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The Notion of the ‘Matrix’: New Perspectives in Group Psychotherapy for Psychotic Patients

Clarisse Vollon, Guy Gimenez and Christian Bonnet

Following on from the work of Foulkes (1964), we propose in this article to take up the concept of ‘group matrix’. We set out to provide new clinical–theoretical perspectives via the notion of group as ‘envelope’ elaborated by Anzieu (1975). This formulation will provide us with a canvas within which to apprehend the organizational and structural evolution of a therapeutic group for chronic psychotic patients. We will suggest models of the networks forming the matrix and the texture of the psychic envelope of the group. The aim is to bring out the peculiarities of the matrix in this type of group as well as its impact on the psychic positioning of the therapist and on his/her therapeutic work within the group.

Key words: group, matrix, psychosis, psychic envelope

Introduction

When we conduct a therapeutic group for psychotic patients, we are struck by the diversity of the communications which animate the sessions: their modality in a group are complex and numerous.

According to Foulkes (1964), the purpose of group psychotherapy treatment is specifically this multi-personal communication network and its disturbances, the premise being that mental pathologies are expressed as an interpersonal process: ‘At the root of group psychotherapy is the conviction that neuroses and other psychic disturbances

are in truth multi-personal phenomena. This multi-personal network of communication and disturbance is in fact the aim of treatment' (Foulkes, 1955: 66). What are the special features of this work in a therapeutic group for psychotic patients? We believe that in order to answer this question it is important to take up the notion of 'matrix' such as it has been developed by him in 1969¹. We set out to describe this conception of the group alongside that of 'envelope' developed by Anzieu (1975). We feel that the notion of matrix, incorporated with other group conceptions, broadens our perspective of therapeutic group processes for psychotic patients, providing new analytic possibilities and understanding. We propose the following models:

- The networks forming the matrix are enclosed within a 'psychic envelope'.
- The envelope which encloses these networks have a porous texture.
- Reducing the porosity of the psychic envelope reinforces matrix cohesion, therefore improving the communication processes between participants.

Theoretical Contributions

The Group as Matrix

From 1948 in *Introduction to Group Analytic Psychotherapy* (Foulkes, 1948), we find in Foulkes the idea that the group can be understood as a whole. But it is only from 1957 and 1965 in his work *Therapeutic Group Analysis* (1964), that he brings a precise definition of what he understands by the 'matrix' in order to understand the group.

The term matrix refers to the image of the group as mother (Foulkes, 1964: 164; 289). For Foulkes, 'the group is a matrix of interpersonal relationships and the events which unfold in it are interpersonal phenomena (Foulkes, 1969: 325)'. He maintains that the matrix catalyses and promotes the mental processes in the group, Foulkes then uses the term 'transpersonal network' to describe this dynamic:

the group matrix can be regarded as the operational basis of all the mental processes in the group. The lines of forces can be conceived as passing through all the individual members in the group, and may be called a transpersonal network, comparable to a magnetic field. The individual is thought of as a nodal point of this network, suspended within it. (Foulkes, 1969: 326)

The Group as Envelope

Pines (1990) has long emphasized the possibility of finding in the French social thought thinking of the group and the matrix:

I suggest that here, in French social thought, we can see the concept of a family matrix, of a social network, of a matrix of interrelationships and a recognition of a vital hand That small groups play in human life. (Pines, 1990: 8)

In the area of psychology, other authors have a different understanding of the group. Thus, Anzieu (1975) thinks of the group as a psychic envelope, turning it into an entity capable of self-unifying, self-organizing and self-regulating: ‘a group is an envelope which can hold individuals together. Unless this envelope is established, it is merely a human aggregation, there is no group (Anzieu, 1975: 1)’. According to this view, the group as envelope requires a specific building time, which can sometimes fail. Indeed, it can sometimes happen that this ‘envelope group’ loses its cohesion, because of the anxieties of each one of its members and issues which can arise within it (Anzieu, 1975: 224). We have therefore demonstrated (Vollon and Gimenez, 2014) the importance of apprehending the group as a specifically malleable envelope, evolving gradually and according to encounters, exchanges and session development (particularly within the frame of group psychotherapy). The notion of ‘envelope’ has its epistemological origins in the works of Freud (1923) which views the Ego as a partial envelope which sets itself up at the junction of Pc-Cs/Ucs: ‘The Ego does not completely envelope the unconscious, but only within the limits within which the Pc system constitutes its surface, similarly to a germinal disc deposited on the egg (Freud, 1923: 38)’.

The Group as Matrix and the Group as Envelope: Different Models

The group as matrix and the group as envelope provide two different models of the group, and for understanding the psychic work in progress, both within the intra-subjective and inter-subjective spaces (Kaes, 2009). Apprehending the group as matrix implies thinking the subject as belonging to a transpersonal network, crossed by it and transcending its own internal psychic limits, whereas viewing the group as envelope implies thinking the latter in a structural and malleable dimension in which the subject is kept in a space which is both bounded and containing but also potentially evolving.

Further research (Vollon and Gimenez, 2014) enabled us to demonstrate the existence of different individual textures of the psychic envelope—therefore of the Ego—for example, the texture of the envelope around the psychic apparatus of a hysterical patient will be different from that around the psychic envelope of a psychotic patient, Anzieu, 1987). We can therefore assume from this aspect that the texture of the envelope-group can differ according to its membership.

Foulkes developed the idea of levels of communication in groups which relate to levels psycho(patho)logical functioning.

Furthermore, the matrix transcends individual differences² whereas the group envelope builds itself and evolves specifically in terms of individual interactions (and also probably in terms of their individual psychic envelopes).

The Neuronal Metaphor: a Possible Model

Nevertheless, and as we proposed it in the introduction, we believe that both these approaches for the group can be connected and are complementary. Indeed, Foulkes postulates that a membrane exists between the therapeutic group and the external world, its texture being semi permeable, which would explain the effects of circulation between what goes on inside the frame of a group and what goes on outside this group: ‘Between group therapy and the external world; *the membrane* which separates the two is semi-permeable. Everything that occurs or changes inside the person, within the group frame, inside such a therapeutic group, reveals itself immediately in life (Foulkes, 1964: 96)’. Could it possible that the psychic envelope corresponds specifically to this membrane which boundaries the matrix? Not exactly, since Foulkes does not view the matrix as a mass with an interior and an exterior but as a system of networks and interconnections.

However, Foulkes refers to the neuronal metaphor to describe the matrix, or as an open neuronal system, communication would circulate from one neuron to another, from one individual to another:

Group matrix is an operational foundation for all the relationships and the communications. Inside this network, the individual is conceived as a nodal point . . . As in the case of the neuron in the nervous system, the individual is held in the group matrix. (Foulkes, 1964: 117)

However, in *Outline for a scientific psychology*, Freud (1895) compares individual psychic processes as quantitative states determined by distinguishable material particles. He speaks of ‘contact barriers’ which

allow conductibility and differentiation to be connected by the existence of two types of neurons: permeable and highly excitable ones taking charge of perceptual functions, and others less permeable and excitable taking charge of memory functions (Freud, 1895: 320). This barrier of functions anticipates the way in which 28 years later, he will formulate the *Ego, as an envelope* separating the preconscious and the unconscious such as we have presented it previously. We therefore propose that the 'group-envelope', can be compared to a myelin sheath surrounding and protecting this group-envelope, the myelin sheath artificially surrounding its psychical apparatus, allowing the 'lines of force' of the matrix to 'pass through the individuals' (Foulkes, 1969: 326)³. This formulation of the group makes for a better understanding of what Foulkes means when he maintains that the psychic limits of individuals do not follow, in group situation 'the limits of their physical person (Foulkes, 1964: 179)'. Indeed, the group-envelope, overlaying the psychic individual envelope of each of its subjects, would modify its form and texture. From these theoretical considerations, we can deduce that epistemologically it is quite possible to apprehend the matrix network as bounded within a psychic envelope. We will now turn more specifically to theoretical aspects, which will provide us with information on the texture of the psychic envelope of the psychotic patient.

The Notion of Porosity of the Ego as Envelope

If we consider the Ego as an envelope, it is possible through the metapsychological works of Freud, to understand its texture in psychotic patients. According to him, the Ego is, within the psychotic frame, 'extended' from the fact of greater libidinal investment than in other types of neuroses: 'let us conclude that the libido which has been set free resides in the paranoia attached to the Ego, utilized in the extension of the ego (Freud, 1911: 469)'. From 1924, he proposes the notion of 'cleavage' in order to define its form. Only, the Ego in the psychoses, beyond cleavage and abnormally extended, equally operates some transformations from the setting in motion and reversal of the Pc-Cs system against internal perceptions themselves (Freud, 1911). Extension, cleavage and reversal effects: such are the observable characteristics in the Ego of psychotic patients according to Freud. Klein proposes a more complete approach: she detects that in the very early life of an individual, the Ego lacks cohesion, oscillating constantly between a tendency towards integration and a tendency 'to fall apart' (Klein, 1946: 278). The tendency towards disintegration derives from

the infant's anxiety of being annihilated internally, due to a partial inability to project externally his internal destructive impulses: she seems to suggest 'disintegration states in schizophrenics' (Klein, 1946: 278). The Ego is split in psychotic patients. However, Bion stresses that the Ego is never totally cut off from reality, allowing for the cohabitation of both a psychotic personality and a non-psychotic personality:

I do not think, at least as far as it concerns patients we are likely to encounter in our analytic practice, that the ego can ever withdraw entirely from reality . . . It is a fact that the ego keeps in contact with reality which explains the existence of a non-psychotic personality next to a psychotic personality, but concealed by the latter. (Bion, 1967: 55)

Thus, the effects of the Pc-Cs/Ucs system reversal described by Freud and the splitting of the Ego described by Klein are not fixed: the Ego is able in some parts of its constitution to perceive the external environment and to interact with it. In order to understand this textural diversity, we believe that the psychotic patient's psychic envelope, including the specific character of this Ego in terms of envelopes and those of the body envelopes, is porous. The term *porous* is derived from the Latin *porus* and the Greek *poros* which means 'passage'. In the French hydrogeology dictionary of 1977, porosity is the property of a body, a medium, consisting of voids which may or may not be connected, quantitatively expressed by the relationship of the volume of these voids to the total volume of the medium. The notion of porosity refers to unconnected gaps—corresponding to gaps arising from Ego splitting—but also to 'full' zones, quantitatively more dense—corresponding to Ego zones interacting with the external world, capable of perception and screening, providing evidence for the existence of a non-psychotic part in the personality of the patient. In the light of theoretical evidence: the psychic envelope of the patient has a specifically porous texture.

Clinical Material

The group in question is a slow-open group, conducted in an in-patient unit for chronic patients in preparation for rehabilitation. It is composed of eight patients suffering from paranoid schizophrenia, who have been hospitalized for at least one year: Louis, 56 years old; Pierre, 53 years; Adrien, 32 years; Abdel, 49 years; Judith, 50 years; Nathalie, 43 years; Jean, 45 years; and Claude, 52 years. The group meets weekly for one hour. Two co-therapists conduct the group, one psychologist and one nurse; the sessions are recorded. The rules are those of free association,

time-keeping, respect for the speech of others, playfulness, and confidentiality. These rules were spelt out and accepted in the first session. The following two extracts come from data using two methods: a transcription of the recorded audiotapes, as well as the use of the four columns method (Gimenez and Barteley, 2010) which has the advantage of linking the counter-transference of the co-therapists, the base scenarios of the group and sensory elements.

First Part

We shall now present an extract taken from the sixth session of the group: the group mechanism has by now been integrated by everyone. Abdel is the first to speak: 'I would like to speak please?' I reply that group members may speak whenever they wish to do so, as long as group rules are observed. He goes on to say: 'I am going to tell you what I would like to happen, I would like to leave the hospital but I have a project which I yearn to get on with, and I still have no news about it'. It is not the first time that Abdel expresses his plan of leaving to the group—it is in fact the only theme he brings up during sessions. I sense his contribution as an attack against the group, and his yearning to leave the hospital as a desire to leave the group. Louis goes on talking about the follow-up of his hospitalization: 'I also have a project, it is Quissac in Gard⁴. In three years a retirement home will be suggested to me, perhaps'. Nathalie replies to him 'you are too young to go into a retirement home'. Louis then gets annoyed: 'you are not listening to me, I am trying to tell you, I am over 55 years old, in three or four years time I will go into a retirement home'.

I pick up that group members are finding it difficult to listen to him, I make a connection between Louis's irritation and Abdel's previous attack, and I detect the aggression which flows between the group members, that the communication processes and hence also mutual understanding are altered. I make an interpretation that the patients expressing their desire to leave the hospital are in actual fact expressing their desire to leave the group itself. I then put to them the hypothesis that this may be due to the lack of group structuring (therefore of a group psychic envelope) that is sufficiently substantial to offer its members a secure and containing place in which they can explore the parts of themselves as yet unexplored (Gimenez, 1996). The aggression of the patients would then be a defensive means to protect their intra-psychic environment from eventual intrusions by other group members and from the group itself. This hypothesis will be confirmed in the course of the session.

Judith is late and walks into the room, asking, 'the group has already started? I apologize'. In my counter-transference, her lateness irritates me: we reasserted session times in the previous sessions when she was present, did she not listen? I become aware that I have myself got entangled into this aggressive group dynamic. After having indicated to the patient her lateness and the breaking of time keeping rules, I invite Louis to pick up his association again: 'in three or four years I will go into a retirement home, but not before', he repeats calmly. I try to make a double-sided intervention (Gimenez, 2010) which allows an obvious reply to Louis whilst reassuring in a latent way the other patients on the preservation of their intra-psychoic group situation: 'not every one needs a retirement home, there are different options available according to the individual and his needs'. Louis then replies, 'it is comfortable here at the hospital, it is like a cocoon'. A lively exchange then follows among the members on the quality and the composition of the food in the hospital, and also on their various appetites. Adrien is the only one who does not take part in the exchanges: I support him with my gaze, but this sensory support does not seem sufficient to enable him to talk. I decide to intervene so that he may talk and he states: 'there is not enough to eat at meals', everyone acknowledges this, and a long silence follows. I make an immediate connection between the issue of lack of food and the aggression, which previously circulated between the members. I suddenly have the fantasy of a nest with fledglings devouring one another because of the lack of food: I am astonished and I start to feel helpless in the face of what the group aggression sends back to me. I decide to return to the image of the cocoon, and I propose it as mediation support for our exchanges. Abdel reacts strongly: 'at a given time one needs to detach oneself from the cocoon, the boil must be lanced'. I am very surprised by the appearance of this new image. I do not understand the connection between the cocoon and the boil, and I verbalize my confusion. After a few exchanges unconnected to my question, which I attribute to a defensive movement on the part of the group, Louis replies to me, 'it is quite simple, he means no more cocoon, and to lance the boil so that there is no boil anymore'. Nathalie adds, 'the cocoon is a corn in the feet'. I am struck by this extremely negative perception of the cocoon (and therefore possibly also of the hospital and the group) and finding again in fantasy, the aggressive attacks of the group at the beginning of the session.

Discussion of the First Part: Distortions in the Communication Process and the Porous Condition of the Psychic Group Envelope

We can see in this first extract two important aspects. First of all communication processes appear particularly distorted. Individual associative channels prevail at the expense of a noticeable group associative channel: for example Abdel presents a sealed discourse and is unable to move on to anything else in the group other than his own plan. Furthermore, the aggression which prevails within the group (accessible in the counter-transference felt by the therapist) brings out a feeling of isolation in the patients, for example Louis feels that Judith does not listen to him when he speaks. This distortion of the communication process is accompanied by the expression of an unusual texture of the psychic group envelope. The second part of the extract is branded by the appearance of 'formal signifiers' (Anzieu, 1987: 33)⁵: the image of the cocoon sends back a feeling of suffocation—a space closes—the boil to that of lancing—a ruptured bag leaks—the lack of food experienced within the cocoon (leading to destructive and cannibalistic drives among group members in the fantasy of the therapist) sends back a sealed space which gives no opportunity for the external environment to provide what the group members needs. The feeling of lancing and the fantasy of a suppurating liquid, which is leaking in the fantasy of the therapist, sends back an inconsistent space which lets its contents leak out.

Thus, the 'myelin sheath' (or the group psychic envelope) which wraps communication networks, seems to present a composite texture: a rigidity which does not allow unconscious psychic aspects to circulate between the external environment and the intra-group environment, and areas of weakness, even totally devoid of substance. This texture, between substantial and groundlessness, reflects the description we gave of the psychic envelope of the psychic patient, which we have described as 'porous'. Indeed we find a connection with unrelated areas corresponding to gaps induced by Ego splitting but also Ego zones that are more complete. Emphasizing the similarity between psychic group envelope and individual psychic envelope of group members, enables us to query whether it is this porosity which impairs good functioning of communication networks. We tried to verify this hypothesis by reducing this porosity and watching its effects on the quality of the communication process in the course of the following sessions: session 15 is a demonstration of this.

Second Part

In session 15, the group has matured: Louis had to be transferred to another unit because of a collapse of his condition, and Pierre left to go to a retirement home. Nathalie speaks first, eagerly letting us know that his body and his hair were washed that morning. Suddenly, Abdel asks to go to the toilet, he gets up and leaves. As for Jean, he goes on: 'the last time I saw Louis, he was so so'. We exchange an embarrassed gaze with the co-therapist: we share at that moment a feeling of guilt in the face of our inability to have been able to anticipate and contain the collapse in the condition of Louis. Whereas Adrien begins to fall asleep, Claude arrives in the room late. I detect that it is difficult for the group members, including co-therapists, to all be interacting with one another, everything happening as if each one invested his intra-subjective space at the expense of the inter-subjective space. Abdel knocks on the door and explains: 'forgive me for disturbing you, I needed to go to the toilet, I didn't want to wet myself'. I interpret the return of Abdel as a further attack of the frame, with the result that my ability to think in the group has been suspended. I invite Abdel to take care of his needs before the start of the sessions. He feels got at, and threatens not to come back if we continue to make comments to him. I am surprised by the persecuted tone with which he receives my intervention. Jean goes on: 'I believe that it is important to respect group times. But it is true that sometimes the bladder is limited, as we drink a lot of water. And we need to go to the toilet'. This patient seems to have taken up the role of group mediator at that moment. He asks Claude to express himself, which he willingly agrees to do, he says, 'it is the first time in a psychiatric hospital that one can say what is on one's heart. Before I was at Valvert, I was in clinics where we didn't have this'. The guilt feeling in my counter-transference gives way to a feeling of trust, trust in the group therapy that we offer and also trust in the capacity of group members to make use of it. Abdel goes on: 'I have a little trick to tell you about—it would be good if the bedrooms were opened at 12.30 (noon). Be grateful'. Nathalie replies to him that at the weekend the bedrooms are open all the time. Abdel gets irritated: 'I know, I have been here one and a half years, I know how it works. I do not repeat myself like a old man'. As I was about to question and explore this emergence of aggressive affects, Jean says, 'I sense anger, Abdel is upset, he needs to express himself'. Nathalie then replies with moving insight, 'I repeat myself too but it is my nature, that is how it is'.

I am struck by this new ability of patients to spontaneously verbalize their affects and their perception of the affects of the other group members. I become aware that they now appear not only to be able to allow the flow of speech, but also to express their individuality and their feelings with trust.

Discussion of the Second Part: Reduction of Porosity and Reinforcement of Matrix Cohesion

At the start of the session, the therapist detects the inconsistent dimension of the texture of the psychic group envelope. Indeed, the departure and the return of Abdel, the sleep of Adrien, and also the empty places left by Louis and Pierre, look like an expression of the group's inability to hold its members, and getting them to invest their respective intra-subjective spaces. If we go back to the images produced in the sixth session, the group acts here in the fashion of the abscess which is lanced: the envelope cannot hold its contents which pour out. To think of this inconsistency enables the therapist to suggest artificial limits of the group upon which the patients can get supported. Indeed, by telling Abdel to take care of his needs before the start of the session, he brings out the passage between the inside and the outside of the group, and the potential limits which can punctuate this passage: not necessarily going out to urinate. By acting upon the inconsistent part of the texture of the psychic group envelope, the therapist can make possible a remodeling of the communication networks. Even though Abdel experiences the therapist's intervention in a persecutory way, we observe at that moment in the session an improvement in group flow.

Conclusion

The work of Foulkes continues to provide us today with a fundamental understanding in our practice of group therapy. However, the complexity of some treatment methods as well as the psychic functioning of patients who participate in it, can benefit from other group conceptions as well. In this article we have tried to demonstrate the evolutionary potential of the 'matrix' and new perspectives that this evolution can offer. Thus, by intersecting the notion of group as matrix and group as envelope, we are able to show, within the frame of a therapeutic group for psychotic patients, structural peculiarities as well as their effects on the psychic positioning of the clinician and the clinical work required to drive it.

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Notes

1. Foulkes first mentioned the notion of a 'group matrix' in 1955: chapter III of Foulkes (1964: 49) and then again in chapter V dated 1955; cf. Foulkes, 1964: 75. Before this, he referred the group as a whole in terms of a 'network'.
2. S.H. Foulkes speaks of social foundation in the group, or the individual need to be understood by the group which overrides any other individual need: 'When individuals are gathered in a psychotherapeutic group, conflicting tendencies arise, but despite impulses to withdraw, the need of the individual to be understood by the group and to be attached to it takes precedence' (Foulkes, 1964: 108).
3. This is what Foulkes meant by 'transpersonal processes', a term he coined in the 1950s and a term which supplemented his notion of interpersonal relationships.
4. A French region.
5. The formal signifier has a different structure from fantasy. They are proprioceptive, tactile, coenesthetic, kinaesthetic, postural images. Their wording is limited to the verbal phrase, that is to say to a grammatical subject and a verb: the sentence which translates them has no complement (Anzieu, 1987: 33).

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