It is as absurd to criticize a piece of psycho-analytic work on the ground that it is 'not scientific' as it is to criticize it because it is 'not religious' or 'not artistic'. It is not any of these things. Its failure to be so is a criticism; but its 'success' at being any of them would not remove the reproach. The critical formulation for which there is no substitute is that it is 'not psychoanalysis'.

W. R. Bion, Attention and Interpretation

I quote Bion in the context of today's conference – "Between Mission and Profession – do we know what values we convey in Group Analytic Trainings?", because I would like to show in my presentation using an example of my co-therapeutic work with therapists who completed different trainings, that psychoanalysis itself is a value that has been conveyed to me during my Group Analytic Training. I also would like to take into consideration the process of becoming a member of group of group analysts using the tools and ideas of psychology of intergroup relations.

"It is not psychoanalysis" is also a comment I have heard on the clinical seminar during my Group Analytic Training from my fellow student, when we have been exchanging thoughts about the group therapy session I have just presented. I conducted the group together with a co-therapist who finished his training in an other institution, based on psychodynamic group therapy approach. My fellow student was shocked or just surprised with my co-therapist's intervention, because he joined an interpersonal exchange between two patients. Regardless of the question, if the intervention was helpful or adequate, I would like to focus on how the opposition "psychoanalysis/not psychoanalysis" allows us to strengthen the boundaries of the in-group (us) and self-identification with group analysts.

Last year I started to work on the psychiatric ward for children and adolescents, where I co-conducted a therapeutic group for young adults with a co-therapist, who was trained in other institution than me. Parallel I was working in the grief therapy center where I conducted a one-year-long support group for people experiencing grief with a co-therapist - a woman, who was trained in the same institute as my colleague from the ward. I would like to describe those experiences in the context of the already mentioned opposition between "psychoanalysis/not psychoanalysis", because both of them brought to my attention the fact, that the belonging to the group of group analysts is the central point of my identity as a therapist. I will also do my best to show you on the basis of those two experiences how that concept of "psychoanalysis" can be a double-edged sword and can be either a basis of defensive system protecting from fear in the situation of functioning in the institution without primary task (Rice, 1963) or a source of feeling of belonging without necessity of using primal defence mechanisms in a more secure work environment.

The psychiatric ward exists for many years, but the project including psychotherapy for young adults started just as I began to work there - as a side project of psychotherapy for children and adolescents. Simultaneously the leadership of the ward has been changing numerous times in the mood of insecurity and uncertain future. The changes have not allowed us to settle in the structure, which was as well fluctuating together with staff turnover. At a time when I was starting to work there, the ward maintained without the leader and my co-therapist filled me in. Despite of those administrative difficulties we started to work with the patients. Among other therapeutic activities there was a group therapy conducted by me and the co-therapist, which I would like to focus on.

In the process of formation of co-therapeutic relationship I had a feeling that it is really difficult to work through the tension and rivalry between us, because we both avoided giving close attention to the differences between our ways of working. But it obviously stayed vital in the group's life. We were competing against each other for being the best parent - my co-therapist gave the patients a lot of individual attention (what I willingly interpreted as malpractice) and I was trying my best to be as ambitious and as "superior" (my co-therapist's interpretation) in interpreting the group process as possible.

It can be assumed that the splitting which occur between us and the projection mechanisms did not allow us to see each other and those defence mechanisms were result of functioning in the institution without clear primary task - either on normative or existential level. Following on from that our attempts to fulfill it were incoherent and inconsequential. New project in the ward and new group of patients added to the previous ones caused that the normative primary task of the institution was underspecified. Part of the team worked with both groups of patients and the changing leaders had different approaches to the young adults' project, which did not ease the elaboration of mutual existential primary task. Above described situation generated a lot of fear and uncertainty and we were avoiding those feelings hiding in our defence systems using our theoretical approaches.

On the same time I was conducting a support group with a female co-therapist. Sessions took place twice a month and lasted two hours each. Group consisted of 11 members on different stage of grief. Some of the participants attended individual psychotherapy and the support group was a space to share their experiences and feelings in an unstructured way, similar to free association technique. Our role as leaders of the group was to shape and to model communication between patients. Our cooperation has settled pretty fast and it was based upon the division connected to our style of conducting a group - I was more concerned with the group process and my co-therapist was shaping the interpersonal exchanges between the members of the group. It is thought-provoking that in this relationship the division was for me a source of satisfaction, similar to the feeling of driving a save, well-functioning car.

It is worth mentioning that the grief therapy center has been organising those kind of support groups for a few years. It is an organisation with clear structure and task management. The support groups have unified rules, such as payment regulations, time of duration etc. The therapists conducting the groups undergo an obligatory training on grief and groups. It is obvious that the level of experienced fear or anxiety is much lower, even in a situation of cooperation with a person with different theoretical background, mostly because of clear primary task - supporting people experiencing grief.

I suppose that my way of functioning with co-therapists from out-group can be explained by one of the factors of Social Identity Theory (Cameron, 2004). It consists of centrality, ingroup affect and ingroup ties. Centrality seems to be the factor explaining my above described contacts with co-therapists. It can be described as subjective meaning of the belonging to the group for self-definition. It is assumed that my feeling of being different was connected to this part of my imagination about myself which resulted from being part of a social group with strong boundaries - group analysts. At this moment I would like to state, that in my opinion this is a value that is conveyed during group analytic training - or at least one that I have learned - social identity as group analyst. Tajfel mentioned that strong social identity leads to accentuation of intergroup differences stronger perception of ingroup similarities (Tajfel, 1969). Belonging to a group is an important part of one's identity and self-definition and glorification of ingroup leads to glorification of oneself because of the human motivation to achieve positive distinctiveness. One of the form of this mechanism is ingroup favoritism, also known as ingroup bias. It is exactly what happened when I was conducting a group on the ward - because my self-concept as a therapist was defined in terms of group membership, I was maximizing the differences between me and my co-therapist - member of outgroup.

But the level of experienced fear seems to be crucial for understanding my relationships with the co-therapist in these situations. There is a theory based on the research Stephan&Stephan did on intergroup fear (Stephan&Stephan, 1985, 1992) exploring different kinds of fear people experience during an intergroup contact (like, in my case, co-therapy with a therapist with different theoretical approach). Integrated Threat Theory explains four kinds of threats that can be perceived during an intergroup contact. One of them is symbolic threat which includes fears connected with perceived intergroup differences concerning norms, beliefs and moral standards and the threat of being dominated by those different norms.

Being young psychotherapist, even before getting my certificate, conducting a group in the co-therapy setting with a therapist with different beliefs and norms in the institution with no clear primary task generates a lot of fear, among others of being absorbed by another understanding of the group process. In the context of work in an unstable work environment where they were no frames giving our work structure, I was even more focused on Bion's psychoanalyse as a value for which there was no

substitute and on the other hand, in a stable institution which gave me sense of security, where goals and tasks were clear and talked through, my identity was not threatened and my anxiety level was lower so I did not need to submerge in primal defence mechanisms.

I suppose the meaning, the signifie of Bion's psychoanalyse was not my first priority - it was more of a fortress protecting me from perceived threats, giving me positive distinctiveness, like in minimal group studies, where the participants were randomly divided into two groups on the basis of trivial criteria, like preferences for paintings of Klee or Kandinsky and still strongly differentiated themselves from each other.

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