



Primary Maternal Preoccupation in the Group Analytic Group

Yael Doron

Foulkes and his followers often compared the analytic group to a mother and the conductor to a father. In this article I intend to focus on the maternal characteristics of the group analyst, looking in particular at the 'primary maternal preoccupation'—a phenomenon that Winnicott identified as existing in mothers of newborn infants. I believe that this phenomenon exists also among conductors during the first stages of the life of a new group and also older groups, in the period directly after adding new members. In addition I will claim that just as the Winnicottian mother needs support and containment from her environment, so too the group analyst looks for supervision to help him hold and process his anxiety and aggression. The supervision enables the conductor to calm down and then bring a measure of calm to the turbulent group in the first stages of its existence.

Key words: group analysis, primary maternal preoccupation, development, stages, initial phase, supervision

Introduction

During the last few months several veteran members left my five-year-old analytic group, leaving me with only two members. Recently, three new members joined, and my group once again came to life. In

some ways it has become a new group, and yet it is a new group with a very long history.

The emotional processes I underwent in the following weeks truly surprised me. I became anxious and concerned, followed by waves of despair, and had frequent thoughts about terminating the group. Gradually I found myself conceptualizing the group as a ‘new baby’, and myself as a Winnocottian mother, experiencing a kind of ‘primary maternal preoccupation’—a response to a newborn group.

I would like to describe this surprising development—the experience of being both ‘an experienced mother/conductor’ of analytic groups but also a ‘brand new mother’ trying to cope with the emotional turbulence of a brand new group. Following this, I will describe the process during which these extreme feelings gradually faded and were replaced by a sense of self-confidence.

Considering the Mother as well as the Baby

In the early days of psychoanalysis, Freud (1905), Klein (1921) and many others focused on the emotional processes of the infant in relationship to its mother. The essence of their theory was the infant itself, not the mother. In parallel, the therapist’s inner life was considered as disturbing ‘noise’, to be dealt with by the therapist in his personal analysis. Later, Winnocott (1956) and others expanded their views to include the processes that occur within the mother, and in parallel, within the psychoanalyst.

Winnicott (1963a) hypothesized that what mothers do naturally could and should be used as a model for psychoanalytic work. Though his focus was individual psychotherapy and he was quite put off by group therapy, his writings are nonetheless very relevant to our work as group analysts because of his interpersonal approach. It was Winnicott’s assumption that the baby is a social being from the start of its life. Babies look for not only satisfaction and the relief of tension, as hypothesized by Freud and his followers, but also intimacy and belonging (Phillips, 1988).

According to Winnicott, personal development occurs via relationships with others. Mental health, in Winnicott’s opinion, depends on reciprocity within relationships:

A sign of health in the mind is the ability of one individual to enter imaginatively and accurately into the thoughts and feelings and hopes and fears of another person; also to allow the other person to do the same to us. (Winnicott, 1970: 117)

Winnicott coins the term ‘*Primary Maternal Preoccupation*’ in 1956. In his radical article, he conceptualizes for the first time the unique and extreme emotional state of the brand-new mother. He describes how by carefully attending to her child, the mother is actually relating to it as an inseparable part of herself, continuing the relationship she had with it before birth. Now, through their daily interactions—the way she holds the baby, feeds it, calms it, tries to take care of all its needs, focusing on the baby and the baby alone—she continues to promote its feeling that it is the center of everything. The world revolves around the baby (Winnicott, 1956).

In fact, the mother holds the infant not only in her arms but also in her mind. Winnicott describes this experience as so intensive that it looks to an outsider as a mental illness or ‘psychosis’. During the first weeks and even months of the infant’s life, the mother is totally devoted to her child, and any outside stimuli, including those stemming from her, is simply irrelevant. The ability of the mother to preserve an illusion of unique symbiosis with her infant is critical for its healthy, normal development.

Following Winnicott’s footsteps, producing writings based on empirical research, Daniel Stern has investigated the processes by which women turn into mothers. In his book, *The Birth of a Mother—How the Experience of Motherhood Changes You Forever* (1998), Stern distinguishes between the biological process of birth and the emotional process of becoming a mother:

If you ask people when a woman becomes a mother, the quick answer is ‘When she gives birth, of course’. But it is not that simple. The actual moment of birth may be the moment when the woman physically becomes a mother, but the psychological birth of a mother takes longer and has many more phases than just labour and delivery. (Stern, 1998: 56)

According to Stern the new mother develops ‘motherhood constellation’—a totally new mental organization. This new constellation is central in the first weeks of the infant’s life, but actually continues during the rest of the mother’s life, though not always with the same intensity (Stern, 1998).

What Happens to the Mother/Conductor in the First Weeks?

The first weeks in the life of an infant are characterized by the mother’s strong identification with him. Winnicott said,

I do not believe that it is possible to understand the functioning of the mother at the very beginning of the infant's life without seeing that she must be able to reach this state of heightened sensitivity, almost an illness. (Winnicott, 1956: 149)

Stern reminds us about the basic fears, familiar to every new mother, such as being terrified that her baby will stop breathing. He adds,

The first, unavoidable task of motherhood is to keep your baby alive . . . As a society we tend to forget this obvious and stark reality, to take for granted the drama and import of the task, but it doesn't go unnoticed in a mother's heart (Stern, 1998: 93)

In the world of therapy, Bion has described a kind of double anxiety—of the therapist as well as the patient—that should exist during an individual therapy session.

In every consulting room, there ought to be rather two frightened people: the patient and the psycho-analyst. (Bion, 1990: 4)

Bion sees parallel processes that transpire in a therapy group. While focusing on analysing the anxiety that floods group members at the first stages of a group, he also describes his own anxiety as therapist sitting in the room with them (Bion, 1960).

Foulkes and his followers took group therapy in a different direction, but they, too, relate to the conductor's anxiety, particularly in the first sessions. Foulkes divided the development of an analytic group into three stages.

In the initial phase members experience magical thinking, which they project on to the conductor. The latter becomes '*the One-who-knows or the One-who-cures*'. Members expect him to quickly heal them. Faced with such high expectations, the conductor may become anxious himself (Foulkes and Anthony, 1957).

The conductor tries to calm the new members through his gentle handling of the initial getting-to-know each other and his tranquil acceptance of the situation, '*strange as it may seem to be*' (Foulkes and Anthony, 1957: 127). By choosing these words, Foulkes implies that this initial phase is not just difficult for the new members but for the conductor as well.

Experienced group analysts are familiar with the anxiety that appears during the first stage of a new group (Behr and Hearst, 2005). The conductor's goals during this stage are manifold: he wants to help members be able to return the following week, to help the whole

group feel secure, to give some hope for the future, and also to begin to shape the behaviour he hopes will become group norms (Kennard et al, 1993). Trying to achieve these goals, the therapist himself may become flooded with doubts and anxiety. Will the precious, fragile baby/group survive? Will members continue to come week after week? (Sargeant, 2011).

The feelings that accompanied me as conductor of a renewed group were similar to the above theoretical descriptions. I experienced feelings of heaviness and stress during the days and nights between sessions. I could not stop thinking about the group. Other things I was involved with—both at work and outside of work—lost their importance. I kept returning to thoughts about the group, to each of the members and all of them together, and wondered whether or not a matrix was beginning to form.

Week after week, I would feel a growing pressure as Monday, the day of our sessions, approached. As evening came, I would become highly alert. With every phone call my stomach would tighten. What if the caller would tell me he was leaving the group? I would be flooded with ‘negative thoughts’, namely, that the renewed group would not ‘take off’ and that it would not solidify again into a really active and dynamic group, as it had been in the past. Along with the anxiety, I could recognize aggression inside me, particularly when I was preoccupied with the scary question of why, actually, did I add new members to the group?

The Need for a Support Network

In the first critical period after birth the mother needs a close circle of support. She leans on her husband, parents and friends to help her deal with the complex and difficult physical and psychological challenges that she has to face (Stern, 1998). Similarly, during the first sessions of a new analytic group, the conductor needs a warm and containing support network. It is critical that he should not be alone. He is truly in need of feedback, support and supervision (Nitzun, 1989).

The supervision group in which I participate greatly helped me during the initial period of my renewed analytic group. In the supervision group I could raise all my worries, doubts and despair, and receive in return much needed warmth and support. Group members would resonant upon the very difficult words I used to describe my therapy group, the feeling of despair that sometimes filled me, and

the difficulty I had in holding on. Time after time they said: ‘It doesn’t sound as bad as you are saying . . . we see good work being done . . . why are you so worried?’

My supervisor surprised me when she said in one of the sessions, ‘You know, you and I have know each other for several years now, and I have never heard you speak with this level of anxiety. Your interventions in the group are different and new for me’. I reflected on what she said, and saw what she meant: I was being over-protective, defending members and the group-as-a-whole, trying to breathe life into people, trying to convince them that they are really ‘a group’. I would occasionally imagine a premature baby in an intensive care unit filled with incubators and little babies fighting for their lives. My interventions, respectively, reflected my great anxiety.

When bringing my group to supervision, I would occasionally recall the first weeks of life of my eldest daughter. She was a very comfortable infant, which made it easier for me to enter the new world of motherhood, although I was not entirely free from worry. I remember the first time that I brought her to the baby clinic for a vaccination. While other infants in the corridor were irritable and restless, my child was quiet and calm. But, instead of feeling good, I became worried. Perhaps something was not right with her! I remember how I nearly ‘freaked out’ waiting for our turn to go into the nurses room. Strangely, her crying—a loud wailing, filled with surprise and anger I had not heard before—as the nurse gave her the injection calmed me down. Perhaps because I realized then that she was perfectly normal: when poked with an injection, she had cried, just like all the other babies.

When I think today of my renewed group’s first sessions, of my anxiety, and my need for supervision, I recall Winnicott’s words,

The mother is preoccupied (or perhaps it is more accurate to say ‘devoted’) to the care of her baby, who seems at the beginning to be an extension of her . . . in this way, she herself is in a position of dependency and vulnerability. (Winnicott, 1963b: 280)

Similarly, Foulkes writes about the first period of a new group,

It is gruelling emotional test for anyone to be exposed to all those vigilant eyes and ears of the patients who with all the power and curiosity of their transference between them are the most excellent observers and the most ruthless testers at the same time. (Foulkes, 1990: 218)

Indeed, there was not only anxiety in the room but also cruelty and aggression. I recognized them in my own thinking. I asked myself critically, why did I do this to myself? Why did I not just give up and terminate the group? I felt that part of me wanted to quit the group. It was similar to the occasional episodes of murderous rage of a new mother, exhausted by her ever-demanding child. I recalled Winnicott's remark,

However much he (the psychoanalyst) loves his patients, he cannot avoid hating them, and fearing them, and the better he knows this, the less will hate and fear be the motive determining what he does to his patients. (Winnicott, 1947: 66)

When I wrote up the summaries of the group sessions, I could not always work out the connection between my turbulent feelings and what had been said by members or by me. I recognized another communication level, a non-verbal one, which seemed to upset me. The supervision helped me to understand that group members were projecting onto me their own fears of fragmentation, in a process of projective identification (Klein, 1946), very similar to the way an infant influences its mother. In this respect Foulkes writes that the group conductor is very vulnerable, as he must let himself be '*penetrated*' by the group (Foulkes, 1975:10). Indeed, this is how I often felt, terribly anxious and invaded.

But despite all this, something changed . . .

As the weeks passed, from session to session, and particularly after supervisory meetings in which I took a turn speaking, a change began to appear in my group: a new spirit evolved, with more freedom and ease.

In fact, there was a parallel process between the two groups. My supervision group helped me to acknowledge my intense anxiety and my feelings of fragmentation and aggression. They helped me to articulate these feelings and to understand what was happening to me. They accepted me in a non-judgmental fashion, which was just what I needed. They operated as a mother function, offering holding, encouragement and the belief that I was making progress. In turn, I could calm my therapy group and give them the hope that was necessary for them to engage seriously in the therapy process.

I would now like to describe the session in which I first began to feel this change.

The Turning Point

The sixth gathering of my renewed group took place after a break of two weeks owing to the Independence Day vacation. I was concerned

with the question of how this first break in the life of the new group would affect members. A number of hours before the session one of the new members called me from abroad and said he had extended his vacation and would not be at the session. Another new member left a message just a few minutes before the beginning of the session. He said he was stuck in traffic and so would be late. And then the most veteran member of the group called and apologized, explaining that she too would be late because of the traffic jam. Within five minutes after the regular time, four out of five group members were sitting in the room, but until then I was keyed up and worried.

'A', the most veteran member of the group, opened by turning to 'R', a new member, and said, 'I want to apologize to you. At the end of our last meeting, I spoke to you very sharply. I attacked you. It was unlike me.' R said, 'I didn't feel you attacked me.' 'A' replied, 'Yes. Remember? You spoke about having to move the picture on the wall there. I strongly objected. I was aggressive.'

The event to which they were referring happened in the last minutes of the prior session, during which 'R' commented that the picture on the wall facing her was hanging sideways and should be turned 90 degrees. It was an abstract picture consisting of splotches of colour. 'A' answered her with anger in the prior session:

'A': 'No, it's right side up. Here, look, there's a horse. You can see its head! Its eyes! Its mane (she points to some vague white splotches in the picture) . . . I, too, used to think it was upside down but I was shown by some members who are no longer here, the horse . . . it's facing in the right direction.'

While this dialogue was going on, I noticed that 'A' was taking the role of 'tribal elder' or 'historian' of the renewed group, a role that had belonged to another veteran member who left the group. I thought that this was the first time that someone in the renewed group was making a connection between what was happening in the present session and what had happened before. Perhaps members of the group started to feel a sense of continuity. Busy with my thoughts, I was not at all prepared for the 'drama' about to come.

'R' said, 'Like I said, I didn't feel as though you had attacked me last time.' 'A' responded: 'Yes, I was busy explaining to you what was once explained to me about the horse . . . but actually, why not try to change?'

'R' and 'A' looked at each other and then at me, with expressions that seemed to ask, what now? I did not give out any signal. They

looked at each other again—the only two women in the group—then they both got up and together tried to move the painting. Since we are talking about a large, heavy painting, they asked the two men to get up and help them. Then all together, they turned the picture 90 degrees, returned to their seats and continued looking at it.

‘R’: Now I feel better. It looks right, now.

‘T’: (A young man, veteran of the prior group) It seems to me exactly the same from all sides. I don’t understand what all the discussion was about. But, I do understand that it was important to you, ‘A’, as you were so adamant about it in the prior session. It sounds like it touched on something very personal.

‘A’: Yes, it was personal, actually. A few years ago, I thought the same thing as you, ‘R’. But other group members, who aren’t here anymore, explained to me then how to see the horse. Actually, now too you can see a horse (she explains to members of the group. It’s a little hard to see . . .). From this direction things look a little different . . . you have to get used to it . . . but it’s really very nice.

‘A’ is an art teacher, and I felt that her comments were accepted as a kind of ‘professional truth’ by the other members. They nodded in agreement to her statement.

‘A’: . . . anyway, you’ve got to respect history. That wall has history.

‘T’: I don’t have any respect for history. Sometimes it’s better to forget what was.

Group members continued to talk about their own histories, asking themselves if it is good to remember or to forget what had been before so that they could make changes in their lives. The atmosphere was warm and pleasant, perhaps for the first time since the renewed group had started up. None of the participants mentioned what had transpired in the room a few minutes before, as though nothing had happened. In contrast, I was very excited and filled with new energy. I felt that when the entire group got up to turn the picture, it symbolized that together they could ‘turn the world’—bring about a change in the reality around them, and in their own inner realities.

During a moment of quiet I tried to get them to talk about what had happened, suggesting that we see if perhaps there were other meanings to the event:

Conductor: Maybe we can succeed, right here in the group, in making real change, like you did in the room.

But, after looking at me for a moment, they continued with their discussion as though I had not said a word. I understood that my interpretation was unnecessary and perhaps had meant merely to quiet myself down. Suddenly, a picture of my son came to my mind, the first time he smiled at the age of two months. It happened after he had become sick with meningitis and for five long and very frightening days had been hospitalized in a very serious condition. When I saw his first smile in the hospital, I felt great excitement. For me, it was just what I needed, a signal he was going to be alright. He would get better. When my renewed group had worked together to change the angle of the picture, I felt a similar hopefulness. Members were telling me to relax and rely on them. Things would be okay. I could stop worrying.

My worries as a new, totally inexperienced mother to my elder daughter were different from my concerns for my son, the second-born. With him, I did not have to get used so much to motherhood itself, but I did have to get used to that particular child and work out the specific mothering he needed from me.

It seems to me that a similar process happened to me with the group. Here, too, I can see a difference between my reactions during the first weeks of the renewed group and my reactions before, when the 'old' group had just began. I think that had the 'picture event' occurred during one of the sessions of my 'old' group, I would have interpreted it as a group 'acting out'—and not see in it a sign of hopeful progress. In fact, my confidence as a conductor—as a veteran 'mother'—helped me to understand that the act of getting up and turning the picture was a creative, unconscious way they had found to express themselves—to calm themselves and me down and symbolize the hope in what they had done.

Moving beyond the Stage of Primary Maternal Preoccupation

In the first weeks of its life, an infant feels frightened and unsafe, but gradually the mother calms it down and 'introduces it to the way things are', while the infant gives her signs and reassurance that she as a mother is alright. It is not clear who initiates this process. Perhaps there is always a cycle of action and reaction, changing figure and ground, outside and inside are interchangeable. Finally, when the infant starts moving beyond the first, frightening stage, it behaves and looks totally different:

At the age of two or three months infants begin to give the impression of being quite different persons . . . they are not simply more social, or more regulated, or more attentive, or smarter . . . And the world now begins to treat them as if they are complete persons and do possess an integrated sense of themselves. (Stern, 1985: 69)

In groups, as with infants, the first, frightening stage passes. Everyone becomes calmer, and there is a feeling of progress. The chaos that characterizes the group's coming-to-be, the painful strangeness felt by everyone at the start, the lack of harmony, a great doubt regarding the group's unknown future—all this is gradually replaced by feelings of greater trust, comfort and relative peacefulness. It is hard to analyse this process in terms of 'who actually initiates the process'. It appears to be a combination of the mutual influences of all the participants, similar to Mitchell's description of individual therapy:

The analyst is not a mirror, an inert object, but a complex meaning—generating subjectivity in her own right . . . Because of this, *the analytic connection and the analytic process are at the same time both more personal and also interpersonal.* (Mitchell, 1993: 112)

A group that survives the first developmental stage turns into, more or less, a cohesive entity with its own identity, similar to what happens to an infant in a good enough environment (Nitzun, 1989). The mother definitely shares the well being of the infant, and the conductor, in the same way, is a partner to the good feelings of the group.

Summary

Foulkes and his followers tended to see the group conductor as having a 'father' function and the group as having a 'mother' one (Foulkes, 1964). I have tried to emphasize here that in addition to the group being a 'mother' (Foguel, 1994), the conductor has mother-like characteristics regarding the group. At its beginning, the conductor undergoes turbulent emotional processes similar to 'primary maternal occupation' spoken of by Winnicott (Winnicott, 1956).

The surprising discovery for me, was not only that primary maternal preoccupation phenomenon occurs at the start of a group, but that under certain circumstances, this phenomenon can return and happen time after time, exactly like mothers can return to this emotional mode at any age they sense their child is in stress. In Stern's words:

When your child needs you, you react like a mother, regardless of how old is he.
(Stern, 1998: 5)

Like the mother, the group conductor, too, may be flooded with anxiety and aggression. He too accompanies group members through turbulent processes, including strong, non-verbal interactions. A supportive environment can ease and help the conductor, as it can with the mother. In my case, the supervision group offered significance and understanding to what I underwent as a conductor, and thereby helped me to regulate and to contain my own anxiety and aggression. As time went on, I could offer these inputs I had received to the members of my group.

Eventually my renewed group and I moved on from the stage of primary maternal preoccupation. I noticed that I stopped dreaming about them. I was relieved, but I knew that we had not yet reached the end of our journey: there is still much work to be done, steps to be taken, goals to be reached. However, the floor now shakes less beneath my feet. This is a much improved feeling for both the group and me, the conductor. I often think of the following exchange between Foulkes and someone who consulted him.

‘How can group analysis help me?’ I asked Dr. Foulkes in despair.

‘How can it not’ he stoutly averred, ‘if you let it?’ (Foulkes and Anthony, 1957)

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