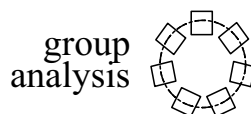


Article



Personality and the group matrix

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Foulkes' concept of the group matrix is foundational for group analysis. However, its content should progress in parallel with new knowledge in areas that concern its essence. Influential authors have recently proposed a 'tripartite matrix' as well as constitutive 'four modalities' for understanding others. In this article we contend that personality theory has important implications for a modern understanding of the matrix. We have recently formulated a new theory of personality, based on three major constituents: temperament (primary emotions), attachment, and self-consciousness (mentalizing). All communication and relations between humans are coloured by these constituents. Temperament is the term for evolutionary inbuilt motivational systems that provide the basic energy and emotional quality to interpersonal transactions. Attachment is the individual's unique template for interpersonal relatedness. And, mentalizing refers to the continuous reflection and interpretation of the content and process of intersubjective communication. These constituents likewise underpin and shape the communicative web in groups, the matrix. There is emotional energy in groups, there is preferred and avoided (types of) interpersonal relations, and there are different levels of reflective capacity (mentalizing), both at the level of the individual and the group. The main task of the group conductor is to create a therapeutic social system that in some defined way is different from the matrix of everyday social groups. S/he has to counteract the principle of entropy, a drift in the direction of an ordinary, daily, matter-of-fact discourse, which can take place in any everyday setting. We illustrate our views with a group therapy case where the therapists succeed in

creating a highly productive group sequence (matrix), and where the protagonist clearly increases her mentalizing capacity, followed by a sequence (in the same group session) where the therapists abdicate from the role of matrix creators and the group declines to common talk.

Key words: group matrix, S.H. Foulkes, personality theory, temperament, primary emotions, evolution, attachment, mentalizing, self-consciousness

The concept of group matrix

As a way of introduction: S.H. Foulkes coined the central concepts of group analysis, of which the most important was the *group matrix*: ‘the cornerstone of our working theory’ (Foulkes and Anthony, 1957: 217). In Foulkes’ terminology, matrix refers to the relatedness/communion and established communicational web or network that exists among people who are united for some purpose (Foulkes, 1990). He distinguished between the foundation matrix and the dynamic matrix. The foundation matrix refers to the part of the communicational network that stems from our common biological makeup, our senses, our capacity for linguistic communication as well as our particular type of language and culture. The dynamic matrix refers to the ongoing and fluctuating communicational network in a particular group situated in a certain context and constituted by some specific needs and/or purposes. That said, Foulkes never provided us with a clear and concise working definition of the matrix, but rather left a legacy of various suggestive and evocative descriptions throughout his oeuvre (Ahlin, 1985). Hence, newer discourses on the matrix have sought to elaborate and clarify this key concept.

Communion and communication between group members are to a large extent dependent on unconscious processes. Thanks to the work of Earl Hopper, the role of *social unconscious*, has become a target for fruitful contemporary exploration and discourse (Hopper, 2002, 2018). Nitzgen and Hopper have suggested a tripartite nature of social systems, consisting of ‘three overlapping and interpenetrating matrices: the foundation matrix of the wider contextual society, the dynamic matrix of a particular grouping . . . and the personal matrices of the members of a particular social entity’ (Nitzgen and Hopper, 2017: 202). Moreover, V.L. Schermer (2018) has recently emphasized four

modalities of the experience of the others as basic determinants of information and feedback channels within the communication matrix. These four modalities are: Mind, body, gaze and face.

The tripartite matrix of Nitzgen and Hopper (2017) is formulated as a general individual–group–society theory, while Schermer (2018) also specifies some implications for clinical group analysis. Though these theoretical contributions enrich the discourse on the matrix, we also believe that some essential components are missing. We miss reflections about the energy source of groups in a social system theory sense. But most of all we miss reflections about the significance of personality, including emotionality. The ‘personal matrices’ need to be specified.

In the following, we will outline the key constituents of a modern theory of personality and explicate its implications for group matrix dynamics, with special reference to therapeutic groups and the personal matrices in Nitzgen and Hopper’s (2017) terms. In their efforts to build a truly social theory, prominent group analytic scholars might have neglected the individual somewhat, the personalities which make up each and every group and so profoundly contribute to its dynamic matrix (Karterud, 2011). Moreover, a thorough understanding of the group members’ personality is needed, considering that personality change and development are the ultimate aim of therapeutic groups, and because we, as group therapists, are not treating groups but individuals in and through the group. Extrapolating from psychotherapy research, primarily in the modality of individual therapy, highlighting the importance of therapist effects (Wampold and Imel, 2015), we would argue that the group conductor is key in order to run an effective group that brings about personality change to its members. To illustrate our point, we analyse a clinical case. Firstly, however, we comment upon the issue of energy and social systems.

Social systems, energy and entropy

Foulkes referred to groups and matrix as ‘social systems’ several times throughout his work (Nitzgen and Hopper, 2017), but to our knowledge he did not discuss the topic of energy. Social systems, however, are loaded with energy that fuel their purposive actions and boundary maintenance. There is no energy source in social systems as such except for the contribution by each single member, in interaction with others. A productive group succeeds in releasing energy from its members for the benefit of common goals and purposes. But,

what is the nature of this energy? B. Spinoza called it *conatus*, S. Freud *libido*, and the neuroscientist A. Damasio *homeostatic energy* or *feelings*. We find the conceptualization of J. Panksepp to be most congruent with the currently available scientific data (Panksepp, 1998; Panksepp and Biven, 2012). He labels it SEEKING, i.e. a primary emotional system that drives organisms to pursue their goals. Dopamine is the central neurotransmitter in the seeking system. Provide dopamine to mammals, and they will keep going with their business, boasted with energy. If dopamine is blocked they will become lethargic. Accordingly, if groups are to succeed with their endeavours, they have to arouse the seeking system of its members.

Part of the energy must be invested in maintenance of group boundaries. In nature, energy differences between interacting systems are regulated by the second law of thermodynamics, which implies a tendency towards increasing entropy, which means less organized differences between systems (Magnavita, 2005). Ultimately, the whole universe moves towards chaos. All organized differences will be levelled out. This entropy tendency must be counteracted, e.g. by investing in boundary maintenance of systems. It is debatable whether the principle of entropy is applicable to social systems (Bailey, 1990). However, it has heuristic value. If social systems do not invest energy in boundary maintenance and renewal of their identity scripts and purposes, their delineation and differences compared to competing social systems/scripts will decrease, and they will cease to exist or be left to survive as petrified anomalies.

The purpose of clinical group analysis is to promote personality change and development among its members. In order to succeed with this goal, group analysis must create and maintain a certain (therapeutic) group climate and discourse—a specific type of dynamic matrix. The group analyst is the key agent and energizing source in this project. S/he strives to realize something that resembles an ideal group discourse, which s/he has in his/her mind. Key factors in the process are the group analysts own personality, training, clinical experience, and theoretical understanding. S/he has invested significant energy in order to reach that point where s/he feels qualified to set up a therapeutic group. The crucial point now is that s/he must use that knowledge and energy in order to counteract the conventional type of conversational discourse that the group members carry with them as their ‘default mode’. Left alone, group members will tend to gravitate towards conventional talk. That is how entropy can affect the group discourse. The group needs someone who has the

knowledge, skills and energy to counteract this, and make a difference. A crucial component of this knowledge base is the therapist's theory of personality, which we will turn to next. It is our impression that the 'personal matrices of the members' are somewhat neglected in the theory of group analysis. For example, Nitzgen and Hopper (2017) devote far more attention to the foundation and dynamic matrix. Admittedly, those aspects are more 'groupish', but when it comes to clinical group analysis, it is after all the personality of the members we work with, as they interact in and with the group/other members and therapists.

Broadly speaking, we suggest that (a) enhanced affect consciousness; (b) improved interpersonal competences, including a more secure and trustful attachment pattern, together with; (c) more robust and sophisticated mentalization are the most central domains involved in positive personality change in therapeutic groups. In the therapeutic group setting, members cannot help but react emotionally towards each other; each of the member's characteristic attachment orientation/interpersonal style will materialize in the here and now, as well as their mentalizing abilities in terms of making sense of self, others and the group. Thus, the group analyst needs to know the basics of the members' personality, as it provides the foundation for understanding each member in the group, and his/her continuous contribution to the dynamic matrix, as well the central domains that need to change.

The temperament–attachment–mentalizing (TAM) theory of personality

To further our understanding of personality we have recently outlined a new theory that highlights three major constituents: Temperament (mainly primary emotions), attachment and self-consciousness (mentalizing) (Karterud, 2017; Karterud and Kongerslev, 2018; Karterud and Kongerslev, 2019). The constituents are dynamically interrelated in the individual and come in the following evolutionary order: temperament comes first, and is a prerequisite for attachment, which in turn preludes mentalizing. Furthermore, we argue that the elements of temperament have undergone natural selection according to established evolutionary principles. Attachment has some features that link it to temperament, but the typical attachment orientation of the individual is mainly a product of early experiences. Mentalizing is an ability that develops within the context of attachment relationships

and entails the ability to understand self and other as psychological beings with intentions as well as the internalization of cultural achievements and codes. Thus, there appears to be a movement in our species' socio-cultural history and in the ontogenesis of the individual subject, from nature (evolution) to intersubjective learning, symbolization and cultural internalization (socio-cultural processes). Individuals are shaped in different and distinctive ways by the dynamics of these intricate processes. We elaborate.

Temperament is the evolutionary oldest part of personality. Homo sapiens share with all mammals the following seven primary emotional systems: SEEKING, FEAR, RAGE, (sexual) LUST, SEPARATION DISTRESS (sadness), CARE (love) and PLAY (joy) (Panksepp and Biven, 2012). Considering that there is motion in e-motion, these seven primary emotional systems have evolved as responses to evolutionary adaptive challenges and they are powerful motivators for action. Apart from the primary emotions, we also consider *effortful control* (MacDonald, 2008; Posner and Rothbart, 1998), *conscientiousness* (McCrae and Costa, 2003), and *dominance/ social rank behaviour* (Qu et al., 2017) as part of temperament.

Individuals are highly different with respect to consciousness of their (primary) emotions as well as these emotions' trigger levels, intensity when activated, tolerance of experiencing them, and the ability to regulate them. Personality disorders have their distinct temperamental profiles in terms of primary emotional traits (Karterud et al., 2016). For example, separation distress and rage are the most difficult emotions for individuals with borderline personality disorder, while people with a narcissistic inclination are particularly driven by social rank behaviour. These sensitivities will manifest themselves in groups. The temperaments, in themselves, fuel the group with energy. Foremost is the exploratory SEEKING system. To quote Panksepp, the SEEKING system:

. . . makes animals intensely interested in exploring their world and leads them to become excited when they are about to get what they desire. It eventually allows animals to find and eagerly anticipate the things they need for survival . . . When fully aroused, it helps fill the mind with interest and motivates organisms to move . . . in search of the things they need, crave, and desire. In humans, this may be one of the main brain systems that generate and sustain curiosity, even for intellectual pursuits. (Panksepp, 1998: 52)

Attachment presupposes the primary emotions of FEAR and SEPARATION DISTRESS, which, when activated in children, trigger

CARE behaviour among parents. These temperamental dispositions are thus prerequisites for attachment behaviour, which, when repeated a multitude of times, foster the attachment pattern of the child, and thereby the organizing templates for later interpersonal relatedness. As we know, attachment patterns have a decisive influence upon the course of life and truly count as a personality qualifier (Levy et al., 2015). Most patients in groups in the National Health Services have insecure attachment patterns and these patterns will manifest themselves in the group and influence the dynamic matrix (Karterud, 2011). For borderline patients it concerns primarily anxious-ambivalent and disorganized attachment. One important goal of group therapies is to amend the attachment patterns and improve relational competence.

Mentalization presupposes both primary emotions and attachment. While several of man's emotional proclivities can be traced back to neurobiological developments around 500 million years ago, mentalization is a cultural achievement of fairly new origin, e.g. 100–200,000 years ago. Mentalization also presupposes language and communication, and is the internalization in the individual of signs, symbols, meaning and narratives that have been sanctioned by the group to which one belongs (Tomasello, 2014). Foulkes adopted this view at an early stage (Foulkes and Anthony, 1957). However, it was only after his time that researchers established that mentalization was a dimensional affair; some excel at it, while others have poor abilities. Further it was found that mentalizing abilities were dependent upon the individual's attachment experiences, including attachment traumas and faulty mirroring, and linked to psychopathology (Bateman and Fonagy, 2016; Bo et al., 2017). Accordingly, another important goal of group therapy is to increase the ability to process painful experiences and interpersonal difficulties, as well as stabilizing and improving the group participants' ability to mentalize.

TAM-theory and the matrix

The TAM theory adds more specificity to the tripartite matrix as conceived by Nitzgen and Hopper (2017). The group members' diverse temperaments coin the foundation and dynamic matrix. In groups of other mammals than *Homo sapiens*, members CARE about each other, they PLAY together, and they react with SEPARATION DISTRESS. They FEAR predators, display RAGE towards intruders, and have sex due to the primary emotional system of LUST. Above all, they stick

together as a group because of attachment and mutual protection. Also, mammals other than *Homo sapiens* perform in this foundational matrix in individualized ways, attesting to 'personal matrices'. Some go for an alpha-male position, while others subordinate. There is a lively social unconscious activity in e.g. primate groups when power struggles take place, or when allies groom each other.

Schermer is concerned with how persons experience each other in groups: 'The *Mind* thinks about other minds; the *Body* feels its way into others' emotions; the *Gaze* express power and control, and the *Face* demands recognition and care' (Schermer, 2018: 179). Translated into TAM-theory, we would say: the mind mentalizes; empathy is dependent upon CARE; power and control are fuelled by dominance and social rank behaviour; FEAR and SEPARATION DISTRESS (displayed by the face) appeal to CARE. Schermer writes very informatively on how western philosophers have conceptualized issues related to mind, body, gaze and face. However, we prefer that this becomes rooted in, and supplemented with more rigorous empirical research including the life sciences; this will increase the explanatory power.

Today we have good scientific theories that can explain how the dynamic matrix of a particular therapeutic group will be profoundly shaped by the personality characteristics of the members. E.g. the more severe borderline pathology, the more unstable membership. The more separation anxiety and rage, the more instances of breakdowns in mentalizing. The more narcissistic the members are, the more power-struggle and pseudo-mentalization, and the less care. The more avoidant the patients are, the more fear and less curious exploration and play. In the following, we will illustrate our proposition with case material from a therapeutic group.

Case illustration

The group was a long term, slow open outpatient group for personality disorders at the Department of Personality Psychiatry, Oslo University Hospital. The group was conducted according to modified group-analytic principles and consisted of one male and five female members with severe personality disorders, mostly of a borderline type. Both of the two group therapists were qualified group analysts. The group was video-recorded in 2006 as part of a research project and was conserved for later scrutiny and comparisons with other type of groups. The group discourse was transcribed to a text covering 21 pages. All participants, patients and therapists gave their consent to

the research project that was approved by the regional ethical committee. The authors analysed the group in 2018, when this group was included in a larger study that compared this type of group therapy with mentalization-based group therapy (MBT-G) (Karterud, 2015).

The first 10 minutes in this group were filled with the therapists' (T-1 and T-2) focus on absences from the group and in particular on patient-3 (P-3) who had said that she could not attend the group regularly because of insufficient money for public transport. The therapists expressed concern for her lack of money, but also tried to explore other possible motives, and her priorities in money affairs. P-3 stated repeatedly that the issue here was poverty—period: There were no feelings involved and no hidden motives! Eventually the therapists gave in, and they turned to patient-4:

T-1: Eh —something different we . . . have thought . . . the co-therapist and I . . . and talked about, the last sessions, how you . . . yes, how you . . . how has it been for you being in the group, what you have done with or used the group for, and thought that . . . in a way you have said that you have become more and more depressed.

To this kind invitation to speak about her mental state (depressed) in the group, P-4 confirms the label depressed,

. . . yes, but what can I do about it, I don't know.

She tells us that she is crying most of the time, cannot do anything, and points to her chest where she says there is a 'cramped fist'.

T-1 supports and encourages her to speak about it in the group, refers to another group member who also was depressed recently and where the group was engaged in finding out about the circumstances, what triggered the episode and what could possibly maintain it. Patient-1 and P-2 support T-1 in trying to engage P-4. P-4 responds in a way that signals a very low level of mentalizing:

No, I don't think . . . I cannot bear to talk about it. Yes, but I don't know what I shall . . . No, I believe I am very vulnerable now, in all respects, I believe so.

T-1 proceeds by telling what everybody already knows:

But to have . . . you have talked very little about being affected . . . or the fact that you have got cancer and you have received chemotherapy . . . Nothing has been your fault. You have been struck by it. How is it to be in the group, when at the same time having suffered that much but shared so little of your experiences? . . .

P-4: Yes, but . . . I believe the worst thing is what happened to John (boyfriend). The lack of empathy and understanding he has displayed . . . Concerning . . . expressing feelings and despair and such things. He will not lis . . . he will not listen to that. It's like what you [T-1] have said earlier, he has no empathy. That's the toughest part of it. He has not even hugged me when we have gone to bed, never held me, nothing. Now when I have been ill. It has been . . . painful.

T-1: It sounds horrible and painful, if you ask me. And in the group, you have not been hugged either, not in a physical sense, but we might have given you another type of care, or, how have you perceived that?

P-4: I have received very little here . . . But he thinks I complain too much, see? So . . . I am not allowed to think other thoughts than everything is going to be fine, that I should be fine. Oh . . . he is horrible, it is horrible.

T-1: But, being so dismissive, P-4, when it comes to the group, when people here actually have approached you . . .

P-4: Yes, but I don't want to burst, see? Because it is such a huge abscess to penetrate, and if I started to talk about such things, it would pour out . . .

T-1: However, at the same time, you are longing for some more . . . eh . . . empathy concerning . . . your situation? And it is . . . what you fear with that bursting . . . what is it more precisely?

P-4: I hate sitting here crying. It's so much . . . it's so much that . . . While I'm sitting here, it might also concern patient Mary in the group . . .

We see here, from the transcript, that P-4 starts out with a very low reflective functioning (RF), in the range of zero: '*. . . I cannot bear to talk about it*'. The resistance continues through the discourse, e.g. she fears a breakdown. However, therapist T-1 pressures her gently, being emphatic but also challenging: '*. . . what is it more precisely?*'. P-4 then enters a long narrative of increasing complexity and nuances, lasting for nearly an hour, starting with fellow patient Mary in the group (absent this session). P-4 has got it that Mary cannot stand strong feelings in the group and another complication is that she lives in P-4's neighbourhood. If Mary gets to know details of her private life, and all the stuff about John, P-4 would feel invaded, losing the neighbourhood as a space of her own. From now on the other group members get more and more involved in the story of P-4. They ask her relevant questions, support her, display empathy, and challenge her. Fellow patients supply the story with small excursions into own life experiences, but thereafter return to P-4. The theme of Mary dissipates soon, and the main theme becomes P-4's pain and needs in her difficult life situation and the poor relationship to John. Increasingly,

the relationship to the group enters the main stage. The therapists act as the main players in the background. As the story unfolds in the group, it is by no means linear. It is messy, sometimes confusing, but the therapists act as a sort of anchor or compass, helping to bring the discourse back to the main track, which concerns P-4's attachment pattern that prevents her from finding mental nourishment where it actually resides.

T-1: When I think about your relation to us, P-4, here in the group, there's people here which you can make use of, but you tend to reject that, the contacts here. I wonder why. I try to understand why you do that. Because you are now telling how much you need closeness, care and concern, but you reject.

P-4 responds by exploring more of her intersubjective transactions with others, her fear that other people (e.g. in the group), might despise her, find her egocentric, but how can she know what other people feel and think (?), and then she reflects about the responsibility of taking the centre stage. If she did, things would become more real in a way. Others, and she herself, might start to expect that she takes things more seriously, that she starts a process of change, and what if she does not succeed? However, she appreciates that the group, this time, has pushed her:

I really appreciate what you are doing now. I realize that I have been sending signals about it, that I want it, but at the same time I don't want it.

During this one-hour group therapy sequence, we can observe a marked increase in the reflective functioning of P-4, from a rather non-mentalizing functioning ('I cannot bear to talk about it'), to a definitely more complex, sophisticated and psychologically meaningful reflection about own emotions, thoughts, interpersonal transactions, self-understanding and understanding of others. At the same time, it can be demonstrated how this increase in mentalizing capacity is embedded in a group discourse that is characterized by engagement from all group members and emotional resonance with diverse and multiple perspectives, however, oscillating around an axis of reflection about her attachment difficulties by exploring her relationship to the group here and now. It is also clear how the 'group machine', so to speak, got started, with energy input from the therapists—they successfully stimulated the members SEEKING system.

The preceding paragraph describes the group matrix. Everybody is involved in the communicational web. After the 'kick-start' from the therapists, it might seem like the group was almost self-going. However, scrutiny of the video and the transcript revealed that the therapists provided several interventions along the course that kept the group 'on track'. And this 'on track' seems to be linked to the energy source that fuels a highly meaningful, vital and engaged discourse. Being 'on track' implies that the theme resonates with important attachment experiences and emotions among most group members. As these painful attachment experiences are associated with a diversity of defensive strategies, shared by most of the group members, it could easily lead the group astray in the absence the therapists' efforts. The energy released into the group matrix, the communicational flow, the content of what is communicated, the ability to reflect upon it, and the emotional awareness and attunement, in short, the quality of the group matrix, was dependent on the therapists' capacities and theoretical understanding of insecure and disorganized attachment, the significance of attachment traumas for borderline personality disorder, the intolerance of separation distress, and the disastrous consequences of the rage coupled with it, combined with technical skills in how to handle the transference manifestation of it in groups that contain many borderline patients.

The topic of the matrix becomes all the more important when we follow this group through the last 30 minutes of the session. Something peculiar happens. It is the same group, the same people who previously engaged in a highly charged and meaningful group interaction. However, after one hour, the group matrix undergoes a profound change.

The theme changes to general concerns, like how much one should work, is it good for one's mental health, what if it drains all one's energy, and how much should one socialize with other people? Most group members engage in this discussion, including T-2 who previously was quite silent. However, the quality of the communication in the group matrix is now very different. It is as if nothing serious is at stake any longer. Not that the conversation is meaningless, but it lacks nerve, it lacks energy. It is a type of conversation that could have taken place among ordinary Norwegian people meeting for a chat in a shopping mall. They share opinions about this and that. The therapists pose some questions about how it is to socialize with other group members after the session, but they are not followed up in any sense, they are not part of a therapeutic strategy of the same sort as

we observed in the first sequence. It is as if the therapists had been drained of all energy, as if their SEEKING system had been turned off, which sets the stage for entropy to take over. Indeed, optimal arousal (not too low nor too high) is a prerequisite for optimal mentalizing, which in turn is a prerequisite for the members to become engaged in the therapeutic project (Bateman and Fonagy, 2016). From this perspective, the session also demonstrates how the group therapists initially manage to find an optimal arousal/anxiety level in the group that allows for the group members to become engaged and explore each other's minds and relations, whereas towards the end, the arousal level dropped and mentalizing declined.

Discussion

One may argue that the therapeutic style of this group was too 'authority-centred' and too less 'sibling/group-centred' to be of relevance for group analytic theory. However, this impression may be exaggerated since the transcript citations in the paragraph above mainly contain interactions between the dominant group therapist and patient-4. However, this selection is done for didactic purposes (and space limitations). As we write in the text, everybody was 'involved in the communicational web. After the "kick-start" from the therapists, it might seem like the group was almost self-sufficient'. The two group therapists were qualified group analysts, and their professional self-understanding was that they conducted 'modified group analytic psychotherapy' for a selected group of severely disordered patients. Moreover, group matrices are not reserved for group analytic groups. Important insights may come from other than 'classical' analytic groups.

One reviewer of this article commented that the concept of personality is not identical to 'personal matrix'. We very much agree. Personality is defined by the relatively stable emotional, relational and cognitive characteristics of the individual. Personality has more to do with process and structure, than phenomenal content. By contrast, personal matrix will include the unique experiential world of the individual. Thus, we claim that the structures and processes of personality often exert deeper influence on the group matrix than personal matrix alone. In our case report, the personal matrix of P-4 involved bitter resentment and withdrawal with particular references to her boyfriend John. However, we would say that these phenomena were contingent upon a deeper and unconscious insecure attachment

pattern. The last statement of course implies a theoretical understanding of the individual. We contend that group analysts should be sensitive to the personal matrix as it evolves in the here and now, but at the same time search for a theoretical understanding according to modern personality theory.

One may also argue that what we define as 'personality change and development', is not necessarily the aim of group analysis. It may be better conceptualized as 'better communication, more satisfaction with life and to fully fulfil our potential as individuals' (reviewer comment). Here, we think, we are in the midst of an important debate for group analysis. Is group analysis primarily a theory and practice for middle class people (e.g. health professionals) that strive to enhance their quality of life, or is it a treatment for patients on the NHS? It might be both, but we would argue that if it loses terrain as an efficient clinical modality for treatment seeking people, it will be marginalized. Admittedly, most (real) patients do not seek psychotherapy for openly admitted concern about their 'personality'. But if one listens to most complaints, they are related to poor emotional consciousness, dysfunctional interpersonal patterns and mentalizing dysfunction. That is, according to our view, personality problems *par excellence*.

A final issue concerns our interpretation, which we have characterized as 'ordinary conversation'. We do not say that the group has 'regressed' or something in that direction. What we observed in this group case was first a sequence where the therapists eventually succeeded in activating most members in a productive exchange that normal social conventions would not stimulate. However, this sequence was then followed by a group discourse that was different, and hardly distinguishable from everyday talk. There was a distinct change in the matrix, and this should be explained. Different explanations will have different explanatory power. We have suggested an explanation that combines modern personality theory with group dynamics and social systems theory.

As we argued in the introduction, social systems need energy and a certain structure in order to resist the principle of entropy. Hence, psychotherapy groups must be infused with energy, communicative rules, and professional theory and ideals in order for it to avoid an everyday discourse. The sources of such structures, or energy, are of course diverse, but in order to navigate the matrix in a way that turns its discourse into a transformative vehicle, it seems that therapists need a compass of alliance and strategy in combination with a willingness to confront the members' comfort zone in a skilful and tailored manner.


Somewhat contrary to this view, one may argue that groups simply need a pause, now and then, from highly emotionally charged sequences. This is a valid point of view. It may be that the group needs to 'digest' what it has experienced in order to move forward again. We do not exclude such an interpretation. However, this view does not alter the phenomenon of a striking change in the group matrix. Well into the calm conversational phase of the group, the group therapist in this case might have commented: 'The atmosphere in the group seems calmer now, while it was highly emotionally charged when you were in the centre, P-4. Are these phenomena related? Was it necessary with a pause in some way?' However, if such an interpretation is valid, it actually confirms the views we have expressed on group matrix, energy and entropy.

Concluding remarks

We find the contribution of Nitzgen and Hopper (2017) about the 'tri-partite' nature of the matrix as most important. The three constituents of the matrix are of course interrelated. In this article we have suggested that the significance of the personality constituent has been underestimated in group analytic theory. We have outlined a modern theory of personality which integrates temperament, attachment and self-consciousness and analysed a group case where one of the group members displayed gross problems with primary emotions (particularly separation distress), attachment behaviour and mentalizing. We hopefully succeeded in demonstrating how this particular 'personal matrix' interacted with and influenced the group as a whole (dynamic matrix). The elements of interpersonal sensitivity and separation anxiety, the anxious-ambivalent attachment and the low mentalizing ability set the tone for the group discourse. Thanks to competent group therapists, the initial resistance was overcome, and the group did an impressive piece of psychotherapeutic work. It was marked in the end of the sequence when the main protagonist expressed gratitude to the group. The case highlights the importance of personality theory for understanding the interrelatedness of personal matrices and the dynamic matrix. We would even maintain that the personality theory is valid for explaining and understanding important elements of the foundation matrix, its evolutionary heritage or natural history and bio-psycho-social underpinnings, in human and other mammal groups, as we are all destined by the dynamic interplay of primary emotions and attachment behaviour. Destined, however, as we might be by these

forces which makes our nature, there is also a bit of freedom bestowed upon us through our mentalizing capacities, that allows us to reflect upon ourselves, others and society and to some extent intentionally work on changing our actions and reactions. But that is another story about other aspects of personal matrices and the group matrix.

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