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How does change in clinical practice influence group analytic training?

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I have contemplated the title of my presentation today for some time.
I am pretty sure, that there has been some influence from practice; it would be strange if not. The question though sounds controversial, as if something sacred could be damaged. Could we somehow diverge too much from 'original' Group Analysis?

Never the less, questions about how to modify or one might say 'modernize' training programmes, seem to be a part of reflections in Training Institutions in EGATIN.

When I wrote the abstract to this paper, which I consider a contribution to a discussion, I had in mind that representatives from different institutes could give examples of how clinical challenges, demands for accreditation and for some simply the possibility to make a living out of group analytic psychotherapy, had influenced thinking in training committees and planning of training programmes.
I hope that the institutes and delegates in the coming time will help to collect some data about these questions, so that we for the benefit of all can have a more comprehensive understanding of the present situation.

In Rome we started to think about this matter at the policy meeting of EGATIN.
Werner Knauss from Heidelberg raised the subject of the need for different styles of supervision appropriate to the settings where group analysis were practiced and said there was speculation about the impact of using and maybe teaching group analytic principles in school classrooms.
Bettina Fink from Austria said there was a need for theoretical seminars concerning modification of the traditional group analytic style for people with psychosis or personality disorders: For example, 1.5 hour seems too long for such members to be expected to remain in a group.
Jerzy Pawlik from Warsaw said that the psychiatric association there had made recommendations regarding extending the theoretical basis, however the psychoanalytic association was challenging the psychiatric innovations.
Thor Kristian Island reported that their organization in Norway offers training in a shorter-form focused approach 'interpersonal group psychotherapy.
As you can understand there is a considerable amount of activities and experiences already that EGATIN would like to gather and exchange between training institutes.

Unfortunately I cannot at all present a general view of the situation. But I hope that I can clarify a few things to give the following discussion more structure and focus.

First I will go back to the essential relation between theory and practice. How does theory influence practice and vice versa.
Dorothy Whittaker wrote a paper about this published in the Journal of Group Analysis in 2004.
She started by searching a definition of the concepts of 'Theory' and 'Practice':

- Theory is: 'A scheme or system of ideas or statements held as an explanation or account of a group of facts or phenomena'
- 'Practice' is: 'the action of doing something; performance, working, operation, method of working'
- She adds the statement that: 'Theories without practice will serve for little'
- And the paradox formulated by Kurt Lewin (you might know it): 'There is nothing as practical as a good theory'.

One of her points is that 'theory is a hypothesis, proposed as an explanation', not something static.

- Theory-making is a purposeful activity, to understand better 'real' phenomena, for example groups. So:
- Group Psychotherapy is practice directed towards the particular purpose of benefiting the individuals, who become members of therapy groups.
- Theory which is developed so as to help achieve the aims of group psychotherapists is likely to be directed towards extending understanding of what happens in groups, so as to provide grounds for deciding about actions which will bring about the outcome of benefiting individuals

Some find the role of theory to be minor, while others assert the theory to be essential. Some group therapists like the orthodox way of conducting groups, others tap their theory from more than one barrel and declare their practice eclectic.
What is indeed needed as a therapist and what can be learned and certainly maintained through training and supervision is 'empathy' which I think Heinz Kohut and the
Self-psychology has brought into focus.

We need theories about how groups function, but we also need theories about the psychology and psychopathology that patients bring into the groups. In my opinion the theory about groups has prevailed in the debate and the development of practice of group psychotherapy.

Foulkes drew his theory from many different areas like social psychology, sociology, anthropology, and psychoanalysis and he matched his thoughts with his experiences from his practice, the private one and the one he was appointed to at the Northfield Military Psychiatric Hospital.
During the last 10 years there has been many fruitful attempt to challenge and you might say complement Foulkes' theory working (I can mention the books of Morris Nitsun, Farhad Dalal and Sigmund Karterud).

There are many other examples.

In the book edited by Malcom Pines: ‘The Evolution of Group Analysis’, originally published in 1983, we can find examples of how Group analysis has developed in practice as well as in theory.

Helen E. Durkin tells of: ‘Some Contributions of General Systems Theory to Psychoanalytic Group Psychotherapy’.
She quotes Edgar Levinson (1972), who wrote ‘‘Paradigms are time and space bound’. It struck her that if we are to meet the changing needs of our patients in a rapidly changing world, we must review our theoretical models from time to time’.
Through her reading of general system theory, Helen Durkin became increasingly convinced that GST could provide some solutions to the problems of group therapy.
General System Theory, she pointed out, ‘seemed able to correct certain limitations of analytic group therapy theory which prevented its optimum therapeutic effectiveness and has a capacity to bring unifying trends among the current ‘group therapies’ while allowing for their valid differences. If adopted it could greatly improve communication with other social sciences and make collaborative research possible. It might even serve the function of an integrative group therapy theory’.

My favourite chapter is written by John Evans: ‘Adolescent group therapy and its contribution to the understanding of adult groups’. It is a beautiful example of how development theory influenced a group analytic practice and how technique had to be modified from one devised essentially for the treatment of adult neurotic disorders to one relevant for adolescents who needed help. John Evans chose to establish groups in which youngsters worked at their problems through the use of directions and using confrontation techniques and limit-setting. The young people’s limited capacity for articulate introspection and its communication to others, their limited awareness of the universality of so many emotional problems, their general lack of experience of life can result in group impotence and consequent group desire to move away from their difficulties and the establishment of basic assumption groups. Therefore Evans considered one of the import tasks of the group therapists was to facilitate the development of a work group and to minimise inappropriate defensive manoeuvres. The psychotherapists must function as a caring auxiliary ego and sometimes be prepared to ‘feel rather like a battered teddy bear at the end of many a session’. The adolescent must feel free to kill the therapist over and over, but he must resurrect himself on each occasion. In that sense adolescent group therapy is more like war games or an adventure playground than a workgroup. In John Evans opinion – and he is of course influenced by Winnicott and the concept of the ‘transitional object’ - the use of play and role playing in adult groups deserves more attention.
I see the description of Evans’ very similar with guidelines gives about the structure of group therapy with borderline structured patients.

MLJ Abercrombie, former president of GAS, London, originally trained as a biologist, writes about the application of some principles of group analytic psychotherapy to higher education. There is the basic similarity, she writes, between teaching and psychotherapy, namely that both are concerned in helping people to learn to behave in the future in certain prescribed situations in ways they would not do

otherwise.
The author stress that it was the social climate, 'the group situation', that seemed important, in learning to behave scientifically, which is usual regarded as rational, objective, emotion-free. The discussing groups resembled therapy groups in that discussion was free in the sense that there was no directive chairmanship; it was *associative* in that the perception of the relationship of seemingly irrelevant tropics was encouraged and *analytic* in that the attempt was made to clarify and specify the meanings of statements.
Abercrombie describes how she used group analytic principles in the teaching of scientific attitudes for students of zoology, of architects and of teachers using small groups.

In the following list I have collected some examples of applied group Analysis from The Journal of Group Analytic Psychotherapy from the last 5 years, well a little more with

- Stella Weldon's Foulkes lecture: 'Let the treatment fit the crime: Forensic group psychotherapy'.
- We know that analytic principles have been used with success in treating childhood sexual abuse. We had a member of the institute in Aarhus, Grethe Thestrup, who published her experiences over a period of 20 years with this kind of work.
- 'How do we make group analysis suitable for 'unsuitable' patients?' was precisely an attempt to describe the modifications of the group analytic procedures for much more disorganized patients than the standard patients, who ever they are.
- Guidelines for Art group therapy as part of a day-treatment programme for patients with personality disorders written by Siri Johns and Sigmund Karterud was born on the fact that that kind of modified group was preferred by the patients and had better results than the rest of the components in the day treatment programme.
- I included the paper about group therapy with mothers and babies, because the babies were brought to the group with their mothers.
- The work with alcoholics is very important. However, in Denmark dynamic group therapy has taken the back seat in the discussion of how treatment of alcoholism shall be organized.
- The special work in Balint groups is well known, and used with other members than general practitioners.
- The work with traumatized persons, patients and therapist, which is a rapidly growing area in our field and was the theme of the Foulkes Lecture 2004 and of the last IAGP-Conference in Istanbul in 2003.

I wonder how many of us do specialized Group Psychotherapy, that deviate in technique, form and composition from the standard group that we brought to our analytic training.
I am employed at a University Psychiatric Hospital as a consultant commissioned to develop and supervise psychotherapy and I am in charge of the Group Analytic outpatient clinic, a long-term treatment offer for mainly personality disordered patients. The Programme has more than 20 running

groups. One third of these groups are run by staff members (mainly doctors and psychologists) employed at the Hospital. But they are at the same time supervised trainees in the private IGA-Aarhus Training Programme.
I closed my heterogeneous training group after 10 years. My group analytic practice is now a homogenous long-term group for severely disturbed bulimic and personal disordered women; an open mixed group with admitted or recently discharged psychotic patients, 60 minutes every week; a Balint-group for resident doctors at the Hospital every third week, and my obligations as training analyst and large group conductor in the training programme of IGA-Aarhus.
I am sure there is group analysis 'proper' in private practice, but I also think that many - like my self - work with applied Group Analysis and modified groups.
The demands to the analytic training group are not uniformed from institute to institute. EGATIN has no recommendations in this matter.

In IGA-Aarhus the demands to a training-group are:
During the 3 year training programme the trainee shall bring an outpatient group for supervision for at least two years (at least 84 sessions) counting from the first group-session. It can be solo or co-therapy. If co-therapy is the choice, the co-therapist must participate in the training programme and the therapists shall be supervised together.
The patient group must have 6-8 members, be slow-open, have long-term format and be heterogeneous of composition. That means that it must consist of individuals who have different forms of psychopathology and have been seeking help because of psychiatric or psychological problems.
It is recommended that most patients have a neurotic personality structure.
A group can for example consist of 5 patients with neurotic structure and 2 patients with borderline structure. Both sexes shall be represented in the group (i.e. the group shall have at least two men and two women).
The group must be composed after the general guidelines of heterogeneous psychoanalytic groups. It is important that conditions are created, so that a group analytic process can take place. This implies that different levels in the patient's development can be in focus for analysis in a 'free-floating' group discussion.

So much for the 'Foulkesian' group. Look at the programme for this well attended symposium and recognize a cornucopia of different forms and formats of group analytic groups. You can call it 'applied group analytic psychotherapy', but you can not 'apply' without 'moderating'.

To think about how training is affected by group analytic practice, we must of cause be aware that many different forces in society will affect as well training as practice.
I will only briefly touch upon these factors. Some of them are interconnected and they have different ways of influencing group analytic practice and the training programmes.
The overall tendencies in Europe have been scrutinized in the book 'The challenge to Psychoanalysis and Psychotherapy. Solutions for the future', edited by Stefan de Schill and Serge Lebovici (1999).

According to the estimated authors in this book, some of the central trends are:

- Psychoanalytic Training programs cannot maintain candidates and training demands
- In psychiatric residency programmes psychoanalytic training will be optional
- Intensive psychotherapy of any kind will be squeezed out of the psychiatric system to be relegated to the private market
- Twenty psychotherapy sessions within a year has become the norm for outpatient psychotherapy coverage
- Increasingly emphasis on brief psychotherapies, on behavioral methods confining treatment to specific symptoms, on groups more than individual psychotherapy and performed by psychologists more than psychiatrists
- The power base of medical and specialist training is shifting in the direction of an increasing tendency to put residency training programmes under university auspices.
- Extension of social psychiatric care with emphasis on better social conditions and 'normalizing', in stead of 'sophisticated' treatment perceived and dismissed as 'academic'

I will return now to the essential interaction between the group analytic practice and the training programmes and now focus on what we know or would like to know about practice.

What is exactly group analytic practice?
I have suggested a definition here saying that it is:

- Continuously conducted groups after group analytic principles, done by professional persons trained in Group analysis
- These groups can be with patients or with other interested persons (for example training candidates)
- The setting can be
    - Treatment in private practice
    - Treatment in the Mental Health Service (as part of in-patients or day-training programmes or out-patient psychotherapy clinics)
    - As part of a group analytic training
    - Organizations

What do we know about the structure of groups run by group analysts after group analytic principles as to members (patients), length of treatment, frequencies and length of groups?

- We don't have extensive or systematic descriptive studies of group analytic activities.
- We do know from published articles from Germany (I think of the PAGE-study), Norway and England that there is a group analytic milieu, which members run groups in private practice as well as in the psychiatric service.
- This Symposium is - as many other group analytic scientific meetings - a vivid example of the many different and flourishing ways in which Group analysis can be practiced and applied and modified to make the groups therapeutic to its members.

- Are we are left with personal communication and informal channels to get information about other countries psychotherapy practices? EFPP has done some investigations.
- We are to some extent reduced to have information in English, at seminars and other arrangements and from the most estimated journal of Group Analysis, The journal of Group Analytic Psychotherapy.
- Occasionally there are surveys trying to collect information about for examples training matters.

What do we know about the therapists' skills?

We do know that the skills and talent of the graduating training candidates. We know from people we supervise, but very little do we know about how we as therapists actually behave in our groups.

What do we know about their training maintenance?

We know that many practitioners must get accreditation to be able to work.
In Denmark there has for years been a movement towards more strict control with education and there are now more formal demands on documentation of how acquired skills are maintained.

What do we know about what group analytic therapists are actually doing in their therapies?

Sometimes we have the possibility to get information from observer-participation and audio/video-taping

My introduction has come to an end. Here are the questions I suggest we discuss

1) Do we have to discuss these matters at all?
2) To what extend shall group analysis training include applied group analysis?
3) Shall candidates as part of their group analytic training acquire knowledge about for example group analytic psychotherapy with psychotic patients?
4) What kind of therapy groups shall be approved for supervision?
5) Shall EGATIN try to convey experiences and training approaches in fields like organization, families and school work?

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