Does it matter who is in the group - pros and cons of personal therapy in mixed or trainees only groups, on the basis of IGA Warsaw training experience.

I would like to convey my heartfelt thanks to the organizing Committee for giving me this opportunity to talk to you about some aspects of personal therapy in group analytic training, based on our experiences at IGA „Rasztow" in Warsaw.

Many people were involved in preparation of this talk. Students who filled the survey probing their experiences in training therapy that I am going to present here, training therapists who kindly agreed to participate in a group discussion sharing their experiences in running a variety of groups, the summary of which will also be presented here. And last but not least, my colleague, dr Rafał Radzio, who helped me create the survey and analyze its results.

Having been involved for many years in organizing and running training programs in Warsaw, as the Head previously, and now as a member of the Training Committee responsible for the program, I am incessantly fascinated by this process of creation of space for transmitting and co-creating group-analytic skills and knowledge.

Personal therapy seems to be most vital and appreciated element of the group analytical training. Harold Behr wrote that when he asked his experienced colleagues to recall and rank their experiences in training in terms of impact they had had on their current practice, their personal therapy always headed the list. (Behr H., 2010) I think it is so, "because this kind of training is about enabling people to become who they are". (Campbell J, 2006, p.).

Foulkes wrote:

> The first and foremost need is to insist on his participating as a full member in a therapeutic group. …There are pros and cons to having such candidates in special groups together, or the opposite: …. both have their problems and both are not ideal. (Foulkes S.H., 1975 p. 163)

He goes on to suggest that it is best for trainees to join a group of patients. However, there are few publications describing outcomes of personal therapy in mixed groups consisting of trainees and patients. What kind of relational space gets created when we put together persons motivated by psychological suffering expressed in symptoms and/or ruinous relational patterns and those who plan to devote their professional life to alleviating suffering of others?

I find this question particularly interesting because at IGA Warsaw we are currently in a position to offer our trainees personal therapy in any of the three types of settings: trainees only, continuing or block groups, or mixed groups. Since I have run both

block groups and mixed groups, I need to ponder whether it matters who is in the group?

The primary task of therapy group in the training

The primary task of an analytic group of personal therapy in training is twofold: transmitting particular knowledge via personal experience or psychotherapy. Trainees also enter groups with twofold motivation: they want to learn about groups and therapy in order to obtain professional qualification but also to examine their internal conflicts and relational patterns that may potentially be sources of their problems.

The first of these motives is overt, conscious and desirable but the other's story is much more complicated. We know that for many a trainee, for many of us, getting engaged in training was a covert way to take on exploration and fixing of our own psyche and relations. Motivation to choose a helping profession has recently drawn considerable interest. Morris Nitsun discussed the experience of a „wounded healer" in his recent book (Nitsun M., 2015). Katarzyna Schier, Polish psychoanalyst, in her latest book on parentification devoted a whole chapter to motivation to become a psychotherapist (Schier K., 2014). Lisle Hearst and Meg Sharp (1991) quote a trainee's dream. In his dream he enters the building where his group therapy takes place but has a feeling as though he was about to serve a long jail sentence. The dream could represent both the duration of the time the dreamer has to spend in the group and also the assumption that it takes a very long time indeed to fix „bad" personality traits. (Roberts J., Pines M., 1991, p. 151)

This duality of goals coupled with special features of the motives that pull one to become a therapist fosters the formation of a relational space in which the questions of power and weakness, emotionality versus rationality become prominent. Perhaps the first to point to this issue was Foulkes in the vignette from his group illustrating how within the couple of initial sessions the group consisting of professionals struggles with contradictory desires and goals: to engage in exploring self and to let others know you as a real person and at the same time to retain a role of a detached observer and study the process (Foulkes S.H., 1975, p.146) There is a vast literature on this typical manifestation of defense against therapy undertaken by professionals.

Affiliation of therapeutic groups with an institution leads, on the one hand, to certain requirements and procedures but on the other hand creates the basis for „organization in the mind": the institution becomes a kind of internal object with all its psychological consequences (Amstrong D., 2000). The fact that trainees participate in the course of

their training in a variety of groups open a vast area for projections and transference configurations. Hence:

> Another major functions of the training group is to serve as a holding environment for trainee and to help contain and modulate the anxiety that comes from the overall training program as well as from the student's personal life. These tensions are apt to intrude into the clinician's work at all levels, and there may be little opportunity in training program to speak freely about them. (Alonso A., 1984, after: Klein E., 1985)

It may be a good idea to keep in mind what Gordon Lawrence wrote about the outcomes related to the primary task of the group. Interactions between the group, the leader, and the institution transform the primary task into a (not necessarily holy) trinity of: primary normative, existential and phenomenal tasks. The normative task is related to what must be done for the group to exist, the existential task is related to what people think they do. These two operate on a more or less conscious level and could be negotiated in a person and between people. But the third: primary phenomenal task remains totally hidden and unconscious and is powered by basic assumptions operating in the group. It's easy to see that this is potentially a space of „confusion of tongues".

That is what makes training therapy offered in a small group a tricky undertaking. In order to qualify for participation a candidate needs to demonstrate maturity, well-integrated personality, reflective thinking and insight. As soon as she or he gets admitted and enter the group, they face a change of expectations – they ought to become patients, to disclose their problem areas. In mixed groups in particular, where *bona fide* patients are treated, becoming "a patient" is often viewed as an entry ticket.

„They are not ideal" – pros and cons of different format of training personal therapy

Psychotherapy adepts participate in a variety of groups that can be placed on a continuum from self-experience groups, where the main goal for trainees is to learn by experiencing being in a group and where therapeutic effects are a welcome but side effect. On the other end of the continuum we can place analytic therapeutic groups with patients, as described by Hearts and Sharpe of IGA London course. „The aim – of such group – is personal exploration in the service of deep and lasting change. And they offer „…group analysis parallel to ….. the personal analysis the trainee in psychoanalysis undergoes". (Hearts L., Sharpe M., 1991, p.149)

In the seventies and eighties (of the 20th century) there were numerous publications on self-experience analytic groups as employed in various psychotherapy training programs. It was claimed that interactions and processes that take place in such groups

are the same as those taking place in therapeutic groups (Battagay B.,1983, Seglow I., 1968). Authors pointed to educational potential of self-experience groups in training of any professionals in the area of psychological health care, who would have a chance not only to observe but also to experience first-hand what goes on in the psychotherapeutic process (Battagay B.,1983, Seglow I.,1968, Hughes P, 1983; Elvin V., Semrad M. D., 1969). The question was raised of how to work with typical defenses which occur in such groups and at the some time how to construct a training structure that would limit the level of regression resulting from self-experience so that it facilitates learning instead of hindering it. (Christie G., 1984)

In 1971 IGA London and the first training in group analysis was established. The resulting training framework became a template for future institutes and training programs. Malcolm Pines wrote that in contrast to other training programs involving time-limited, self-experiential groups composed entirely of students, in this approach „we have always insisted on a full group experience for our trainees" (Pines M. 1980). Trainees do an ordinary patient twice-weekly group, and they were expected to stay in it for the duration of the training. He argued that:

> The trainee needs his own experience in the group situation, not simply to be able to appreciate the situation of his patients; he needs it for his own personal therapy. He will discover, we hope, that there is much that he takes for granted in his personality and modes of interaction that will need to be understood in depth and to be worked through and altered. (Pines M., 1980)

Hearst and Sharpe present, to my knowledge, the most comprehensive description of what a group analysts working with a mixed group may have to face. They must be aware that in spite of a thorough preparation at the stage of qualification for the group, in spite of talking about typical defenses, a lot of trainees take a long time to actually discard them and to truly engage in the process. The authors believe that patients often attack „fake patients" which results in their discarding false forms of communications and to engage in true exchange. As the group matures, trainee's sensitivity and reflexivity are appreciated as much as input of any other person. Another thing to be expected is trainees' competitive behaviors, they try to gain independence and fight the therapist's input. Trainees' attempts at the role of therapist give the latter an opportunity to assess their skills and style and when they seem problematic, to offer corrective interventions along with their underlying motivations and to call their attention to responses of other participants. (Hearst L., Sharpe M., 1991). Authors point to a wide scope of topics that trainees' presence introduces in a group: desire to be unique, chosen, competitiveness, exclusion, jealousy.

Growing interest in group-analytical training resulted in many countries in establishing block training model consisting of small therapy groups, supervision groups, theory lectures and large group experience all taking part over weekends. Before this framework and way of running groups became „legitimate and well-established model of training alongside the continuous model" (Hearts, L., Behr H., 1995 p.407) it had been quite controversial for some time. Debates on the merits of this solution proved its effectiveness and led to deeper reflection on accompanying phenomena, including characteristic features of therapy that takes place in such conditions.

To sum up: the block framework enhances group processes and emotional responses of participants are intensified (Reik H.,1989) at times to a cathartic point (Olivieri-Larson, 1991). Early childhood events are discussed more often than in weekly groups and the context of a block framework activates characteristic issues: disintegration anxiety, separation anxiety, hope for new openings (Knauss W.,1990). Participants experience anxiety during the weeks preceding their blocks sessions and depressive feelings afterwards (mostly at the initial stages of the group formation). Sessions preceding the group dissolution are filled with withdrawal and fragmentation (Marone M. 1993). Institute's involvement in therapy organization makes it a specific object of transference. Participation in a number of groups with different leaders in a short succession fuels projection processes. Moreover, established relationships between staff members become a fertile ground for conflicts and tension. (Hilpert H.R.,1995). The need to deal with unavoidable violations of group boundaries has been noted. Also it has been acknowledged that material from events outside the group should be legitimately introduced into group discussion. It can be claimed that block training creates certain problems but at the same time it becomes a space for their solution and it enriches the therapeutic and learning processes by providing them with a rich group relations material. It has been stressed that large groups are vital for the success of this process. And, as Thor Kristian Island stressed in his last year lecture for participants of our training:

> I believe that in such a training community the participants experience a strong feeling of connectedness beyond the course itself. The participants become part of a larger project, the group analytic movement, and its international foundation, which contributes to one's professional identity, a Professional Self. (Island,T. 2017)

To the surprise of our participants he also went on to state:

> Today this rather polarized debate about continuous training in mixed patient groups versus block training has vanished. In many countries, or maybe most

countries, the preferred training modality is the block-training format. (Island T., 2017)

Group analytic training at IGA „Rasztów" in Warsaw.

Why were our students surprised? Because at our institute, we travelled this road in the opposite direction. The training in Warsaw has been established in 1993 based on the block model as implemented at IGA Heidelberg (Knauss W., 1990), IGA Warsaw Founders' *Alma Mater*. IGA Heidelberg is where first teachers and training therapists in group analysis working in Warsaw obtained their qualifications. Our training program quickly gained considerable popularity due to its founders' established professional reputation. They were therapists with many years of experience in psychoanalytical work with groups employed at Rasztow Neurosis Psychotherapy Centre established by Jan Malewski in 1963 (Pawlik J., 1978). Many Polish therapists gleaned their group experience while participating as patients in groups run at the Rasztow Centre.

Due to this psychoanalytical background it was only natural that the Founders strived to offer trainees therapy as close to psychoanalytical settings as possible. One can say it was a sentimental or ideological motive but there was also another reason, much more task oriented. We were searching for the solution of the problem we faced: only a minority of trainees who successfully accomplished required elements of the training program did go on to set up their therapeutic groups and finally to obtain certificates. As a graduate of a block training I fully agree with Knauss' and Olivier-Larson's observation that the main weakness of this model is the fact that trainees participate in a therapeutic group whose matrix markedly differs from the one that forms in those groups with which they need to eventually work as therapists. (Knauss W., 1990; Olivier-Larson R., 1991) This created the following types of problems in therapist's adjustment to the needs of a continuous group:

1. Responsibility for organization and setting of a therapeutic group rests with an institution and trainees who set up their first group can't draw from their experience with their therapist.

2. They have to face a higher patients' dropout rate than in block group setting.

3. Due to long intervals (sometimes over a month) between meetings in his/her group, therapists may not be sensitive enough to the problem of timing in weekly meetings design.

4. Emotional intensity of block therapy design is contrasted to the slower development of patterns of emotional exchange in a continuous design.

5. Group cohesion develops more slowly in patient groups and by definition it lacks the common foundation of trainees' identity.

These difficulties may well get overcome in further professional development, but for a budding therapist, and they are a majority of our trainees, they are a substantial drawback. Supervisors' observations confirmed that assessment. That's why as of 2000 trainees could choose between closed weekly groups and block groups. And then in 2008 we made all our groups slow-open and allowed trainees to join groups of patients that were run by training-analysts. Currently, it's a trainee's decision which setting they choose for their training – students only or mixed (students and patients). For trainees who live away from Warsaw we offer the option to participate in a block group that is slow-open as well. These groups usually consist of trainees only. New trainees are given a list of training analysts and are expected to join a group of their choice by the end of the first semester. Over the years we introduced a number of changes and modifications in the original training design but the first one related to groups was envisioned to align the experience of own therapy with the experience that they may expect to face when working with patients in their first group which is required for certification. It is time now to share the impact these changes had on all of us and on the institute as a whole. Let me present the results of our study that I hope to be a starting point of a further discussion at our Institute and here with you, my audience.

Our study

Step one: Along with Rafał Radzio we put together a questionnaire consisting of 30 statements which probe experiences related to Foulkes' therapeutic factors at work in groups and to the group specific factors (Foulkes S.H., Anthony E.J. 1957, 1965). Foulkes enumerates certain therapeutic factors operating in a group-analytic group: Supporting effect, Analytic factor, Communication factor.

He also describes some group specific factors. They stem from our biological, social and cultural human endowment and are a result of a therapist's analytical attitude that manifests itself in a specific kind of conversation that he calls a „free floating discussion". On the one hand they create a fertile ground for making therapeutic factors possible in the group but on the other, they constitute therapeutic factors as such because:

> „By sympathizing and understanding, by identifying with, and imitating, by externalizing what is inside and internalizing what is outside, the individual activates

within himself the deep social responses that lead to his definition, in the first place as a social being". (Foulkes, 1957, p.199)

These are: Socialization through the group, mirror phenomena, the „condenser" phenomena and resonance. We wanted to take a closer look at an interplay of therapeutic and educational goals. And also to see whether there is any difference in how often "trainees only" and mixed groups participants experience what they learn in theory and in supervision and whether these groups offer different therapy.

We also included a statement assessing the level of general satisfaction with the group experiences. We asked our respondents: On a scale from 1 (never) to 7 (always) indicate how often you have had the following experiences in your group.

Step two: I asked trainees one open question:

In what specific areas is your participation in training therapeutic group helpful and how? At least three such areas were expected. (due to short time of this presentation this will not be discussed here, I can only sum up that all groups are experience as the source of (in this order): personal psychotherapy, integration of theory and practice and belonging and support.

Step three: During one of our regular seminars at the Institute I invited training analysts to take part in a free floating discussion on their experiences of running each type of groups. I wrote down the topics that were mentioned and we are going to continue our discussion in the future. I am going to present you with the summary of this discussion.

Step four I compared the average percentages of certification completion before the introduction of the changes described above and afterwards.

The questionnaire

We mailed our survey to 83 trainees of first to fourth year of training. We received back 50 filled surveys. Our respondents had one month to four years of own therapy experience and they all still were taking theory classes at the time.

42 (84%)of respondents were female, 8 (16%) – male.

18 (36%) belonged to the 25-30 age group, 14 (28%) – 31-40 and 17 (34%) – 41-50.

30 (60%) had therapy in trainee only groups (block and continuous), 18 (36%) in mixed groups.

21(42%) were participating in block groups and 28 (56%) in weekly meetings.

We have sorted statements into the following categories: Support (sup.), Analytic (A.), Communication (C), Socialization (S.), Mirroring (M.), Activation of social unconscious via Condenser phenomena (S.U.), Resonance (R).

Trainees only and mixed groups differed in one category only: Resonance .

Resonance	*M*	***S***
Trainees only	4,9	0,46
Mixed	4,5	0,50

Answers to some questions showed statistically significant differences. Trainees-only group participants were more likely to experience that: Others share my thoughts and feelings (R), I talk about my feelings concerning my professional life (C), We care about each other in the group (Sup).

Statement	*M*	*S*
Others share my thoughts and feelings (R)	trainees only: 4,8 mixed: 4,1	trainees only: 0,7 mixed:0,7
I talk about my feelings concerning my profesional life (C)	trainees only: 4,6 mixed: 3,8	trainees only:1,2 mixed:1,2
We care about each other in the group (Sup.)	trainees only::5,4 mixed: 4,9	trainees only:1,0 mixed: 0,9

Participants of mixed groups reported that they more often experience that: Other people in the group mirror feeling I was unaware of (M), Conflicts in the group make me aware of my own conflicting feelings (M), I confront my own prejudices and biases (A).

Statement	*M*	*S*
Other people in my group mirror feelings I was unaware of (M)	Mixed:5,1/ trainees only: 4,5	Mixed:0,9/ trainees only: 1,1
Conflicts in the group make me aware of my conflicting feelings (M)	Mixed:5,3/trainees only: 4,8	Mixed:0,7/ trainees only: 0,9
I confront my own prejudices and biases (A).	Mixed:5,4/ trainees only: 5,0	Mixed:08/ trainees only:09

Rafał put together a sub-scale consisting of five well correlated statements: Other people in the group mirror feeling I was unaware of, I find myself in others, I can cope with tensions and conflicts, Conflict in the group make me aware of my own conflicting feelings, I confront my own prejudices and biases. We call this sub-scale: M*e in others*. Average of answers in this scale was higher in mixed groups (21,3) than in trainees-only group (19,7), *s: 2,6/2,3*

Free floating discussion of training therapists

It were mostly therapists running mixed groups who voiced their observations during the free floating discussion. And the topics they raised can be summarized as the following dilemma: Is a personal training therapy just a run-of-the-mill therapy or does it make any special demands on therapists related to their skills, qualifications, work techniques and group composition.

Certification

The first exam and certification took place at our institute in 2000. On average we accept about 20 trainees a year. Since then we have issued 85 group analyst's certificates. 44 of them were issued between 2000 and 2012.

In 2012 students who entered training in 2008 completed their four year training program consisting of theory, therapy and supervision. Between 2012 and now 41 new students were certificated. It may be worth noting that 18 of them started their training after 2008 and that some of them passed their exams in 2014.

It is evident that the new training program leads to increased success rate of certification.

Conclusions

So, does it matter who is in the group? Some authors claim that it matters only to a small extent. For example Panos Vostanis' and Derek O'Sullivan's research showed that self-experience groups for psychotherapy trainees and patient groups differed in one factor only, as measured with the Yalom's questionnaire of Therapeutic factors, the factor called Universality. This factor relates to participant's conviction that others share his or her experiences, and it was lower in trainee groups.

Differences in our survey were also minor. One can say: groups are just groups. But this, seemingly, minor difference, in Vostanis' and O'Sullivan's study, is both a result and a contributing cause of a typical defense behavior that occurs in professional training groups and can adversely influence the group formation.

The general impression of our study may be that mixed groups create space allowing for more frequent insights derived from inter-relatedness. Is it legitimate to claim that mixed groups introduce the Diversity factor into members' experience? Bente Thygensen was the one who suggested that Foulkes's group specific factors could be complemented by the factor: „Diversity". She refers to the distinction introduced by Malcolm Pines, who postulated two different group related qualities: cohesion and coherence. Cohesion, in short, means sense of belonging and sameness, coherence is belonging which entails mutual recognition of differences, the freedom to differ. In my opinion the achievement of coherence and full use of diversity in a mixed group depends on the group analyst's attitude: his or her care to make sure that a free floating discussion is joined by all members of the group, is open to all relevant issues, regardless of how difficult they may be. I think that mixed groups are likely become a potential area for the dynamic called by Berh „cultural isolation". He wrote about specific relational problems that „stem more from the foundation matrix of the group than from the individual's psychopathology" (Behr, H.; 2004, p. 81). Here some cultural and/or social differences are either denied or exaggerated. In the first instance the „culturally isolated individual labors under the shared myth that all in the group are socially and culturally homogeneous, and that any reference to difference is an affront to the egalitarian principle upon which the group psychotherapy is presumed to rest" (Behr H, 2004, p. 81). Other problem consists of exaggeration of differences between the individual and the group and leads to isolation of the marked person. „People so isolated quite often collude with this dynamics and retire into a zone of silence in relation to an important area of their identity." (Behr H., 2004, p. 81). Trainees participating in mixed groups are likely to face these two phenomena concerning their twofold motivation. Groups consisting of trainees and patients require therapist's particular sensitivity to these issues, therapist needs to be attentive and employ skillful interventions to overcome the potential isolation of a trainee

and the defensive alliance of the group. How this work can benefit each patient in the group was beautifully described by one of training therapists taking part in our discussion. After she encouraged a trainee, who was reluctant to do so, to talk about her problems in own work with her group of patients, the patients present in the group went on to reflect on the quality of the work of their own therapist!

As my experience grew, my own perspective gradually changed. My attitude towards mixed groups was at first rather lukewarm. All the time while at the position of the head of the Training Committee I was hesitant about including students in my groups. In agreement with Hilpert I leaned towards an opinion that this is an additional complication in the area of transference the trainees have to face Hilpert R.H., 1995). Currently, perhaps since my position is not as exposed to trainees' projections any more, I tend to agree with the position of Hearst and Sharp (1991) who extolled the benefits of therapy in mixed groups. I used to think that it was too good to be true. Two of my trainees in mixed groups already graduated, one took 8 years and the other 5 years to do so. Anyway, I allowed new trainees join my patient groups.

So, if it matters who is in the group, it is only because the work with mixed group makes special demands on therapist's awareness of how we, therapists, negotiate within ourselves and our groups the problem of dual goals of therapy for the training purposes: therapy as such and as preparation for a professional career.

So now, perhaps, I am about to disappoint you. In fact it really doesn't matter whether it matters who is in the group. The whole idea of our study was to drop a little pebble into a pool of our practice, to evoke ripples of discussion, both at home and here, at our meeting, to reach a deeper understanding of what it is we are actually doing when we offer our trainees personal therapy.

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