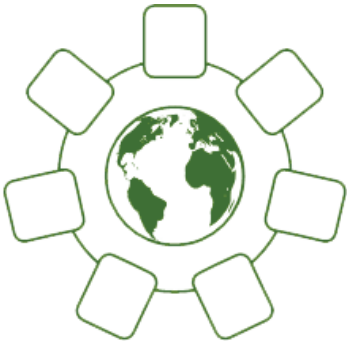
Group-Analytic Contexts

June 2018 ISSUE NO 80



Newsletter of
THE GROUP-ANALYTIC SOCIETY
International

© the Group-Analytic Society International

The Making of a Good Enough Group Analyst

By Kristian Valbak, PhD

Lecture given during the EGATIN Study Days in Vilnius, Lithuania
27-29 April 2018

Dear colleagues and friends,
Thanks for the honour and the opportunity to talk today about what makes us what and who we are as professionals, and what I think is required to be a good enough group analyst.

I talk as a Danish psychiatrist, a teacher for 28 years in the Aarhus Training Programme and … as a 'good enough' group analyst.

The title of my presentation points to professional development in an educational setting and emphasizes the perspective of the teaching organization.

Could proof that we do good training be that what we learn is helpful in our professional clinical or organizational work during and after graduation? I suggest that we from time to time should look at all elements of our training through utilitarian glasses, regardless of what kind of work we do: in the mental health service with patients; in private practice with clients; in society with larger citizen groups; or working in organizations with staff.

Looking back, group analytic psychotherapy has been influenced not only by shifting theoretical paradigms (ego psychology, object relations theory, self-psychology, modern group analytic theory, attachment theory etc.) but also by changing needs from the mental health services where patients referred appear to be still more disorganized.

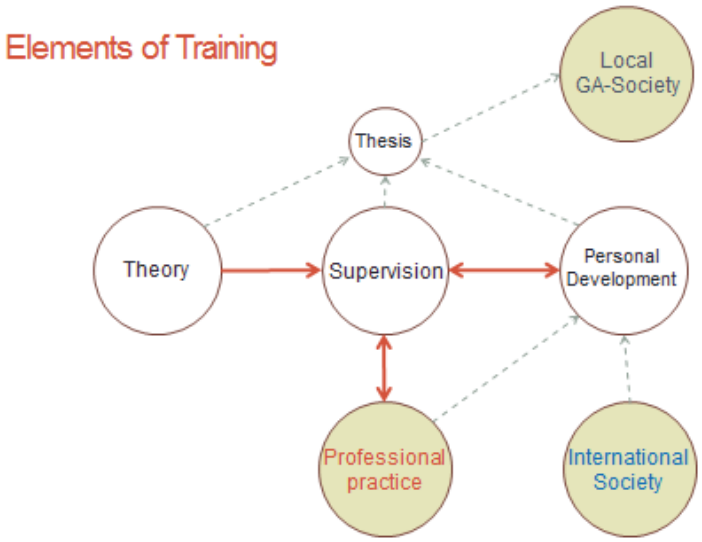
In 2005, at the EGATIN workshop in Molde, I posed the question: "Does change in clinical practice influence training?" And the answer was: "It should!" The training programmes must update the theory seminars with recent theory and be aware of the demands the candidates can face in their professional working life.

For some it is a controversial choice. I believe it’s the only way. And I think it is possible both to make a living from our profession and do good-enough group analysis.

Personal development and training

Now let us look at the elements of training:

Figure 1 - Elements of Group Analytic training



I know from the once-a-year evaluation made by the Aarhus candidates that the small groups are highly-valued and they are no doubt the most emotional part of the training. Personally, both as trainee and as training analyst, I liked the excitement of the small group. You never know what you were going to experience, sometimes also you face what you least like about yourself and others.

Again, it is difficult to know what in the tripartite base of Group Analytic training - personal development, supervision and theory - is *most valuable for our future work as professionals*. A small inquiry in Aarhus revealed that there was a slight edge in favour of the personal element.

However, we don't know that much about what we gain from coming to the small group. When experienced group analysts were asked about valuable experiences in their personal training, they mentioned, 'to be included and accepted in the group' as the most important (Valbak, 2014).

We might have some ideas of what we should become:

> 'The therapist ought to be a person who has experienced life to the fullest. He may be young, or he may be old, but he must have the courage to experience life in all its shades, and he must know how it feels to be alive. He must have known fear and anxiety, mastery and dependency. Most of all, he must not be afraid to love, and he does not need to be a stranger to hate.
>
> The therapist ought to be well-read, since the experience of having lived with the great figures of literature is a part of his knowledge.
>
> In order to safeguard his own mental health and the health of his patients and his own family, he must be aware of himself. This awareness must include parts of his unconscious. It is this awareness that is a tool of his trade, and that Theodor Reik called the 'third ear'.
> (Grotjahn, 1983, in Rosenberg, 1993)

Grotjahn wrote more about the deeds of the psychotherapist, but he did not include the element of autonomy, here expressed by an American psychotherapist:

> 'Central to me is an individual's authority over his or her own life tempered with compassion for others and the recognition that there are many different ways of living an authentic life' (Lin Fraser, 2017)

Running through the suggested abilities of the therapist in EGATIN's Essential Training Standards, I find them still valid. They should serve as guiding ideals for all of us, not only the candidates. The question is how we can encourage and promote the development of these skills.

What do we learn from the personal therapy?

Research has shown that unspecific factors work across methods. Most variation in outcome can be explained by factors associated with the patient and the therapist.

We also know that research cannot say that duration of training is positively correlated to positive outcome of therapy. What has been researched and 'proved' to be important is the therapist's

ability to recognize imminent rupture of alliance, her interests in patients feed-back and that diligence makes a difference.

Nissen-Lie et al. (2017) noted from their study that a combination of self-doubt as a therapist with a high degree of self-affiliation as a person was particularly fruitful, while the combination of little professional self-doubt and much positive self-affiliation was not. Training is about adjusting self-confidence and being conscious about the unintegrated grandiosity.

Personal development takes time and never stops. From the EGATIN Survey in 2008, we know that there are large variations from institute to institute in Europe regarding what is found to be an appropriate amount of self-experience, before graduating can be granted.

As something unique the group analytic society, including EGATIN, has a culture where we meet in small experiential groups, when we gather. A tradition which I think has a quality of still learning by experiencing new aspects about ourselves, not only because we change but also because 'the times are changing'.

Everyone knows that personal development is an individual matter, even though Foulkes' general recommendation of 'twice a week for three years' for patients has led to EGATIN's recommendation of a minimum 240 hours in a small group. The differences are based on different cultures, but leave us with the question: when are we 'good-enough' to 'handle' patients in our own patient group?

Theory Seminars

Selecting theory texts is always a challenge. There is a strong urge from the trainees to make it simple, not too complicated - which is a contradiction! Theory seminars should include core concepts - meaning they should embrace and explore the genuine thoughts of Group Analysis. It should also be relevant - meaning it should connect to practice.

A frequent complaint is that the texts are old, as if age should be a valid criterion. But it's relevant also that new developments are represented (for example more recent attachment theory). And the plea from the candidates is to serve all in a palatable balance of investment, gratification and time!

When I, from time to time, read diploma papers, it is recurrent, that many patients in groups are very disturbed and the candidates have problems with maintaining boundaries and preventing drop-outs. The method seems not to fit the task. Lorentzen

and Karterud wrote:

> Supervising and reading the candidates theses, it become apparent, that many of the graduating candidates have major troubles with drop-out usually due to factors associated with the patients. I think it is fair to say, that there easily develop conflicts between the needs of the patients and the provision of gratification by the group. It is a problem that we have been addressing partly through a more extensive examination of the patient, partly by a more supporting group analysis, represented by ideas of a mentalization based group therapy. (Karterud, 2016; Lorentzen, 2016).

We have to do extensive training in applied group analysis. Also it is my long time experience, that we - working in the mental health services - need more knowledge about assessment, psychopathology and ways of structuring our understanding of patients' mental organization (diagnoses).

Steinar Lorentzen's book (2014), on how to do Group Analytic Psychotherapy, represents an attempt to guide the clinician in the treatment of personality disorder patients over a relatively short time. Some critics have stuck to the shortcomings and think we lose the essence of Group Analysis. A distinguished group analyst, Harold Behr, called the book 'disarming'. Interesting expression, isn't it?

I once suggested that valued 'local articles' used in training and written in the native language (for example Polish, Portuguese or German), should be collected and translated into a text book in English.

Supervision

In our training in Aarhus we have mixed 1-4 years candidates in our supervision groups. A broad range of assistance is needed, from fundamental knowledge to sophisticated stimulation of own reflections.

In general, I believe we could be more interested in the *process* of the training. Rønnestad has suggested a cyclical five-phase model with two tracks, 'development' and 'stagnation'. Each developmental phase is characterized by an accompanying emotion/attitude. These phases are:

1. Confirmation and *enthusiasm;*
2. Awareness of complexity accompanied by *anxiety;*
3. Confusion and *depression;*

4. Exploration together with *hope*;
5. Integration and *realism.*

Development was conceptualized as cycling through these phases when confronted with different challenges and with the recognition of the therapist's own limitations and inadequacies (Rønnestad, 2013).

Countertransference

Countertransference processes are present regardless of clinicians' theoretical orientation (Betan et al., 2005) and the analysis of countertransference is on-going work for the group analyst. Often encountered are 'the inability to deal with dependence', 'deviating to individual work in the group', 'guilt feelings when lack of progress', 'the Pygmalion Complex' and 'the wish for personal gratification'.

With the very disturbed patients many difficulties go back to the introduction of the patients and the initial preparations.

Clinical vignette I

For an 18-month closed group I included seven patients referred continuously. The last person was a 21 year-old man, who was sent to group analytic treatment after being rejected from therapy in another clinic at the hospital, mainly because he was found to have no personality disorder. He was late for assessment, critical of the system, complained about the rejection and aired the idea that he had Asperger's syndrome. He wrote in a letter to me, that he 'hated groups' and that ' I usually get my way'. When I, during assessment, was reluctant to include him, he cried and said that he did not know then how to get help.

He didn't show the first two times in the group and was late for another five times during the first thirteen sessions. He talked frequently, commented on nearly every other comment, mostly in a very advisory way. He several times stated that the interventions I made about the similarities in the group, was not for him.

He was critical towards me and, for example, devalued my interpretations about his late-coming as ridiculous. At a time he got into an argument with some others from the group about the behaviour of non-ethnical Danes. After that, he didn't return to the group, dropped out (after 6 months) and did not answer my mails. He rejected my invitation for an individual session. I terminated his therapy and wished him good luck. Three months later an official complaint reached my desk: I had made a wrong diagnosis, given him the wrong

therapy and like another Prokrustes, had tried to force him into my group and my ideas.

He did cause me trouble in the group and it was hard work maintaining empathy with him. I was annoyed about his drop out and further offended and narcissistically injured when the complaint was exposed to my chief.

As unfair and unreasonable as he was in his accusations, he was also right. Looking back I was grandiose to take him on, despite contra-indications, which I neglected probably feeling superior in this area of assessment compared to the 'competing' department. I also felt sorry for him in the interview and was seduced by his hip-hop dress and youthful attitude.

My own training analyst, Harold Behr, always stressed the importance of detecting and breaking the destructive cycle of scapegoating:

> 'The group conductor has to foster a spirit of empathy with the isolated group member.' (Behr & Hearst, 2005)

Across all difficulties a 'negative personal reaction' from the therapist has a strong correlation to outcome. Research has found a surprising positive influence of 'professional self-doubt', which was interpreted as reflecting an attitude of therapist humbleness and sensitivity, which seems to facilitate alliance development (Nissen-Lie, 2010).

Symington (2002) believes, that the therapist's capacity to bear criticism and the capacity to manage confrontation are particularly good indicator whether emotional maturity has been achieved. In his book 'The making of a psychotherapist' he writes:

> '… because I believe that no psychotherapist can be effective unless he can reach his own feelings, moral fortitude is an essential quality in a psychotherapist if he is to endure the pain that reaching those feelings entails. In other words, moral courage is needed to deal with mental pain'.
> (N. Symington, 2002)

Gabbard and Ogden in their article 'On becoming a Psychoanalyst (2009) mention the ability to listen to ourselves speak with our patients and, in so doing, begin to develop a voice of our own. And they cite Bion for saying

> 'It's only after you have qualified, that you have a chance of becoming an analyst'
> (Bion, 1987)

This should not mislead somebody to believe, that the engine can run on intuition from the beginning! At the end of therapy the therapists desire 'for perfection', 'for gratitude' and 'to be known as a real person' are well-known difficulties (Gorkin, 1989)

Clinical vignette II
The patient was a painter who painted abstract and very black compositions. He gained through his three years in group analytic psychotherapy and left my consciousness till the day one year later, I suddenly saw him on TV in front of his exhibitions of very colourful painting in New York. A journalist asked him what had made such a change in his life that could explain his vivid work. I was prepared to collect some narcissistic gratification, when he responded: My little baby-daughter!

Patients' expressions of gratitude sometimes need analytic exploration and sometimes plain and simple acceptance. The importance of 'the capacity to have pleasure in one's patients' pleasure' (Treurniet, 1997, p. 621) can hardly be overemphasized.

Clinical Vignette III
Recently a young woman at the beginning of a group session declared, that she had something important to announce. In the excitement that followed in the group I happened to think, that she might have become pregnant. Almost bursting into tears and warning that she had never before said this in public, she stated: I think I am a good person! I am not perfect, but I am good enough!

I think the patients can come to that recognition, if the therapist feels good enough to hold a group, which is good enough.

> 'We all hope that our patients will finish us and forget us, and that they will find living itself to be the therapy that makes sense'
> (Winnicott, 1968)

The test and the final text

What does the title 'diplomaed group analyst' imply? The final test is the writing of a paper that demonstrates the integration of all skills. Many candidates feel exhausted after the many training gatherings and find it difficult to find inspiration and energy for another effort, which requires intellect, sensibility and stringency. EGATIN has contributed to this sometimes neglected part of the training by a study day on this subject in Copenhagen in 2006: 'The Process of putting Group Analytic work into writing', which inspired Thor Kristian Island to create the fine guidelines: 'On writing a Group Analytic Diploma Paper' (Island & Karterud, 2013).

One can discuss how hard these demands should be. How good, how brilliant should the candidate perform? Sometimes I find myself in doubt and worry. Is this really acceptable? Was I not myself several times sent back to improve my writing, and did I not have to swallow my humiliation. Then I think of Kernberg's warning, how training institutions can destroy candidates creativity (Kernberg, 1996) and more important, how a strict evaluation may originate from an envy of the youth.

The acquisition of a group-analytic attitude and a professional group-analytic identity

Joining a training program usually happens at a time, where we are well beyond our youth, but we are still expected to develop more. A goal for the training - parallel to the personal therapy - is a development to professionally and *on your own* to conduct a group analytic group. The transformation from trainee to group analyst is a transformation which can be compared to the transformation from adolescent to adult. An important milestone on the way is when you start up your own therapy group with your own patients. The special feelings around that special moment are often shared with the other trainees in the small group with pride and can become the subject of admiration, rivalry and envy. However, the first attempt with an analytic patient group often results in dropout of two or three members, - usually a blow to the initial optimism and the grandiose feeling following group start. To suffer and overcome the drop outs from ones first therapy group can be one of the trials, that constitute what has been called the 'make- or breakpoint' of becoming a group analytic therapist (Knauss, 2000).

When do we identify ourselves as group analysts? One thing important is to meet other group analysts elsewhere, from other countries. I find that foreign locations and cultures provide the

participant with a unique opportunity to be inspired, challenged and to experiment new perspectives on self, both professionally and personally. There comes a certain freedom with a foreign - and I will say predominantly - kind and holding atmosphere. It is often away from the usual context, you come to experience other colleagues' appreciation and acknowledgement.

The only good group analyst is one with a good enough analyst (mother)

In Aarhus we were 'illegitimate children' of the teachers from the Copenhagen Institute who trained us back in the eighties but left us without true acknowledgment of our capacities and disregarded our wish to build our own institute and identity as group therapists separate from Copenhagen. However, the spirit of being founders and pioneers became an important drive to become 'us' different from 'them'.

Instead of bonding with the Copenhagen Institute, a distinguished row of supervisors from Germany, Norway and England were invited to the training programme in Aarhus and gave it credibility, not primarily to the outside world, but to ourselves.

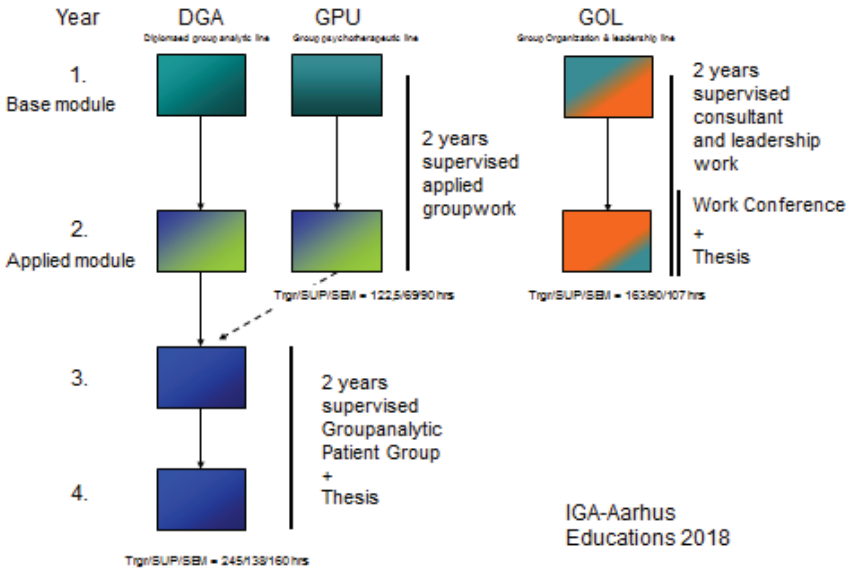
In the Institute, identity as group analyst or group analytic therapist truly lies in the ability to handle authority. That is, when you become one yourself in your own group of patients and when you get and take authority in the society of members and associates of the institute. After 28 year the teachers group in Aarhus has still no executive committee. All eleven teachers meet regularly to discuss matters of interest, from economy to the intake of new trainees. This concept has been discussed and criticized to be an immature construction avoiding differentiation of members and issues of power in the way that some teachers were more influential than others. Not that there is no rivalry, not that there is no envy. However, what we have lost in time and search for consensus, I think, we have gained in shared information, responsibility and not least identification.

It has also been a matter for discussion, how to engage the candidates in organizational work in the institute and how to keep them engaged, so they eventually could continue in training or become a teacher or a member with a bilateral relation to the institute's activities. Institutes all over Europe have different approaches to how active this inviting engagement should be - from a more orthodox analytic stand in London to a much more 'real' and institutionalized didactic approach in the institute of Athens.

The affiliation to the psychiatric hospital in Aarhus has been

very important for the training program. There has been a positive attitude from the direction of the hospital. Moreover, rooms for the training have been provided free of charge.

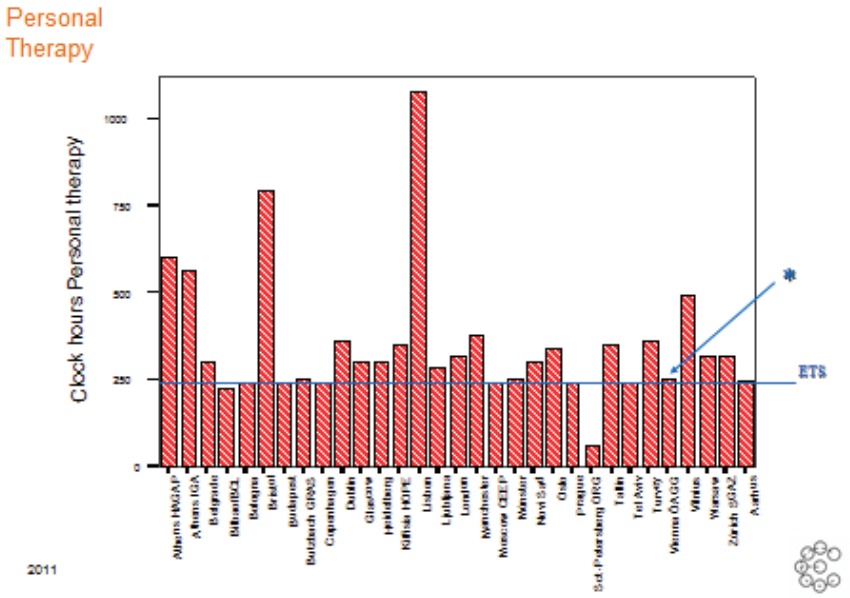
Figure 2 - The training modules of the IGA-Aarhus



We have built a training to fit local culture and possibilities and tried to make it robust economically. It was, for example, an important decision to include in the Aarhus training a line of organization and leadership; in contrast to the institute of Copenhagen where a separate organizational training was established. Recently, however, the organizational and leadership line was reduced from three to two years to attract more applicants. More or less the Aarhus training program has been fully subscribed, with 30 candidates in training all these years.

Deviation from training standards are to be expected, because it is in the history and matrix of EGATIN to find creative and pragmatic ways to build training programmes in the different countries of Europe.

Figure 3 - The EGATIN survey on training hours



This slide shows the number of clock hours of personal therapy reported from EGATIN member institutes in 2008. As already mentioned there is quite a variation - from 4 to 8 years - although most training programmes are at the level of the essential training standards or slightly over. Outliners here are Bristol, Vilnius, Athens and Lisbon, which have by far the longest personal therapy. This picture is 10 years old. I wonder what has happened since then?

Practicing

The duration of **supervised** groups required for training ranged from 2 years to 5 years. Central for the candidates in Aarhus is that during their training they are supposed to conduct an 'orthodox' group analytic group. That turns out to be a huge accomplishment. They must bring to supervision for at least two years (84 sessions)

> ' … a heterogeneous, slow-open, long term, mixed groups of 6-8 patients with significant psychopathology'…'

> 'At the same time..... that a group analytic process can take place which means that different levels in the patients' development can be in focus for analysis in a free-floating group discussion'
> (IGA-Aarhus requirements, 2009)

This is a very important requirement to meet for the person to become a group analyst. And it is often regarded as the most difficult part of the training. High drop-out rates and shortage of male group members have been traditional problems.

During the four years of training they shall, for at least one year, bring to supervision 'an applied group', like a group of in-patients, a homogeneous group with young patients, a PTSD group or similar, but not a psycho-educational group or a group of relatives. The key word*s are* 'led by group analytic principles' or as it is phrased in the Essential Training Standards: 'to hold onto analytic technique'.

Talking about capacities my interest was caught by this statement:

> 'Capacity to make therapeutic judgements based on a response to the needs of the group in the language of the group' (Essential Training Standards, EGATIN, 1999)

What are the 'needs of the group' and what is 'the language of the group'? We might here have an example of a 'freedom' to nurture the group by supplying support and gratification (holding) by a 'good-enough' therapist.

And 'language' is more than the group analytic concepts 'matrix', 'mirroring' etc. It is also the ability and courage to understand and attune to different social and cultural expressions in the group. We can look forward to the next International Symposium in Barcelona, where the theme will be: 'Languages of Groups'!

Ending

We know that local, social, cultural and economic conditions, as well as history, influence training and, in case of negative influences, how these challenges could be met and dealt with by the training institutes. We organize training in many different and pragmatic ways. What EGATIN can continue to do is to inspire, help and acknowledge colleagues in other training institutions to develop good-enough training institutions to educate good-enough group analysts.

But it is naïve to think that the education of psychotherapists is a

simple matter of setting up a curriculum and implementing it.

For me mutual excitement of knowing and understanding are essential in training. Having knowledge-hungry and eager candidates, is still what makes it all work and worth-it as a teacher.

> 'Education is not just the filling of a pail; it is the lightning of a fire'
> (BF Skinner, in Klein et al., 2011)

Thanks for your attention!

References

Betan E, Heim A, Conklin CZ. (2005) Countertransference Phenomena and Personality Pathology in Clinical Practice: An Empirical Investigation. *The American Journal of Psychiatry* Vol. 162, 5: 890-898.

Behr H, Hearst L. (2005) *Group-analytic psychotherapy. A meeting of minds.* Whurr Publishers, London

EGATIN, Essential Training Standards, 1999. www.egatin.net

Fraser L. http://linfraser.com

Gabbard GO and Ogden TH. (2009) On becoming a psychoanalyst. *Int J Psychoanal.*;90(2):311-27.

Gorkin M. (2009) *The uses of Countertransference*. J Aronson Inc.

Nissen-Lie HA, Rønnestad MH, Hoeglend PA, Havik OE, Solbakken OA, Stiles TC and Monsen JT.(2017) Love Yourself as a Person, Doubt Yourself as a Therapist? *Clinical Psychology & Psychotherapy*, Volume 24, Issue 1, pages 48–60.

Nissen-Lie HA, Monsen JT & Rønnestad MH. (2010) Therapist predictors of early patient-rated working alliance: A multilevel approach. *Psychotherapy Research*, vol 20, Pages 627-646.

Island TK, Karterud S. (2013) From group analytic practice to group analytic text: On writing a group analytic diploma paper. *Group Analysis* Vol. 46, 4: 439-451.

Kernberg, O. (1996). Thirty methods to destroy the creativity of psychoanalytic candidates. *Int. J. Psychoanalysis*, 77, 1031-40

Klein RH, Bernhard HS, Schermer VL. (2011) On becoming a psychotherapist. *The personal and professional journal*. Oxford.

Knauss W. (1997) *On becoming a group analyst*. Paper.

Lorentzen S (2014) *Group Analytic Psychotherapy. Working with affective, anxiety and personality disorders*. London and New

York: Routledge.
Rosenberg P.P. (1993) Qualities of the Group Psychotherapist. In: Kaplan HI, Sadock BJ (eds.). *Comprehensive Group Psychotherapy* (3. Ed.). Baltimore: Williams & Wilkins.
Roennestad MH, Skovholt TM. (2013) *The Developing Practitioner. Growth and Stagnation of Therapists and Counsellors.* Routledge, NY & London.
Symington N. (1996) *The Making of a Psychotherapist.* Karnac Books, London.
Valbak K, Carvalho P, Fink B. (2011) Cultures of Training - The EGATIN Survey. Paper at the 15th. European Symposium in Group Analysis, London.
Valbak K. (2005) *'Does change in clinical practice influence training?'* EGATIN workshop at the Symposium in Molde, 'Between Matrix and Manuals: Contemporary Challenges in Group Analysis'.
Winnicott DW. (1971) *Playing and Reality*, Penguin books, p. 137.

Kristian Valbak, MD, PhD
krisvalb@rm.dk
Psychiatrist and a consultant psychotherapist at the Psychiatric University Hospital in Aarhus. There, he is a coordinator of the group analytic treatment. He is an associate clinical professor at the University of Aarhus, co-founder of IGA-Aarhus and teacher in the training program. He is past president and honorary member of EGATIN.
Address: Aalykkevej 11, DK-8240 Risskov, Denmark