the psychical are undifferentiated, and wherein the non-operative basic assumptions are repressed as a result of a conspiracy between the dominant basic assumption group and the work group. According to the protomental system hypothesis, those repressed basic assumptions would form a psychosomatic "matrix" for psychosomatic diseases, or group diseases. Hence, although this definition suggests a possible link between this matrix and psychosomatic diseases displayed in the group, it is too vague; it does not shed light on the causal relationship between the two. Therefore, in the present study, the author postulated that 1) Bion's theoretical speculation applies also to many psycho-somatic disorders, symptoms, and behaviors observed in groups; and that 2) these disorders, symptoms and behaviors are non-verbal proto-mental manifestations of the non-operative and undifferentiated basic assumptions suppressed into the PMS by a rigid coexistence and interaction of the work group and one given dominant basic assumption which the group failed to adequately *contain* in Bion's terms. In order to illustrate this hypothesis, the author presented a clinical vignette of a D-group, wherein a member fainted, as a result of the group and the trainer's inability and unwillingness to contain the protomental needs for dependency she had been expressing on the behalf of the group.

1. Theoretical Formulation

As revealed by the title above, the present study deals with one of Wilfred Bion's most original concepts, namely *protomental system*. Before attempting to define the latter, it is indispensable first to locate it within Bion's group dynamics theory.

According to Bion (1961), any group is gathered around a basic conscious activity or task. When the group is engaged in this activity, it is characterized by a mentality which involves voluntary cooperation and rational thinking, use of rational method in problem solving, and the capability to learn from experience. Bion called this group mentality the *work group* (WG), emphasizing that this concept "embraces only mental activity of a

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particular kind, not the people who indulge in it" (p. 144).

However, Bion (1961) observed also that the group's WG activity is not a lasting phenomenon. For soon or later the group will display another kind or level of activity he called the *basic assumption group* (baG). The latter refers to a set of seemingly chaotic "mental activities that have in common the attributes of powerful emotional drives... (which) "spring from basic assumptions common to all the group." (p. 146). Bion adumbrated three different basic assumptions, namely the basic assumption of dependency (baD), basic assumption of fight/flight (baF), and the basic assumption of pairing (baP).

Discussing the relationship between the WG and these different basic assumptions, Bion (1961) writes that the former is often "obstructed, diverted, and on occasion assisted" (p. 146) by these basic assumptions. "However, whether in a relationship of obstruction or assistance, the WG can coexist only with one basic assumption at one time; for instance, with the baF, baD, or baP separately.

First, it is to shed light on the whereabouts of the two basic assumptions that are not active with the WG that Bion (1961) postulated the existence of a matrix "in which physical and psychological or mental are undifferentiated" (p. 102), an which he called *protomental system* (see Figure 1). It is in this hypothetical area of the personality that the latent basic assumptions are kept, as a result "of a conspiracy between the sophisticated group (WG) and the operating basic assumption" (p. 102), in form of psycho-somatic prototypes.

Besides serving as a confinement place for the non-operating basic assumptions, the protomental system constitutes also an emotional source for the basic assumptions. Bion (1961) writes that it is from this system or "matrix that emotions proper to the basic assumption flow to reinforce, pervade, and, on occasion, to dominate the mental life of the group" (p. 102). Since, as mentioned above, the protomental system is a personality level where the psychological and the physical are not differentiated, any manifestation of distress or frustration related to a given inoperative (protomental) basic assumption may have either a physical or a psychological form. In other words, this distress may manifest itself in a form of somatic symptoms, a physical disease, or some mental symptoms or disease. According to Bion, "these diseases manifest themselves in the individual but they have characteristics that make it clear that it is the group rather than the individual that is stricken... (p. 102). Therefore, those manifestations from the protomental system are better understood as group dynamics phenomena than as individual reactions. For, as put by Bion, the individual protomental stage in the individual is only a part of the protomental system...proto-mental phenomena are a function of the group and must therefore be studied in the group (p. 103).

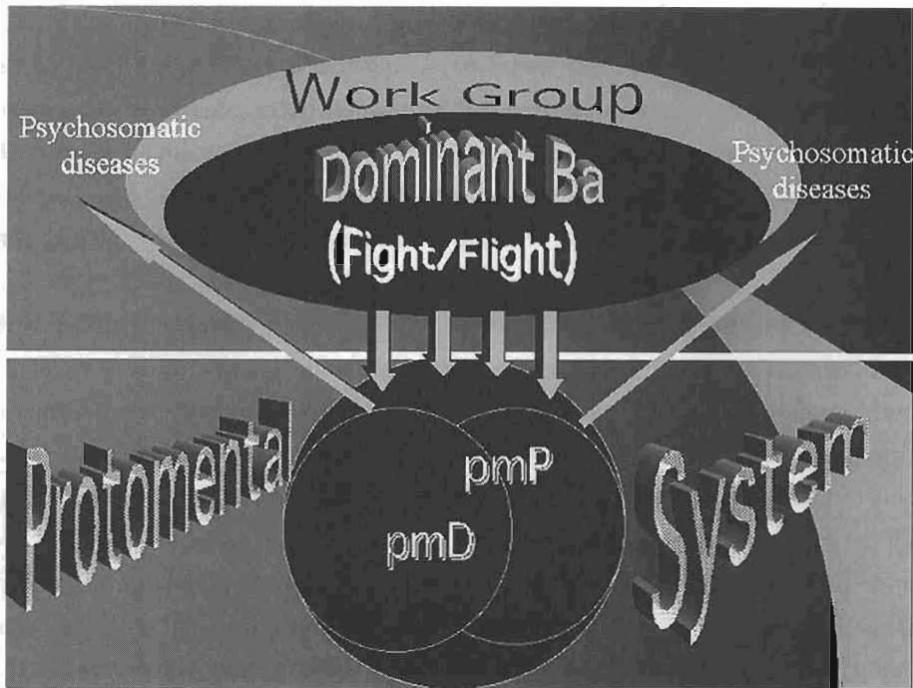


Figure 1. Protomenta System Hypothesis

Hence, as discussed above, we know from *Experiences in groups* that the protomenta system is 1) a "refuge" for the basic assumptions confined to a proto-mental existence and rendered inoperative by the coexistence or fusion of the work group with a dominant basic assumption; and 2) that it constitutes also a matrix for the group's psycho-somatic diseases. However, Bion remains relatively silent about the causes of these psycho-somatic diseases or *malaise* that may be observed in the group, although he emphasized that the importance of finding "a technique" for investigating the protomenta as the matrix for group disorder.

In the present study, the author, using Bion (1970)'s "containment" concept, suggests the following way to understand the causal relationship between the group's diseases and the inoperative basic assumptions. The latter as well as their characteristic emotions can be interpreted in bionic terms as *beta* (β) *elements* which, in favorable conditions, can be understood as being contained and regulated by the mother-group. Containing these protomenta expressions of the basic assumptions or *beta* (β) *elements* involves being receptive to and tolerant of them and able to endure and transform them, through the group's *alpha function*, into *alpha* (α) *elements* for reintroduction. In small group thera-

py this containment function is usually fulfilled by the therapist, the group as a whole or the specialized work group when work group functioning prevails. In a healthy group-object relationship, those *beta* (β) *elements*, a "contained" (δ) to use Bion's terminology, are experienced as unwanted dreadful group-ego parts good only for evacuation. Consequently they are split off and evacuated through projective identification (Klein, 1937) unto the whole group as a "container" (φ) which will make use of its *alpha function* to desintoxicate them, render them less frightening and good for introjection in a secure way.

Unfortunately, this kind of group-object relation which corresponds to a positive or growth-inducing $\delta \cdot \varphi$ relationship, is not always possible. That is, those *beta elements* may not find a container to contain and regulate them, and consequently are returned to the group untransformed; and in the worse conditions, they are even denuded of any sense and rendered more dreadful and unbearable experiences, good only for further evacuation through projective identification.

In the present study, the author postulated that this deficit in containment and regulation of the proto-mental emotional needs, or *beta elements*, is correlated with the occurrence of group psycho-somatic disorders. In other words, psycho-somatic disorders observed in groups correspond to proto-mental manifestations of the inoperative basic assumptions. The clinical vignette described below is an illustration of and a demonstration of this causal relationship between the deficit in the containment function of the group as a whole and a psycho-somatic faint experienced by a group member in a *diagnostic group*.

Before describing the clinical material, it is indispensable first to provide a brief definition of what is meant by *diagnostic group* (D-group) in the present study. The D-group corresponds to the French term of *group de diagnostic* used by the research team of the CEFFRAP (Centre d'Etudes Françaises pour la Formation et la Recherche Active en Psychologie), especially their representatives, namely, Anzieu (1984), Kaës (1976), Béjarano (1972). D-group, as practiced by the author (Hafsi, 1990; 2000; 2002) corresponds to a psychoanalytically-oriented T-group. Its purpose is principally educational; it consists in diagnosing and learning about unconscious group phenomena—especially the basic assumptions discussed by Bion—and their effect on groups by experiencing them in a group setting. However, the experience of D-group may also have eventually additional positive effects on the participants, by providing them with insights about their unconscious behavior, the way they relate to others, or about what Bion called *valency*, as reported below by one of the participants:

I didn't know I can be so angry and aggressive towards strangers...I am usually not emotional...I usually try to understand and analyze people's behavior and words,

before reacting... (but) in the group I was like waiting for the opportunity to criticize and attack anyone who didn't who dare show disagreement about what I was trying to say, especially, C. (the then emergent leader)...

Although unintentionally, experiencing a D-group may also have a therapeutic effect on some of the participants characterized by a low self-esteem and fear related to social interactions. D-group may also help the participants in need for therapy or counselling to overcome their resistance and seek individual help from a professional; in this sense, it constitutes an initiation to psychoanalytically-oriented therapy.

D-group is usually conducted based the three basic rules discussed by Anzieu (1984), namely 1) the *rule of restitution*, or the obligation to report to the group what was said about the group outside the group, 2) *the rule of abstinence* or the obligation to refrain as much as possible from any kind of relation outside the group and before the end of the D-group, and 3) *the rule of non-ommission* which requires the participants to report, without omission, one's opinions and feelings freely during the session.

Regarding membership, D-group is usually constituted by a number of participants varying from 8 to 16 persons, two observers (who do not participate in the group), a trainer, and eventually a co-trainer. As to its duration, D-groups comprises four to six 90-minute sessions.

The trainer's role consists in intervening in form of interpretations only when a group phenomenon (a basic assumption, for instance) has emerged and reached a level such as it can be easily recognized by the group. He or she does not provide the group with any instruction or direction concerning the group task. In the first session, the trainer explains the basic rules, his/her function, and announces the commencement of the session. Having discussed briefly what is meant by D-group in the present study, let us now present the clinical case illustrating the hypothesis discussed above.

2. Clinical Illustration

The group comprised 16 students (9 boys and 7 girls). Like all the D-groups conducted by the author at the university, this one also was a part of the psychology curriculum. All the participants were psychology students who selected the D-group experience (Hafsi, 1990; 2000; 2002), as a requirement for the "psychologist diploma". The present group comprises 4 sessions conducted in two weeks (two sessions per week).

Session 1: From dependency to Fight

The trainer first explained the basic rules and aim of the group. Then, the group, after a long silence and wondering, and after realizing that the trainer was not going to give

them further instructions, the group decided to introduce themselves to each other. However, the self introduction was brief; for it did not go beyond indicating their names and birth places. It was clear that the group was avoiding self-disclosure. The trainer attracted the group's attention by mentioning that the members were avoiding each other's eye contact, but his intervention did not have any effect on the group and was ignored. Then, F intervened saying that he felt relieved to hear that most of the members were, like himself, from the Kansai area.

The group tried also to manipulate the trainer so that he became more involved in the group. Pretending to speak for the group, P began to assail the trainer with questions, seeking from him advices and ideas about how to help the group to proceed and find a collective task, for the trainer was highly idealized not only by P but by the whole group. As confirmed by the final report written by some members, the trainer was attributed omnipotent qualities, and expected to get the group out of the impasse they were trapped in. Therefore, a number of vain attempts were made to create a group culture characterized by a vertical relationship between the trainer and the rest of the group. In other words, there was a strong desire to transform the group-trainer relationship into a "normal" teacher-student where the teacher will teach and the students will listen to him. This pressure on the trainer to take the group in charge lasted more than forty minutes, namely until the group began to realize that the trainer will not give in to the group pressure and manipulation. It was clear, from this desire and the lethargic atmosphere prevailing, that the group was functioning under the influence of the baD. However, after a five minute long silence, F intervened in a disappointed and angry voice saying that he was sure that "the trainer can not and will not do any thing to help the group..." He then suggested to "ignore and proceed without him; and try to find a discussion theme which interests the group". After he realized that nobody was ready to propose a theme, he suggested in vain to talk about the retirement of Hanshin Baseball Team's coach Nomura. However, R expresses clearly his refuse to talk about this matter because he was not a fan of the Hanshin Club and was not interested in baseball, although she admitted that she was unable to think about any discussion theme. This plunged again the group into a long silence which lasted more than 15 minutes and was interrupted by P's intervention. She recalled that when she was in the first year of elementary school, she had a very good teacher who use to take students outside school to help handicapped people. From the beginning the trainer was having the impression that group was trying every means possible to convince him that they have been doing their best to find a collective task or theme and function as a work group, but they were unable to do it due to their lack of knowledge and maturity. P's intervention gave thus the trainer the opportunity to formulate the interpretation that was forming in his mind saying: "I have the impression that the group has

been behaving like a group of handicapped children waiting for help from me, but unfortunately, I am not able to provide this help, because I can't think about any theme now that may interest the whole group, and even if I can this would go beyond my role in the group".

The trainer's interpretation plunged again the group into a 10-minute long and threatening silence which did not hide the group's disappointment, frustration, and anger towards the trainer. These group emotions were mere reactions to the trainer's refusal to meet the group's dependency needs; they were meant to put pressure on him to take the group in charge by playing the role of the "good" teacher. As a result, a change in the group's basic assumption was observed, and the group's culture began to change from dependency to fight/flight. With the exception of P who continued displaying dependency behavior and revendication towards other group members and the trainer, the group spent the rest of the session actively trying to decide of what to do and which theme to select for discussion, displaying the principal characteristics of the work group. Unlike in the beginning of the session, each member, with the exception of P, gave his/her opinion and proposed a discussion theme. However, this work group activity and mentality coexisted with another completely different and opposit emotional group mentality characterized by anger, and verbal aggresivity towards the trainer and two other silent members. The former's interpretations and interventions were opposed and often ignored by the group. Whereas the latters were criticized for not participating and not contributing to the group. It was clear, from this scapegoating behavior and the emphasis put on the group rather than on the individual as in the begining of the session, that the group was under the influence of what Anzieu (1984) calls the *illusion groupale* (group illusion) which constitutes one aspect of the baF. Hence, the group's activity was characterized by a coexistence of work group activity and the baF. All the topics proposed for discussion reflected the group's baF. The principal Subjects discussed were for instance, international terrorism, crimes in society, the phenomenon of *Kireru* (juvenile anger and aggressivity), violence at school, domestic violence, and so on.

Seen from outside, the group was split into those active members, the scapegoats (trainers and two other members), and P. The latter continued in vain seeking satisfaction for her dependency needs, by trying to have a privileged relationship with the trainer and the then-leader of the group. She thus often asked naive questions about what was said in the group, about the content of the discussion because it was difficult, and even about daily-conversation words because she could not understand them. However, her questions were generally ignored. On the other hand, each time she was asked to give her opinion about a given topic, she responded automatically saying: "it is a very difficult topic for me", "I am sorry I don't know, I have no idea, please ask others", "please, tell me your

opinion", etc..

The group seemed very irritated by P's immature and dependent behavior, but were relatively speaking tolerant of it. The trainer shared the same irritation feeling, but did not deal with it. For he understood it more as a result of P's own pathological object relations than as a group phenomenon. Therefore, like the whole group, the trainer ignored it, paying more attention to the group-as-a whole, and the then dominant baF.

The group's and the trainer's ignorance of her needs had a strong effect on P. After repetitive and vain trials to attract the group's attention to satisfy her dependency needs, P resorted to an opposite behavior. Disappointed in the group and angry towards it, she withdrew into a complete silence until the end of the session. Of course in spite of their behavioral similarity, her anger and silence were obviously different from the whole group anger, and the silence observed when the group is functioning under the baF. Her anger and silence were rather a reaction to the group's unwillingness to satisfy her dependency needs. This coexistence of work group activity and baF, and the denial of dependency by the group lasted until the end of the session.

Session 2: From Fight to Flight

The second session began with a 5 minute long silence. With the exception of mutual avoidance of eye-contact, noise resulting from chair rocking, and sniffing by some members, no real and conscious group activity could be observed during this period of time. According to what most of the members wrote in their final report about the experience, this period was experienced as interminable. Meanwhile, the trainer was gradually the principal object of attention and fugitive look from most of the members. As a result of what Anzieu (1984) calls "unconscious alliance", the group was engaged in an unconscious activity which consists in putting pressure on the trainer in order to make him play the role of an omniscient teacher or a leader who not only will help them to start functioning, but also will think in their place and resolve their problems. This feeling was immediately confirmed by the emergent leader (F) After looking clockwise at every member, he addressed the group in an emotional tone saying:

"I don't know why the group is waiting...if we are waiting for the teacher (trainer), there is no hope...I am sure he will not do anything to help us...The only way to break the silence is to find a topic and start to discuss it... (then repeating what the trainer said previously) ... Proposing a topic or giving instruction is not his role...Does any one have a topic to propose ?..."

Then, without waiting for the answer, he proposed to talk about the terrorist attack of

september eleven (2001) and the American response to it. He suggested to divide the group into those whose support America's revenge (eye-for-eye) reaction to the attack and those who disagree with it, then start a debate in order to come with the group's final opinion. He expressed clearly his agreement, saying that he understands and shares the American way of thinking about international terrorism, and therefore support the eye-for-eye reaction. He then asked each member to express his/her opinion. As expected, the whole group blamed the terrorists for their "unhuman attack on innocent people", reformulating thus F's opinion in different words, although some members disagreed with the method (bombardement) used, namely aerial bombardment of Afghanistan, because this may also cause the death of civilians. The group atmosphere was such as no room was left for disagreement with the widely held opinion. As a result, the debate expected by F did not take place. When every one has expressed his opinion, F asked the trainer about his opinion concerning the topic. The latter took the opportunity to interpret that the group was feeling terrorized by him, the bad teacher, and the group is wondering how to react towards me. If they react in an eye-for-eye fashion, they will run the risk of killing the "good teacher" and bear the consequences; and if they refrain from being revengeful towards the "bad teacher", then they will have to continue being terrorized by him. This interpretation was immediately and strongly rejected by F who said: "I think that is thinking too much..., everything is always related to you...I think I am not going to discuss with you this matter...I prefer to ignore what you are saying... (Then addressing the group, he said:) "let us forget about him, and continue our discussion...The topic I proposed did not seem to interest many people did it ?" Before he finished talking, another member, M (female) intervened: "I think the topic concerning terrorism is too difficult, and too serious, besides we do not have enough information to come out with the group's final opinion...So let us choose a more relax theme, such as show business news, let us talk about our preferred singers and actors.". This proposition was unanimously accepted, and the group started to talk about their favourite bands, musicians, and musical genres, for more than twenty minutes. It was clear that the group was under the influence of the baF, especially the flight aspect of it. Led by M, the group was apparently relaxed, discussing show business-related topics that did not interest nobody. For the aim of the discussion was not exchanging information, but killing time and avoiding silence that begun to threaten them. In other words, the group spent the 25 minutes "talking without speaking and hearing (to each other) without listening" in order to neutralize the silence they could not bear anymore.

This change in the group's culture triggered by M was meant to avoid two conflicts. The first conflict was between F and his supporters who were under the influence of baF, and the rest of the group, represented by P, who was geared by the unconscious desire to

have his dependency needs satisfied by the trainer and the whole group. The second conflict was between the whole group, including F, and the trainer perceived as a frustrating bad object.

P was the one who seemingly did choose silence as means to express her dissatisfaction with the group and the trainer. Each time she was asked to give her opinion about the topic being discussed, she would say: "I am sorry, I don't know, I have no idea, I don't know what that means, I prefer listening to what other people think about it". Hence, when asked about her favourite singer, she evasively answered saying: "I really don't know, recently I don't listen to music", then quickly called upon the member next to her, adding "I have nothing interesting to say...I prefer to hear others story, it's more interesting". This stimulated F who was, since the beginning of the session, obviously displaying dissatisfaction with P's dependent behavior, but refrained from confronting her with it. Like if he was unable to control himself, F exploded saying: "Since the beginning of the session you didn't almost do anything. The only thing you say is I don't know, I have no idea, etc...I don't feel you are with us here...I think you are not interested in the group, that's why you don't want to say your opinion...As long as you are in the group you should contribute to it like everybody...Of course you are not the only one...the other silent people also are too dependent...".

F's intervention put an end to the flight and marked a return to the fight culture. Therefore, the rest of the session time was spent into splitting between the "good group" constituted by the outspoken and assertive members with their representative F, and the "bad group", or the silent and dependent members including P as their informal representative. The latter group was indirectly blamed by the group for all the group's problems and inability to function smoothly. Therefore, the end of the session brought a real and visible relief to the silent group especially, to P This was reflected in the latter's last word which followed the trainer's announcement of the end of the session, namely, "What a terrible experience... I feel free at last...".

Session 3: The faint of P

Like the two previous sessions, this session began also with a long silence; a silence characterized by expectancy and unconscious vain attempts to put pressure on the therapist to make him renounce his neutrality and actively participate in the group, that is, teaching them how to be a "good" group, proposing them topics for discussion, in few words, acting as an omniscient and omnipotent leader. For course, this group expectancy was not verbalized by the whole group, but was reflected only in P's unceasing demands for clarification and explanations. It was the latter who broke the silence by asking the

trainer to be more specific, and tell exactly the group what he was expecting them to do, or provide them with clues and hints about how a group should function. In spite of P's insistence that she is speaking on the behalf of the group, these demands for dependency were neither visibly reflected in the whole group's activity, nor supported by any other member. The group's reaction towards P and her demands was that of ignorance. She was regarded as different, excentric and too demanding. Therefore, no apparent attention was paid to her verbal remarks. While she was expressing her dissatisfaction to the trainer, the group was engaged in a pseudo-work group activity where the group was trying to find a discussion topic that interests every one while devoting a part of its activity to scapegoating the silent members, criticizing their non-participation, passivity and lack of interest in the group. This baF-related activity and its characteristic defense mechanism of splitting ("We-the-good-group" versus "They-the-bad-group") and projective identification was echoed by S, one of the outspoken members, saying: "I am really fed up with being one of the few members that care and want to do something so that the group can start working. So from now on, I am going, me too, to shut up and wait, like some members, until the end of the session..."

Hence, given the fact that P's dependency demands were not visibly reflected in the group activity and dominant mentality, and the visible coexistence of work group and baF, the trainer misunderstood, P's reaction for a personal transference reaction and therefore preferred to avoid dealing with it directly, confining himself to "silent interpretation" (Spotnitz, 1985; Hafsi, 2002). The trainer's failure to deal satisfactorily with P's demands, had serious negative consequences on P and the whole group later, in the last 20 minutes of the session, following a trainer's intervention.

The latter confronted the group with their repetitive attempts to defend against the group work by engaging into a long, meaningless and boring discussion. For the group (the outspoken members only) spend most of the session repeating that each member should speak and say something, but no topic was proposed. The impression the trainer had was that the group was speaking to say nothing about anything. He thus interpreted that the group was not speaking, that is using words to convey a meaning, but were rather using the words as missiles to destroy the silence which they can not bear and of which they were afraid. He then continued saying that the silence which is one aspect of the whole group's is now felt as being embodied by the silent members, because the group has projected it onto them. This interpretation was followed by a three-minute silence. Then P started leaning slowly forward until her head nearly reached her knees, and stayed in that position for few seconds, then started breathing quickly and lowly. It was another female participant (Q) who first to notice P's change, and attracted the trainer's (Tr.) attention in the following:

Q.: Look at P, she does not look fine. She seems sick....Look, she is going to fall down. (She then stood up and went to help P)...She is sick...I noticed that from the beginning.

Tr.:(after hesitating for a while) P are you O.K. ... (as there was no answer) ...Do you hear me... (Meanwhile, P's breathing became gradually faster).

J.: (addressing Q) Look if she has any medicine with her.

Q.: (She looks in P's bag) No, I don't see any medicine. (Now all the participants were standing up around P, and trying to help Q to support her, because she was unable to remain seated by her own).

S.: Are you O.K...don't worry we are here with you...I know, It must be painful, but relax, everything is going to be alright...It's finished now...(J and R started caressing P's back to calm her and help her to return a normal breathing.

J.: I am going to call the school nurse. (He went out running followed by N. The trainer joined S and Q to help her sustaining P until the nurse's arrival. The rest of the group tried in vain to keep P awake by calling her name. Hence the group was transformed into a medical team where all the participants were engaged in P's nursing which lasted until the real medical staff arrived and took P to the university's nursing room.

The session ended just after their departure. According to the staff's report, P stayed there for two hours half unconscious, then woke up and went back home alone.

Session 4: P's absence and the group's depressive anxiety.

The silence of the beginning was different from the previous ones. What characterized it was the general depressive mood reigning in the group. The reason behind this mood was obvious, not only for the trainer but also for all the group members. As reported later by most of the participants, the reason was the fact that P was absent. The group was wondering what has happened to her, and whether she will be able to join the group before the end of the last session. However, owing to the coexistence of the pseudo-work group and baF, no room was left for any free verbalization of individual feeling. In other words, the group atmosphere was such as any intervention that does not reflect the pseudo-work group or baF culture would be rejected as against the group's interest. Therefore, all the topics selected for discussion reflected this group mentality.

First, R proposed, as a group task, to discuss the problem of euthanasia and draw a final conclusion showing whether the group was in favour of or against it. Although this topic was rejected by some members, it was finally selected, or imposed upon the group by R and other influential and outspoken members. Members were invited to give their

opinion about the topic. However, unlike what was expected by R, there was no real debate. The participant's interventions were limited to "I am in favour of it", "I am against it", or, merely, "I have no idea, it is a difficult topic for me". When F's turn came, she took the opportunity to express her dissatisfaction with the topic, her lack of knowledge about it, and desire to change it for a less serious topic such as the phenomenon of "crocodile tears". She began with defining it referring to the dictionary, but was soon interrupted by T who counterattacked saying:

T.: The group is not an English class, and we do not need to be taught English here, besides, I don't know how the group can discuss this topic and come with a final meaningful conclusion. I think we should stick to our initial topic, it is easier to understand and more interesting, and everybody has an opinion about it.

It was obvious that T was denying (denial) the fact that what he was saying did not reflect the reality. For a few minutes later, the members were asked to express their opinions about the topic, but, with the exception of T and other three members, no one could come with a logical, mature and satisfying opinion. F's intervention stimulated O who was waiting for the right time to say what he thought about the group, especially its outspoken members.

O.: I wonder if there is really an easy topic...any topic is difficult when we think about it...I think that a topic that really interest all of us, is a topic related to our daily life...I can think about many possible topics. Why don't we talk about "breakfast", for example. (T interrupted him saying:).

T.: Yes, we can talk about that, but what are the benefits for the group, and how is the group going to draw the final conclusion. Everybody will only say that he or she likes Japanese or european style breakfast, that's all

O.: (Confronting T) ... But, do we really need to draw a final conclusion? Why do we have to think about the group's opinion.

H.: I agree with O, I think we don't need to talk about only serious things, and draw only one conclusion. Everybody is free to say and think what he likes. So I suggest we choose a topic which is easy and where there is no need for drawing a group conclusion. How about talking about the food and dishes we like. Because I am very hungry now.

Following H's suggestion the group spent about fifteen minutes talking about the delicious dishes served at the university restaurant. With the exception of T who was visi-

bly dissatisfied with the topic, each member introduced briefly his or her favourite dish. The group atmosphere seemed so different from the beginning of the session that, at first glance, the change that was occurring could be easily misunderstood for a change in the group's basic assumption. In other words, given the content of the discussion (food), one would interpret this change as a shift from baF to baD. However, this was not the case. For given the splitting in the group (between those who wanted to select a "serious" topic, debate and draw a final conclusion which reflect the group's attitude, and those who were against any "serious" topic, the debate method, drawing a final conclusion) and the widespread feeling of frustration even in those who participated in the discussion, the group was still functioning under the baF influence. The shift observed was thus merely a shift from the fight pole to the flight pole of the baF. The principal unconscious group feeling and desire underlying this shift was the fear of the group aggressivity and the desire to preserve the group integrity, by protecting it from conflicts that may lead to self-destruction. This group desire was reflected in the group's rejection of any topic that may split the group, and the selection of topics that reflected individual preference, such as personal hobby, artistic and food preferences, and so forth.

Besides avoidance of conflicts, the group has been also, from the beginning of the session, avoiding talking about P's absence, of which the group was constantly reminded by her empty chair. After containing these feelings, the trainer took the opportunity to confront the group interpreting in the following:

Tr.: Since a while ago, I have the feeling that the group has been talking to say anything and nothing in order to conceal the differences in opinion and feelings existing between the members. Because these differences may have a negative effect on the whole group cohesiveness, or on any member, like it did for P. Although, everyone is unconsciously feeling somehow guilty for what happened to her, the group has been defending itself against this guilt, by avoiding talking about it, and considering it as a personal problem. But is it really a personal problem only ?

S.: (After a moment of reflexion) We have to admit it, you're right...When we started the session, I wanted to know what happened to her (P), but as the group seemed preoccupied by something else...the only thing that we had been doing was thinking about how to find a topic and discuss it to break the silence. But this does not mean that we didn't think about P. Now that I think about it, it was not P's problem, but the problem of the whole group...

M.: (Interrupting S) You're right, I feel the same thing. The whole group is to be

blamed. She fainted because of excessive stress, frustration, and the dark mood of the group... We were gathered, and told we should do something as a group, without any help or instruction. It is normal that we feel stress. We, including P, came to be taught about groups, but there was nothing. Of course, it is also our fault, because many of us didn't do the necessary effort to find by ourselves a common task. We were too dependent on the trainer. Those who were active, put also a lot of stress on those who, for personal reasons could not speak freely. I think we should have thought seriously about P's faint. It was like a signal for the whole group. Anyway, I hope she is OK, I did not see her since the last session.

E.: (In a provocative ton and manner) I hope that the trainer also feels the same thing. (As the trainer did not respond). I am happy we could talk freely about this problem. I think we have about thirty minutes left before the end of the session; we are not going to shut up until the end. I want to ask everybody's opinion about the teachers in this university. Some are really kind, but most of them are too strict and too severe...

The topic proposed by E was accepted, and the group spent the rest of the session time criticizing the "bad teachers" and praising the rare "good ones", conveying clearly to the trainer the message that he belonged to the former category. Hence, after a brief experience of what corresponds to a group version of what Klein (1937) calls the *depressive position* and its characteristic guilt feeling (towards P), the group regressed again, as demonstrated by the resort to splitting (good teachers versus bad teachers), to the *paranoid-schizoid position*, and consequently got trapped again in the baG, especially the baF, until the end of the fourth session.

3. Discussion

The concept of "protomental system" is one of Bion's most original concepts. It was developed for two reasons: one to determine the wherabout of the latent, or inoperative basic assumptions, and the other to shed light on the origin of some so-called psychosomatic diseases. According to Bion (1961), some of those diseases, although they manifest themselves in the individual, have for *cause*, besides the physical cause known in medicine, the interplay between the work group and the dominant basic assumption, and for *matrix* the inoperative basic assumption which are confined to a protomental existence. They are thus, fundamentally group diseases.

In the present study, the author postulated that 1) the above-mentioned Bion's theoretical speculation applies also to many psycho-somatic disorders observed in small

groups; 2) that these disorders are non-verbal proto-mental manifestations of the inoperative and undifferentiated basic assumptions suppressed in the protomental as a result of the group's failure to adequately *contain* them, in Bion's meaning. In order to illustrate this hypothesis, the author presented a clinical case of D-group.

In this case, a group member (P) fainted as a result of the group and the trainer's inability and unwillingness to contain the protomental needs for dependency she has been expressing on the behalf of the group. That is, based on Bion (1970)'s "contained-container model", the group, under the influence of a combination of the work group and the baF, and the trainer's neutrality, was obliged to suppress its dependency and pairing needs, or in Bion's terminology, confine or relegate those needs to a proto-mental and undifferentiated existence. Therefore, those dependency needs were experienced as "bad group object", split off and therefore subjected to projective identification. These needs were projected onto P who tried, many times during the first two sessions, to act-out them and seek satisfaction of these needs in her relationship to the group and the trainer. Unfortunately, like in a negative contained-container relationship, both the group and the trainer were unable to contain those undifferentiated needs or beta-elements. To put it differently the group represented by the outspoken subgroup, could not tolerate those bad and aggressive needs, or beta-elements, and make use of their alpha-functions and transform them into alpha-elements. On the contrary, they were even transformed in a more frightening bad object, or in, to borrow Bion's terms, "a nameless dread".

On the trainer's part, the inability and refusal to contain P's dependency needs, was motivated by two conscious and unconscious motives. The conscious motive corresponds to the inflexible desire to remain neutral and stick to the basic tenets of the group therapy by focussing on the group-as-a-whole and avoiding dealing with "pure" individual problems. For the therapist misinterpreted P's acting-out or repetitive demand for satisfaction of her dependency needs as reflecting her own object-relations. Therefore, decided to temporarily refrain from dealing with her personally, blinding himself to her personal needs in order to be able to focus on the group as-a-whole. However, this conscious rationalisation on the part of the trainer, hides also another motive, namely his unconscious resistance to being object of the group's projective identification carried out by P on the behalf of the whole group, and his unconscious fear of those unsatisfied protomental needs, or "shriek from the protomental system".

Moreover, this refusal on the part of the trainer was also a refusal of projective identification as a means of communication (Bion, 1967) between himself and the group. By not dealing therapeutically in the here-and-now with P's demands, the trainer deprived the group of their essential and primitive means of communication, which was used to communicate protomental material. Consequently, the trainer "opened the route to somatisa-

tion", like in the case of P's faint. In Bion's model, the trainer functioned vis-a-vis the group as a negative container (-♀), or container hostile to the communication function of projective identification, as expressed desperately by one of the participants in the second session: "... Asking him questions is a waste of time...I am sure he won't say anything to help us...so, let's ignore him for a while".

Seen from Bion (1962)'s "binocular vision" model, the trainer's approach to the group's dynamics was a monocular one; that is, his focus was principally on the interplay between the group's dominant basic assumption and the work group. He was blind to the latent or the protomental material that P was trying, on the behalf of the group, to convey through her dependency demands. He was thus unable to display or have a binocular vision of the group by dealing therapeutically with both the dominant basic assumption, and the inoperative protomental basic assumption of dependency, or *pmD*.

In conclusion, the present study suggests that to be able to deal effectively with a group, it does not suffice to deal with it as a whole, that is focusing on the dynamics of the group-individual relationship and on the prevailing unconscious demands and phantasies as expressed through the dominant basic assumption. For this corresponds to a mere monocular vision of the group. It is also indispensable to pay equal attention, be receptive to, and contain the protomental needs following the basic discipline of "no memory, no desire and no understanding" recommended by Bion (1962, 1963, 1970, 1992). However this does not mean that one has to merely wait until these protomental needs are differentiated into psychologically visible phenomena such as basic assumptions. The therapist or trainer has to *intuit* (Bion, 1963; 1970), and anticipate these protomental needs by decoding (using his alpha function) the message conveyed through the peripheral unconscious group game which is usually directed and played by few and sometimes a single member. This is possible only if the therapist is able to perceive the group dynamics from two different vertices (the vertex of the manifest basic assumption, and the vertex of the protomental needs), or have a binocular vision of the group dynamics in the here-and-now. As postulated previously, failure to display a binocular vision, and failure in the containment of the two (manifest and protomental) aspects of the basic assumption group would result, as was the case in the clinical material discussed above, in a number of psychosomatic group disorders.

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