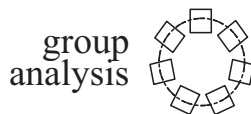


Article



The Northfield Experiments—a reappraisal 70 Years On¹

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More than 70 years ago during the Second World War, what became known as the Northfield Experiments began in a southern suburb of Birmingham, England. By 1946 these experiments had ceased and the major participants had journeyed in different directions but carried with them new ideas, particularly in relation to group psychotherapy and more generally applied psychoanalysis. John Rickman, Wilfred Bion, Tom Main, Sigmund Foulkes, Harold Bridger, Patrick de Maré and others at the end of the war dispersed to create abundantly. Such creativity fertilized the development of the principles and practices of therapeutic communities, psychoanalytic group therapy, the application of an analytic understanding to organizations and more. This article includes a consideration of how practice was influenced from these origins. This contribution has as a background the author working for over two years at the Cassel Hospital early in the 1990s and more recently attending a conference in January 2018 conducted at Northfield or Hollymoor Hospital, as it was originally, and remains, known. It includes some personal reflections.

Key words: Northfield Experiments, applied psychoanalysis, analytic group theory, group analysis, John Rickman, Wilfred Bion, Harold Bridger, Tom Main, S.H. Foulkes, Patrick de Maré

Introduction

The so-called 'Northfield Experiments' occurred in a series of buildings, a former institution, the Hollymoor Asylum or Mental Hospital situated in southern Birmingham, England. While beginning more than 70 years ago their instigation was prepared over a long time. I do not mean in any organized sense or with bureaucratic plans. In fact they came to life out of the firmament of need, organically as we say. As that great 20th-century sociologist Norbert Elias (2000) described, developments in civilization, either forwards or looking backwards, have been contributed to by all that has gone before. Readers will have varying degrees of knowledge of these events and the main characters. I say characters as they were all powerfully drawn characters in real life although so different from each other. But there is much more to the story even though I have only a small space to consider these matters.

I will begin this story during the First World War in Britain with the name W.H.R. Rivers. He was a doctor and psychiatrist who became interested in the treatment of officers who developed 'shell shock' or 'war neurosis' as the conditions were sometimes called during the First World War. He worked with soldiers at Craiglockhart War Hospital near Edinburgh, Scotland and developed his 'talking cure' which utilized the importance of catharsis and remembering traumatic events rather than their repression. It is relevant and poignant to mention that we are a little over 100 years from the date the Armistice of the First World War came into effect, that is, at the 11th hour on the 11th day of the 11th month 1918 in Compiègne, north of Paris, at Paris time. But the background to these matters is on the Western Front where it was commonplace for those with shell shock or fear of fighting to be considered cowards. Now we would consider it quite reasonable to experience dread to go over the top of the trenches at the beginning of an assault, when cannon-fire was deafening and the dead, including one's comrades and friends, lay all around.

I now move forward to the Second World War during which the Northfield Experiments began. The exact date is a little uncertain but it would seem the first experiment commenced in January 1943.

I will make some observations here about my sources. There are numerous articles written by the main protagonists involved in the Experiments that I will draw on and they include Rickman (1943), Bion (1943), Bridger (1946), Main (1946), Foulkes (1946), de Maré (1972) and others. Various others have interpreted the Experiments.

Nineteen years ago, a British psychiatrist Tom Harrison (2000) published a book on his studies of the era and more recently an article (2018). I attended a conference conducted under the auspices of the Group-Analytic Society International in January 2018². My work at the Cassel Hospital 25 years ago gave me a rich insight into these matters of which I have presented and published previously (1995, 1996). Tom Main, founder of the Cassel, died several months before I arrived at the Cassel in 1990.

The first Northfield Experiment was quite short, in fact about six weeks, when it was abruptly terminated by the senior army administration who visited Northfield early in 1943. Wilfred Bion and John Rickman were those who conducted what later became known as an experiment. They were both psychoanalysts or to become the same and brought a collegial relationship to the challenge. In fact, Rickman was introduced to psychoanalysis by Rivers and soon became a psychoanalyst. Rickman also had a Quaker background. A Quaker meeting involves silence, until spontaneously anyone feels free to speak of whatever they want to in a sort of free associative manner. This is relevant to the style of the first experiment.

Bion, as is known, was a decorated tank commander in the First World War. He and Rickman determined to develop a way of conducting groups that had as its first and prime function to return soldiers to a functional state, in a sense, for the war. Their goal was not and could not be to aim to repair or heal in a developmental sense the wounds of childhood. Quite frankly, they viewed this was not possible, given the context, including the contemporary war anxieties. Their style emphasized and focussed on the achievement of soldiers being able to resume, if not active service, then as close to this as possible. It also meant working towards soldiers being able to put aside their neuroses and personal matters and function for their comrades, the army and the nation against the enemy.

Rickman was also Bion's analyst for about one year, later followed by analysis with Melanie Klein. Despite being an analyst–analysand couple, they corresponded and seemed to develop a close relationship in certain ways. Bion was not as yet a psychoanalyst. Harrison has said 'The success—and failure—of Rickman and Bion was that their attempt went deepest. However, they moved so quickly, without anticipating the reactions that would ensue, that the recoil ejected them' (Harrison, 2000: 182).

Major Rickman arrived at Northfield late in 1942. One of the later contributions of these pioneers was to shift the prism from seeing the

4 *Group Analysis 00(0)*

problems only in terms of defective or sick soldier-patients to understanding that the system and members of staff also constituted the challenge: a forerunner of the therapeutic community approach and systems theory. Rickman's task was to halt the flight *away* from the 'here and now' and instead bring the patient back to the present rather than endorse the fantasies that home would give blessed relief from their inner struggles. You can see here the germ of an idea for Bion's later work.

Major Bion joined Rickman later and became leader of what was called the Training Wing. He had come from a background of operating in the War Office Selection Board involved in officer selection. He quickly instituted a group focus in the Training Wing and particularly the understanding that practical problems in the operation of activity groups were secondary to 'intra-group tensions'. An article was published in the *Lancet* in 1943 authored by Rickman and Bion entitled *Intra-Group Tensions in Therapy* (1943) based on Northfield experiences. His contributions to group theory are described in his book *Experiences in Groups* (Bion, 1961).

It is important to remember that Bion was not a group therapist. This was made clear by a number of people including Malcolm Pines (1987) and Tom Main (1981). More accurately he can be considered to have contributed a deep understanding of unconscious group forces or dynamics. Remember also Rickman's background as a Quaker and the practice of waiting for contributions and that Rickman was Bion's analyst and highly respected and liked. Bion's style included a sort of apparent but deceptive passivity in waiting for a long time before contributing until a comment could be made in terms of how the group was thinking of his role or significance at a deep or unconscious level. He allowed the group to struggle with itself in a way that puzzled and frustrated group members. Over time members came to develop an awareness of their role in relation to the group. Bion emphasized that it was important to interpret how the individual related to group unconscious themes, and not to offer solutions.

Following the initial chaos and high tension, after a few weeks soldiers began to take an active interest in their own (and the Training Wing's) functioning but by this time the experiment was abruptly terminated as already mentioned. Some psychiatrist colleagues were disgruntled by their approach and may have seen them as 'arrogant' (Harrison, 2018: 444). The almost universal view of these matters since is that Bion and Rickman were not able or willing to bring the

administrative part of the hospital or the army into an understanding of their ideas. This would seem to have been Bridger's view of them also (1990: 74). I find this aspect disconcerting, because from my reading of the Symingtons' book *The Clinical Thinking of Wilfred Bion* (Symington, 1996), Bion is described as courageous in the deepest sense and a man of good character and capable of strong love. His character seems not to have been what we are more familiar with, perhaps even the rule, in the famous man or woman, seeking self-aggrandisement and possessing a strong narcissistic self-investment. One possible theory is that his analytic work with Rickman and Klein contributed to the healthy side of his character that was earlier more crudely drawn.

The Second Experiment began in 1944 when Harold Bridger, psychoanalyst, was posted there from the War Office Selection Board by the Director of Army Psychiatry, Ronald Hargreaves, who was favourably disposed to some new work. Harold Bridger was a mathematician and a teacher later becoming a psychoanalyst, and was not a doctor. Bridger has written: 'Bion, in my view, was not at ease with the group as an open system. He was not at home with the implications of ecological change in groups, institutions and communities (1982, cited by Harrison, 2000)'. Personally, I think these views are instructive and perhaps even critical in understanding Bion's struggles and aspects of his work.

From the beginning Bridger brought an interest and understanding of the organization as an entity in its own right to the hospital. He applied an interest in Winnicott's theories, especially the value of a transitional space. There also were social workers, psychologists, occupational therapists, nursing staff, administrators etc. He took command of the Training Wing and introduced a system that involved linking the previously disparate parts and roles of the hospital wards, units and staff, or in other words, being responsible for the hospital-as-a-whole. Bridger left Northfield in about September 1945.

A number of the more 'senior' members of the Australian Association of Group Psychotherapists (AAGP) came to know Harold Bridger and to respect him. In the early 1990s he lived for some of his time in Melbourne and attended our meetings and consulted to our Committee of Management and the Melbourne Institute of Psychoanalysis at difficult times. Oliver Larkin, Chris Hill, George Christie, Bill Blomfield, Ian Martin, Bill Orchard, Sabar Rustomjee, John Sheedy, Frances Thompson-Salo, Ann Morgan, Judith Eardley and me, we were all part of this era. I was able to share some of this

history with Tom Harrison in Birmingham at the conference and thereafter. It was not until some years later that I came to appreciate Bridger's role more deeply in Northfield and our good fortune in Melbourne. Bridger emphasized to us in our committee work, which was tense at the time, that it was important to consider what he called the 'double task'. This meant, in part, that as well as the work of the committee we also needed to make space to look at our interpersonal relationships and attend to them in that group and he assisted us in this task. It was under his watch, so to speak, that we subsequently introduced our 'reflections' group meetings on the Sunday morning of each state conference. Bridger has written in his few publications of the nature of the 'double task' or 'double role' in an innovative way.

Another person of interest is Sir Eric Cunningham-Dax, psychiatrist, who was very influential in the development of psychiatry in the state of Victoria and in Australia. Cunningham-Dax visited Northfield and was impressed by the work there. He was struck by the work of Sergeant Bradbury, an occupational therapist, who conducted a painting group for patients. This seems to be where 'art therapy' began and was introduced to other hospitals in the UK and of course spread. Bradbury later became a professor and lecturer at the Tate Gallery in London. Cunningham-Dax went on to compile an important collection of paintings and art work in Melbourne created by psychiatric patients over the decades and this is an important resource in research.

In May 1945, Tom Main, a psychiatrist and psychoanalyst, arrived to introduce further input. He was the most senior of all these Northfield figures in terms of army ranking holding the rank of lieutenant-colonel. He departed early in 1946. That same year he established the Cassel Hospital in Kent and in 1948 it moved to Surrey with the instigation of the National Health Service in that year.

S.H. Foulkes was a psychoanalyst, psychiatrist and refugee from Germany, leaving in 1933 before the war, like numerous other Jewish intellectuals. After qualifying in Britain he set up a private practice in Exeter where he had begun to conduct what seems to have been an early form of group therapy. He joined the army and arrived at Northfield in April 1943 (Harrison, 2000) and quickly introduced some form of group therapy.

Conflict developed between Main and Foulkes around their different approaches. Foulkes' approach was seen to be markedly different from that of Rickman, Bion, Bridger and Main and it would seem he was seen as proselytizing in that he conducted seminars and lectures

extolling his ideas whenever possible. Foulkes was learning how to conduct group therapy in these early years but—early on—was strongly criticized by the other figures, even after they had left to offer individual treatment in the group rather than looking at the ‘group-as-a-whole’. It is interesting that by 1981 when Tom Main gave the first S.H. Foulkes Memorial Lecture he spoke very positively of Foulkes, according him prowess and knowledge of working with groups and had obviously decided to bury all earlier conflicts.

Foulkes left in the Spring of 1946. After the war the hospital contracted and was left by the army in 1948 later reverting to its original name as Hollymoor Hospital and the remnants bear this title today. These significant figures seem to have spent a relatively short time at Northfield, sometimes as little as weeks, with the exception of Foulkes who was there for about three years.

According to Hinshelwood (2018) there were three experiments, the first of which was conducted by Rickman and Bion. The second experiment was conducted by Bridger and ‘significantly supported by Main a little later’. The third experiment was begun by Foulkes whom Hinshelwood considers was working in ‘parallel’ with the others. By parallel I think he means alongside but with his own unique ideas, very different from the Rickman–Bion way of thinking of groups. Foulkes’ interest and influence seems to have been to emphasize the significance of the social matrix in a group with the individuals being nodes in the system. He was strongly influenced by Kurt Goldstein’s ideas. Specifically, Goldstein believed that each part of the organism’s neural system, even each single neuron, was an integrated part of the whole organism. He developed the concept of figure versus ground as did Norbert Elias (2010). In Germany Foulkes had also encountered Elias and been influenced by him. In the group the figure was the individual and the ground the group. Foulkes adapted these ideas to the social system and developed a theory of group functioning which was revolutionary.

As Hinshelwood again points out Rickman focussed on how individuals related to the ‘*group-as-a-whole*’ and grew out of Kurt Lewin’s work and publications on the ‘social field’. Foulkes, on the other hand, concentrated on *how individuals related to each other or other individuals and how they related to the network or matrix formed in a group and thus how the individuals formed a group*.

Rickman and Bion were heavily influenced by Lewin and his ‘social field theory’. They denounced the widely popular view and understanding of the individual to the exclusion of the social field or

group. Lewin's conceived of how the individual is influenced by the social field one inhabits whether the social is a few or a nation. He drew an analogy with the gravitational field (Galileo) a falling object exists within. Lewin said that this applied to human and social systems as well. These ideas were revolutionary at a time when individual instinct theory was dominant psychoanalytically. We can see object relations theory as a sort of internal social field theory.

Foulkes came to be seen as the expert on group therapy at Northfield and beyond quite quickly. Bridger, Main and Foulkes realized how important and difficult it was for medically trained professionals to move from seeing themselves as the primary therapeutic unit to shifting the focus to the group level. They saw this as significantly accounting for the popularity of the traditional psychiatric approach including psychoanalysis with an emphasis on the role of the individual practitioner as opposed to shifting to the group as playing a powerful role. They also considered that treatment needed to be able to address not just the individual's neurosis, but their social neurosis as well, as it came to be manifested in a group.

What is clear from extant literature is that Bridger, Main and Foulkes struggled together to develop methods of effectively working with groups. Foulkes, as he was longest at Northfield, had a strong influence and was able to develop this area powerfully. And, of course he went on to be a founder of the Group Analytic Society, with others, in 1952 of which the journal *Group Analysis* is its main organ of scholarly dissemination globally.

Hinshelwood (1999) has said that Foulkes was not really collaborative with other group workers including Bion. He went on to establish very much in his own way the field of group analysis. He did not become so strongly involved with the British Psychoanalytical Society in distinction from Bion's involvement at least early on in his career. So, a separation or split is again evident. It is interesting to consider at this point what role Foulkes' German background had in these matters at a time when war between Britain with its allies and Germany was in full flight. He does express regret at not being able to participate in the War Office Selection Board work as Nitzgen has shown (2008)³.

Harrison (2000: 75) importantly describes how it is known that in the military small groups are of particular and vital significance. He cites various others as describing how in the armed forces the soldier is largely totally dependent upon his comrades. This network of relationships was represented by a relatively small group. This can be

seen to be important in the setting up of groups at Northfield and beyond. The largest group that an individual can come to know and relate closely to in a group is a significant social organism.

In working at the Cassel for more than two years I was fortunate to become absorbed in the culture and understand first-hand the nature of the therapeutic community. I have written of this in other contexts (1995, 1996) so I will limit what I will say. It was and is composed of numerous structures such as activity or work groups like art, poetry and music groups. Patients are, in part, responsible for cooking, cleaning and gardening as well as social clubs and groups.

There are daily large group or whole community meetings of patients chaired by patients as well as unit meetings. There is a once weekly staff meeting when the strains of the work can be aired directly with colleagues at all levels in the hospital—and not under the traditional control or limitations one would understand of a hospital. The entire institution can be understood to offer a high level of containment in the Bionian sense for patients. The basis of all work is psychoanalytic psychotherapy which occurs in individual, small and median group contexts. The overall goal could be seen as moving towards integration both in terms of individuals and the work of the institution. Most patients would bear the label of Borderline Personality Disorder and some have had psychotic decompensations. Many are victims of childhood sexual abuse, some even being perpetrators. You can, I hope, see how this system grew directly out of the Northfield experiences. Tom Main's article *The Ailment* (1989) is still a milestone and should be required reading for everyone involved in patient care.

The therapeutic community as a system spread throughout the world in many countries including Australia but slowly has seemed to wane for different reasons. In fact, it became a therapeutic community movement and as Hinshelwood has described it reflected the hopes familiar to those of us who value democratic and egalitarian political and social ideals. I would see the fading of this influence being due to neoliberal economic and political influences. It is a sad loss and at the recent Northfield conference some previous and current therapeutic community staff members became grief-stricken in the large groups as they described the fading of a hopeful dawn that glowed brightly for decades and helped so many people.

Bion's work with groups is considered by the Symingtons (1996) and they quote Malcolm Pines' critique (1987) of Bion's group conclusions. Bion's conclusions at face value, might suggest personal

change or growth is powerfully opposed in a group, and may even be impossible. Pines, who gives great credit to Bion, also says, however:

He assumed that scientific and objective data could be obtained by the analytic instrument of the therapist's mind and that he needed only to test out the accuracy of his interpretations to have fulfilled his role as therapist. Bion had an impressive but remote personality, his remarks were often cryptic and difficult to understand and always addressed to the group-as-a-whole, never directly to any individual. (Pines, 1987: 259)

The Symingtons then see this statement as a total misunderstanding of Bion and what they call 'his respect for individual thinking'. So, you can see here evidence of a split between the so-called Tavistock Clinic way of thinking of groups influenced by Bion and that of what came to be known as the school of group-analysis influenced by Foulkes. This split is still present to this day. When the NHS was formed the Tavistock Institute of Human Relations came into being as devoted to the study of social systems and organizational dynamics. Bion gained a most deserved reputation for being able to think independently and in a setting of strong emotion. This can perhaps be traced from when he was eight years old and sent from his home in India to boarding school in England to his early days in the army in the First World War through Northfield and on to his so-called 'mystical' ideas.

In reference to Bridger it is not difficult to see how his later life beyond Northfield applied his original experiences at Northfield in particular, his contribution to organizational life both at the corporate and professional collegial level.

Patrick de Maré was relatively young and the least well known. He went on to contribute particularly in the field of group analysis and the study of large groups, which has developed strongly. Many conferences globally utilize the large group as a means of keeping in mind the total community, whether it be a conference or an institution, and they are not confined to analytic group contexts but are also functional systems in corporate, political and community life.

I met him when I lived in London many years ago and he invited me to spend some time in a median group he conducted. Theresa von Sommaruga-Howard, whom assists the AAGP in Australia in various ways, has developed expertise with large groups following on from de Maré.

Dieter Nitzgen, from Germany, presented an article (2018) at the Northfield conference in 2018. In it he described how de Maré was present for significant aspects of the experiments but also that he conducted ‘exhaustion centres’ in France and Holland during the war and in reasonably close proximity to the battle field termed ‘forward psychiatry’. It was found that treating soldiers away from the fronts meant almost certainly they would not be able to return to battle. Nitzgen describes how de Maré developed means of connecting in large groups (de Maré et al., 1991) such that phobic fear could be transformed into culture and fellowship and that this grew out of his wartime experience.

So, in reviewing the arrival and work of these men at Northfield it seems useful to consider what conclusions can be arrived at—and are there clinically useful points for us now?

I think there is enough evidence that most of these ‘luminaries’, as Harrison called them, were rather ambitious and self-focussed, believing strongly in their abilities and making strong claims for their superiority. Humility was not their strong point, perhaps with the exception of Rickman. However, they also possessed strongly altruistic characters and, in all instances, devoted their lives to the service of helping others. I draw on my experience of some decades initially as a psychiatrist and child psychiatrist and then working at the Cassel and combining group and individual psychoanalytic psychotherapy trainings.

It behoves us to understand how our field of work developed, whatever it may be, as it is likely to inform our thinking and our practice. It is important that we use the struggles of others before us rather than begin as though nothing came before which may be a form of arrogance or at the least ignorance.

I will refer now to the matter of the contrast between Rickman-Bion-Bridger and Main on the one hand and Foulkes on the other hand. I have spoken of the imperative from the point of view of Rickman-Bion-Bridger to consider the hospital-as-a-whole, although Bion it seems focussed on his Training Wing and his groups only. Also, they emphasized the importance when working in the small groups to use one’s interpretations to bring a focus back to the individual’s membership of the group-as-a-whole. This was, it seems at first, purely pragmatic in the sense of helping men put aside their individual neurosis for the sake of fighting the external enemy and improvement in morale. This meant leaving the internal enemy, that is, their personal neurosis more or less alone or suppressing it we

might say, and instead aiming at the group neurosis which often presented as a lack of group morale. They were aware that time was limited and, as I have said, a full analytic experience was not possible.

Now I think this matter is very interesting and has a contemporary significance. We know that economically, socially and politically as well as academically that those amongst us interested in working psychoanalytically have been sustaining a strong challenge from a variety of more limited approaches including the cognitive behavioural stream for years. This influence in many ways has grown out of a neoliberal economic ideology. We know it is possible for many individuals to push aside their neurosis in order to function. Sometimes this is necessary and in many ways it is the universal for great swathes of the community. In many other instances it proves impossible to suppress one's inner struggles and in the absence of means of close exploration a cosh of one sort or another may be sought whether it be strategies, drugs or whatever. The Rickman-Bion-Bridger and Main group approach was in the service of the war effort primarily and maybe we could say that the Foulkes approach was allowable of more of a focus upon the individual even if the group was central in the background so to speak. What has become clear to me in this research is that Foulkes became an advocate for soldier-patients receiving psychotherapy for their neuroses. I think for this and his later development of these ideas and the practice of group therapy or group analysis he is deserving of great praise.

The matter of *group versus individual interpretations* seems a perennial matter when it comes to analytic group therapy. There are arguments put forward by protagonists for either means of interpreting whether it is a preference to focus on the group-as-a-whole or more individually directed interpretations. I think we can see how the Northfield experiences contributed to this dialectic. As I have shown already Rickman and Bion emphasized the matter of the group-as-a-whole and this was also Bridger's influence and in a different way perhaps also Main's view. It was also related perhaps to the context, as mentioned above, of the soldier's dependence on his small group for survival. Further, as mentioned above, Rickman et al. clearly stated that developmental interpretations pertaining to childhood did not have a place in their work because there was no time and the imperative was, theoretically at least, to return men as functional soldiers as soon as possible either to the battle-field or civilian life. In many ways the primary goal was to help them regain or develop a

sense of responsibility toward the group. I think there is a tendency for those using the group medium, and are more influenced by Bion, to favour group interpretations, even only utilizing them. I also consider that Main's work with therapeutic communities was somewhat in this direction.

When it comes to Foulkes his emphasis came to be on the 'matrix', the group being an embodiment of a network of nodal points, the individual group members. At the heart of it is a very Freudian and even orthodox means of understanding psychoanalysis relating back to his analysis with Helene Deutsche in Germany before the Second World War. He did say that in his view the distinction between individual and group interpretation is a sort of non-issue because every interpretation in a group has meaning for the whole group whether one speaks directly to an individual or a configuration of individuals (1964). This is helpful I think.

It seems to me that numerous modalities of applied psychoanalysis were stimulated by the work at Northfield. The creativity that was powerfully unleashed at Northfield I suspect could not have happened at least in that way without the stimulus and backdrop of the war. People and nations were, and are, on such occasions stretched to their absolute limits: it is as though they, or we, face choices of giving in to despair or instead opting to meet the challenge and risk all for a creative direction.

Here I will mention something of a personal connection for me in these matters. My paternal grandfather, Ernest, was an infantryman and a private in the Australian Army during the First World War. He came from a small Victorian country town and volunteered himself for the war effort. Whilst I came to know something of his experiences in a sketchy form as a child, it was not until I was much older that the context and broader meaning for me crystallized. He was on the Western Front from early 1915 till the end of the war, nearly four years being involved in several famous battles. During that time he was severely wounded as a result of shrapnel, gassed with nitrogen mustards and suffered shell shock. His wounds always struck me when he went swimming with us in the sea and I felt frightened by the scars on his legs and buttocks seeing whole pieces of muscle scooped out. The diagnosis of 'shell shock' only entered my awareness on researching the National Archives and Australian War Museum in Canberra. Of course, nowadays we use the term 'Post-Traumatic Stress Disorder' but this term seems inadequate in terms of meaning for me and perhaps for these soldiers 'shell shock' is better.

I am not sure. He could neither speak of these experiences within the family nor as far as I know with anyone. As a younger adult I remember feeling angry and deprived of his stories and did not understand why he was silent. My father, Jack, was a navigator, wireless operator and air gunner in the RAAF during the Second World War and served in Europe and the Middle East but was not wounded. He did, however, experience some life-threatening events but was reluctant to speak of these also. Only after my time at the Cassel did I come to consider a personal resonance with the events at Northfield. Of course, my grandfather did not receive any help such as was available for a few officers at Craiglockhart Hospital in Scotland. In retrospect my father was affected as a result of his father's experiences and of course he also did not receive any assistance such as was available at Northfield. I wish they had been helped in these ways and I consider them heroes in their own way.

Notes

1. A version of this article was presented on 17 November 2018 at 18 Erin Street, Richmond at the Melbourne meeting of the Australian Association of Group Psychotherapists and on 8 June 2019 at the Primus Hotel, 339 Pitt Street, Sydney at the annual meeting of the Psychoanalytic Psychotherapy Association of Australasia.
2. Group Analytic Society International, 43rd Winter Workshop 2018. Conducted at the Beeches Hotel, Bournville and the Hollymoor Centre (Northfield Military Hospital), Northfield on 19 and 20 January 2018.
3. In the 32nd Foulkes Annual Lecture presented by Dieter Nitzgen in 2008 (Nitzgen, 2008) he quotes from Foulkes' book (1948, 1983: 17): 'Through an unfortunate coincidence of foreign birth, which I regret, it was not possible for me to participate in the W.O.S.B work, and I heard comparatively late of the leaderless groups'. Space does not allow further exploration of these matters.

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