

Research in the Didactic Matrix

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Dear colleagues

I will start to regret that I have not had the time to provide you with a translation of my presentation. I will try to speak as slowly and clearly, as I can.

I see my contribution today as a possibility to clarify the status of empirical research in our didactic matrix and to discuss and understand our attitudes towards research.

The didactic matrix is not something we can demarcate clearly, its extension is fluid and vague. It is present in a whispering remark to a next seated colleague, who could not hear the speaker's point; it is present in the training groups and large groups. The didactic matrix is in the enormous possibilities of getting information on the internet

The didactic matrix is also here, - in this moment materializing the idea of the study day to bring together experiences and knowledge for the mutual inspiration and benefit of professionals: group analysts and group therapists, some working in private practice and some in the health sector.

When I first heard of the theme, I thought that it connected so well with three strong images of mine: 'Thomas Mains concept 'Culture of Inquiry', Professor in sociology and Anthropology John Barnes' concept of 'Social Networks' and the image of the laborious process of searching exemplified by the notorious, egocentric detective Sherlock Holmes.

We are continuously searching for explanations, understandings and meanings in what we are doing?

'Every therapeutic episode can be regarded somewhat loosely as an experiment or essay in research', said Foulkes.

Empirical research (ER) is collecting and analyzing data - that is information -, in a systematic way guided by decided rules.

Why do we need ER?

One motive for empirical research (ER) is that our feelings and unconscious needs sometimes twist our minds and heads so much, that we make casualties and damage people, we are supposed to help. I think that was an important point of Tom Mains still living paper from 1957: 'The Ailment'.

He described how masochistic and obliging women – for unconscious reasons - were treated increasingly sadistic by the psychiatric staff, because the patients in contrast to what was expected didn't respond well to the exhausting efforts of the staff. In a milieu with ambitions and restrained feelings, it was difficult to speak about short-comings, concerns and worries, - and difficult to ask others of their opinion and help. It took Tom Main and the nursing staff more than a year's research process to come to this important knowledge.

However, to think about ones clinical experience while it still remains accessible and thinking through its implications, need not be a lengthy nor laborious task. It can be guided by asking oneself a series of strait forward questions about our practice: How many patients, have you had in your groups since you started as a group therapist? How many got better? Got better from therapy? This is all trivial questions that most of us can't answer!

Dorothy Stock Whitaker in her book 'Using Groups to help people' said:

'Regular reviews of some portion of ones work is a form of insurance that one is still paying attention properly and help one to avoid falling into bad habits of either observation, meaning or intervening'.

A main question for the group therapist - be it in private practice or in the Mental Health Service - , is whether there are many dropouts from the group, and if patients have reached a satisfactory level of change, when they leave the group!

One way of recognizing an experienced group therapist is from the rate of drop-outs from his group.

Some studies have concluded that the successful therapist is better at assessing, selecting and preparing the patients for the group, and that he or she has a well developed sense for imminent alliance ruptures.

Economic and political motives

Another motive for empirical research is a political - economic one.

We have for some time now been asked to prove, that we can give value for money. In the health care system the psychoanalytically based theory and thinking has been challenged and exchanged by cognitive-behavioral methods that have been proven effective for various problems, while the psychoanalytic method has been unable to present controlled studies on a larger scale.

Some clinicians have been rather unaffected by this fact; others have been frustrated and angry that psychoanalytic psychotherapy from a formerly dominating position in psychiatry has been sidelined and, within Health Services, in danger of extinction.

Listen for a moment to the words of Dr. Anthony Bateman, research lead of the psychotherapy Services at Halliwich Unit, St Ann's Hospital, North London and *Chair of the Psychotherapy Training Committee for the UK!*

With Peter Fonagy he has produced some of the best 'evidence' that psychodynamic psychotherapy is better than 'treatment as usual' in treating personality disordered patients in a Day Hospital Unit.

In a scientific journal - an editorial from 2004 (*Acta Psych Scand* 2004; 109, 3:161-163) with the headline 'Psychoanalysis and psychiatry - is there a future?', he states that the misery of psychoanalytic psychotherapy (and I quote):

'... is a result of a failure of psychoanalysis to evolve scientifically and to engage in academic and clinical interchanges with other bodies of knowledge such as neuroscience and cognitive psychology.

But combining academic and clinical isolation with a systematic failure to assess psychoanalysis as a treatment method is potentially disastrous...'

A typical psychoanalytic position is to view

'.... psychoanalysis as a 'hermeneutic' discipline, agreeing that the attempt to find external validation for its truths is doomed to failure, and advocating instead the criteria of internal coherence and narrative plausibility. But this argument no longer stops the argumentation either with Health Services around the world who demand shorter and cheaper treatments or with proponents of other therapies'

'Freud's conception of research' - Bateman goes on - 'was the 19th century one / of the intensive and disinterested study of phenomena relying on the case history as a basis for its theorizing. There has been a slavish adherence to this outdated paradigm and the continued emphasis in psychoanalysis on anecdotal clinical data has left psychoanalysis and psychoanalytic psychotherapy dependent on an epistemology which is at most an educational device and certainly not a method of scientific scrutiny.'

Anthony Bateman thinks we have been too careless, and that we need to do much more to prevent psychoanalytic psychotherapy to be expelled from psychiatry.

What is the purpose of presenting these views you can argue. Don't we all agree? Is this not just an act of masochistic self-spanking?

The fear of losing empathy

The importance of research has certainly gained in face-value, but there is still a strong conviction among some analytic psychotherapists that research will jeopardize us and our patients in the therapeutic process and make the therapy more artificial, while we strive to make the therapy genuine.

Foulkes also took a defensive position in his thoughts about therapy and research. To the imagined critic, that research would interact with the therapeutic stance, he claimed that the therapeutic research is a by-product of the spontaneous therapeutic processes. The therapist, he says, remains relatively passive and detached. He is a '*participant observer ... with an open mind as a prerequisite for research*'.

A little later in the text he states: 'Having created an appropriate and dynamic situation for therapy, the group-analyst, like the psychoanalyst, can let the patient get on with the problem of curing himself with *as little interference as possible*'

This can hardly be the golden standard for Group analytic therapy any longer.

We might rather consider this approach one of several contributions to method and technique used in psychiatric treatment and research.

Research in the Group Analytic Society

If we look upon our group analytic society as a whole, there have been some attempts to bring research more into focus.

With Werner Knauss as co-editor the journal of Group Analysis in the autumn of 2000 published a special edition about empirical research. Since then, there have been sporadic papers on empirical group psychotherapy research.

The Group Analytic Society took 'research' on the agenda in 2001, where the title of the Foulkes Lecture presented by Adele Mittwoch was: 'Our Place in the world of Science: What is at stake?' Her presentation was very skeptical to empirical research, gave examples of shortcomings in methodology and gave the impression that empirical research would raise dissatisfaction in patients and research fellows. Subsequently the Society hosted a well attended workshop, where several examples of group research were presented.

When one looks to where empirical research is performed, you must look to the mental health services. Here the pressure to prove effectiveness has been at its highest. It is also in the mental health Services that the need for innovation has been most asked for.

Where is group psychotherapy research located at the moment?

When it comes to studies of effectiveness and long-term group psychotherapy, search in literature databases yields less than ten studies, many goes back more than ten years.

Taken as a whole the progress of empirical research in the group analytic matrix has been modest, carried by a handful of senior researchers, one can mention the work of Bateman, Piper, Karterud, Lorentzen, and Tschuschke.

Recently a publication of the investigation performed by Volker Tschuschke and his co-workers, - together with a persistent political pressure from engaged group analysts in Germany - has had the practical implication, that the insurance Companies in Germany have raised the payment for each group patient session with 100%.

But there are lots of other questions to be answered in our clinical world.

How long time is treatment necessary? Will twice a week be better for which patients? Do more supportive therapists have better results?

However, it would also be very useful to know the answer to much less complicated questions: How many groups run by group analytic principles do we know of in the Mental Health Services? What kind of basic training do the therapists have? What kinds of patients are treated in groups? What is the drop-out rate?

We know much too little about group therapists life long experiences about 'changes in techniques', 'selection of patients', personal interests and ambitions, influence of new methods (CBT), and economic conditions.

'Rome was not built in one day'. No, that's true. I think one of the problems of acquiring empirical research is the lack of resources, both economic and human. We need skilled researchers in the milieu to take the empirical investigations further.

An obvious way to give this more interest is to put more emphasis on research in the group analytic training.

Role of EGATIN

EGATIN has taken up how to distribute and recycle information and knowledge about the process of learning and doing research. That means everything from basic scientific methodology to the question of how data is to be presented, for example 'how to write a paper'.

Important actors in the didactic matrix are the journals of Group Psychotherapy; best known is the Journal of Group Analysis. But there are others like the Scandinavian journal 'Matrix' and the German journal 'Gruppenanalyse'. I don't know of, - but would like to know of - other European journals specialized in group psychotherapy or group analysis.

The Society for Psychotherapy Research (SPR) is an international, interdisciplinary organization dedicated to the scientific study of psychotherapy in all of its various forms. It holds a worldwide network of psychotherapy researcher and has among other places chapters in Europe and in Italy, and holds members with interests in Group analysis and Group psychotherapy. The organization meets annually to exchange information among psychotherapy researchers from around the world. Also within the Group Analytic Society there have been initiatives to create a network of group therapy researchers.

There are several interest groups on the internet. Here lie opportunities to learn about latest results and newest methods in psychotherapy research.

Coming back to training matters EGATIN has decided to work in the following four interest areas:

- Firstly to relieve the lack of suitable instruments for measuring psychological change and lack of access to software and tools.

Therefore EGATIN has been exploring the possibility of providing the member Institutes with a full scale test-battery to be used by the group therapist for his group patients.

- Secondly, EGATIN shall build up a list of references to empirical research in group analytic psychotherapy. That is to provide members with the rather few, but important empirical investigations in group therapy to be used as argumentation in economic and political discussions. The studies shall be commented by senior researchers.
- Thirdly EGATIN will invite senior researchers to join a network of supervisors to advise inexperienced researchers in different countries. Especially regarding design and statistical analyses. It is, as if everybody start with the same data, and make the same mistakes.
- Fourthly, EGATIN has suggested what kind of scientific skills should be build into the training. That was the focus of my presentation 'The scientific obligation' at the Study days in Heidelberg 2001. Some of the suggested initiatives were:

To introduce candidates to empirical research language and relevant Journals and to literature about research.

The gap between research and the clinic is also a communication gap.

Researchers use a specific language, which create the well-known sub-group culture problems. Researchers have long lamented, that clinicians typically ignore the research literature and continue to base their practice on what they felt comfortable with or what seems to work clinically. For their part clinicians complain that they are not the audience for whom the research literature is written, and that the studies only provide them with 'what they already know or what they don't need to know'.

Introduction to questionnaires and test batteries.

Questionnaires are widely used for both effect- and for process investigations. It is my experience that the borderline organized patients can use questionnaires during the therapy to structure chaotic thinking and feelings. Some of the information can be of instant use for the therapist. The test batteries contains a range of tests covering symptom burdens, complains and different areas of psychological functioning.

Invitation to join a multi therapist investigation

The real change from trainee to group analyst comes with the practice as conductor of a group. Likewise, the possibility to join a research group can be a way to understand, how data are reduced and how results can be used in the daily clinic.

Social network and social networking as support system

The English sociologist J.A. Barnes in his article from 1957: *Class and committees in a Norwegian Island Parish*, describes three regions or fields in the social system of this studied area (Bremnes), a little village area with 4.600 inhabitants in the North-Western part of Norway, located on a small Island.

Firstly there is a territorially-based social field, with a large number of enduring administrative units, arranged hierarchically, one within another. The administration of the parish is carried on through this system. The smaller territorially units provide the basis for enduring social relations between neighbors. The units of the system endure and membership changes only slowly. The second social field is that generated by the industrial system. Here we have a large number of interdependent units such as fishing vessels, marketing cooperatives, and herring-oil factories, connected with each other functionally. These units, which often are true social groupings as well as units of organization, do not necessarily persist through time. The third social field has no units or boundaries; it has no coordinating organization. It is made up of the ties of friendship and acquaintance which everyone in Bremnes society partly inherits and largely builds up for himself. Some of the ties are between relatives. The elements of this social field are not fixed, for new ties are continually being formed and old links are broken. Barnes wrote:

'Each person is, as it were, in touch with a number of other people, some of whom are directly in touch with each other and some of whom are not. Similarly each person has a number of friends, and these friends have their own friends; some of any one person's friends know each other, others do not. I find it convenient to talk of a social field of this kind as a **network**. The image I have is of a set of points some of which are joined by lines. The points of the image are people, or sometimes groups and the lines indicate which people interact with each other. A network of this kind has no external boundary nor has it any clear-cut internal divisions, for each person sees himself at the centre of a collection of friends.'

Barnes defines the concept 'social network', which has – as you already have guessed - some resemblances with Foulkes concept of the social matrix (the network of all individual mental processes, the psychological medium in which they meet, communicate, and interact) Where Barnes concept is a concrete mapping of connections and relations, Foulkes concept is a construct, concerning the relation between relations. Even though Foulkes several times

compared the matrix to the neural network, it has no clear explanatory value. It distinguishes itself from other sociological concepts by including the dynamic unconscious.

Now imagine that patients draw their own social matrix. That they map their relatives and friends and evaluate how close connected, they are by the distances to the protagonist. Let's imagine that they are patients with difficulties in relating to other people. Do you think group psychotherapy can learn them, how to connect to others and develop their social matrix. The overheads show the same patient with schizophrenic illness, at start of group therapy and after one, two and five years.

I mention this research in **that** didactic matrix as an example of research in **this** didactic matrix.

I will not forget Sherlock Holmes, who was a master of observations. In one of Conan Doyle's novels 'The adventure of the dancing men' (1903), Holmes arrives at the crime scene and he immediately points to the entrance hole of the third bullet in the window frame. "By George!" cried the inspector, "How ever did you see that?" - And Holmes answer was one of a true empirical researcher: "Because I looked for it!"

He will disagree with Bion's prescription of how to enter a group: 'Without desire and without memory'. To enter empirical group research you must enter 'with desire and with memory!'

