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Editorial

Group-Analysis as a clinical theory and as a practice must maintain a constant dynamic of discussion and remain open to any source of knowledge and concepts, that keep it adapted to its main function. That is to offer a consistent and valuable way of thinking and understanding human relations, emotions, suffering and needs, as individuals and as groups and, a method of psychotherapeutic intervention and practice.

This kind of processes can be very stimulating but at the same time can be felt as a menace and raise the risk of losing our identity. This is particularly important when we think and discuss applied group-analysis, for specific clinical situations and /or patients, or when we must to discuss clinical training, public mental health politics and clinical research and results. How can we adapt to the actual world, what can we learn with others, what can we give and keep as important and significant knowledge?

To promote scientific events and forums, to exchange in a more formal or informal way, clinical and theoretical matters, personal and clinical experiences and critical points of view, are certainly vital to these processes, and vital for us as group-analysts and to group-analysis. To contribute to this, it is the main aim of GAS' Contexts, the forum and the journal, to reflect, as a kind of mirror of what people think, how people work and to organize their thinking and knowledge.

As always, we are waiting for your contributions.

Paula Carvalho and Terry Birchmore

President's Page

The Autumn Workshop 'Mentalizing the Matrix' with the subtitle Ego-Training in Action and the Annual General Meeting (AGM) are the two events the Group Analytic Society has arranged since last summer.

The workshop was indeed a great success in terms of numbers and content. Especially interesting from our viewpoint was to see what Group Analysis has in common with the processes involved in mentalization. Is what Foulkes talked about in his concept of ego training in action similar or close to mentalization or is it something very different? It was also a challenge to reflect on a possible integration of this concept into Group Analysis. It became clear that the concept of mentalization is one thing, and that mentalization based treatment (MBT) is another, the latter being a very specific treatment for borderline personality disorder. Group Analysis in its traditional form is far from a mentalization based treatment, but the concept could be very useful in our thinking, especially about applied groups. These topics were eagerly discussed after and between some brilliant and extremely inspiring lectures given by Norwegian, German and English lecturers. I give this topic space here because of the overwhelming interest this workshop attracted which was demonstrated by a long waiting list, and because it opens up the question once again about tradition and renewal. How much new can Group Analysis absorb or integrate without losing its distinctness and originality and how little before it stiffens into orthodoxy. There is a balance somewhere.

The AGM following immediately after the workshop progressed very quietly with some good ideas to follow up on. Not many attended which was probably due to several things. Some workshop attendees told me that they were so full and tired after the very intense workshop that they had to apologize for the AGM .Those who did not take part in the workshop probably did not come because there was no other attraction than the AGM itself, a rather meagre program to justify a long trip to London. Also, there were no really fundamental decisions to be taken this time. We have experimented somewhat with the best placement of the AGM. We have had it outside London in combination with the Autumn workshop in the North of England, which was not a success, then we have taken it back to London

immediately following the workshop. This however does not seem to be a good idea either. So the best thing to do is probably to keep it in London but as an event in its own right with some sort of program, a lecture or other things that might interest the membership.

I want to remind you that Jane Campbell will give the next Foulkes Lecture Friday 14th May, 2010 with the title 'The Islands of the Blest': Group analysts and their Groups and Sue Einhorn will be the respondent to the lecture. We hope as many as possible will come to this traditional and festive event, which gives you the possibility of listening to outstanding group analysts and to meet and socialize with colleagues.

And finally I will remind you too of the 15th European Symposium in Group Analysis that will take place at St Mary's University College, Twickenham, London, UK, 29th August – 2nd September 2011 inclusive.

Gerda Winther
President, GAS

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Deceased Members

We would welcome writings in memory of the any deceased members and in recognition of their contribution to Group Analysis.

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Be a Contexts Writer!

Contexts welcomes contributions from members on a variety of topics:

- Have you run or attended a group-analytic workshop?
- Are you involved in a group-analytic project that others might want to learn about?
- Would you like to share your ideas or professional concerns with a wide range of colleagues?

If so, send us an article for publication by post, e-mail, or fax. Articles submitted for publication should be between 500 and 2,500 words long, or between one and five pages.

Writing for Contexts is an ideal opportunity to begin your professional writing career with something that is informal, even witty or funny, a short piece that is a report of an event, a report about practice, a review of a book or film, or stray thoughts that you have managed to capture on paper. Give it a go!

The deadline for each issue of Contexts is about three months before the publication of a specific issue. The deadline for publication in the June issue, for example, will therefore be early March.

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Mentalizing the Matrix. New Perspectives of 'Ego Training in Action'.

Opening Lecture (Spoken version)

A.

Throughout his professional career, Foulkes has always been concerned to delineate the similarities and differences between psychoanalysis and group analysis. Claiming that group analysis was a 'straightforward development of Freudian analysis' (Foulkes, 1956), he maintained that although both were distinct methods of treatment, they share 'common ground' in their clinical and theoretical orientation (Foulkes, 1964/1984, p. 85). Regarding their different perspectives, he said:

> 'Group analysis ... may teach us less about developmental aspects of mental mechanisms, intraindividual conflict, the biological, bodily basis of the energies involved. It can teach us more about the conditions of therapeutic change, the interpersonal nature of mental mechanisms, about conscious and unconscious communication, the dynamics of groups and of the particular community to which they belong, ...' (1957[1964]: 129).

Based on this, it is not at all unusual to have a workshop focusing on recent clinical developments in psychoanalyis and their relation to group analysis. This is precisely what this forthcoming GAS workshop on Mentalizing the Matrix is about. It is an attempt to cross fertilize Foulkes' notion of the group matrix as the basis for all therapeutic processes in groups with the concept of mentalization and its application in Mentalization Based Treatment (MBT) as developed by Anthony Bateman, Peter Fonagy et al. To approach this subject, I will try to identifiy three different contexts associated with mentalization.

In the narrowest sense, Mentalization Based Treatment (MBT) is a form of manualized psychodynamic psychotherapy developped mainly for the treatment of severe personality disorders, namely borderline personality disorders (Bateman and Fonagy, 2006). As such it is comparable, for instance, to Kernberg et al.'s manual of Transference Focused Psychotherapy (TFP). Based on the findings of attachment theory and the theory of mind, the focus of MBT is to enhance mentalization as a mental capacity in order to understand mental states in oneself and others (and not so much in developing insight). As such, it is of interest for all clinicians including group analysts who work with personality disorders and trauma related mental states

in inpatient and outpatients settings. For group analysts, it provides a highly elaborate, evidence based manual of specific interventions for the treatment of these patients, something which goes beyond the standard group analytic technique and has as yet not been incorporated in group analysis as a method of treatment.

Secondly, the mentalization based treatment approach rests itself on a developmentally based understanding of psychic disturbances and their origins. According to Burman 'it combines developmental psychological concerns with those of developmental psychopathology' (2008: 57). In so far, it adds precision to some traditional group analytic concepts like 'mirroring', 'resonance' and 'communication', for instance by Gergely's important distinction between cintingent and marked forms of 'mirroring' (cf. Fonagy et al., 2002).

Mentalization as a concept thirdly represents an overarching paradigm that has been developed over a period by several psychoanalysts in different countries (cf. Lecours & Bochard, 1997, 78: 855–873). Conceptually, it is a 'supra-ordinate concept that encompasses processes of representation, symbolization and abstraction' (Lecours & Bochard, 1997, 78: 855; italics), describing 'the mental transformation of raw, concrete, 'unmentalised' experiences'(aaO, p. 856). Accordingly, it can be defined 'as a preconscious or ego function that transform basic somatic sensations and motor patterns through a linkings activity (Freud's notion of Bindung)' (Lecours & Bochard, 1997, 78: 855). It is interesting to note in this context, that while the older psychoanalytic origins of mentalisation which were mainly developed by French analysts (cf. Marty, 1991) were more concerned with connecting bodily excitations with psychic representations, the British group of Fonagy and Bateman influenced by the theory of mind emphasized mentalization as the capacity to perceive, anticipate and act on mental states in oneself and in others which is crucial for the ability to interpret human behaviour in terms of intentional mental states and thus affect regulation. However defined in detail, the perspective of mentalisation as a paradigm for processes of mental elaboration is particularly interesting and relevant with regard to group analysis. It is, because it brings into focus the individual and collective conditions of mental processing system(s) and their interrelationsship. It was Foulkes, after all, who in his last book asserted that 'the ego processes, like any other, are in my view shared by the total group' (1975[1986]: 112). How then can we approach these contexts of mentalisation from a specifically group analytic point of view? My suggestion is to do so by starting from Foulkes' concept of 'ego training in action'.

B.

Foulkes has described group analytic psychotherapy as 'an ego training in action' (1964/1984: 82). He said:

> 'The group provides a stage for actions, reactions and interactions within the therapeutic situation, which are denied to the psycho-analytic patient on the couch. However, the ego to which we refer is the ego in the psycho-analytic sense, the inner ego as a metapsychological concept, which is activated and reformed' (Foulkes, 1964/1984: 82).

The ego in action in group analysis he had in mind (cf. 1964/1984, p. 82) was definitely a more actively involved ego than the 'observing' ego in individual analysis (attuned mainly to observe its own mental 'mechanisms' (of defence). In contrast to the psychoanalytic situation, Foulkes maintained that in the group analytic situation 'each patient both experiences and observes the dynamic processes and disturbances that are generated in the immediacy of the group' (Foulkes in Foulkes & Anthony, 1957/1984, p. 71; italics mine). Accordingly, it is the group analytic situation itself which accounts for 'specific features' (aaO., 1964/1984, p. 129) and allows for different clinical experiences.

According to Foulkes' for instance, in psycho-analysis, character resistances have to be changed into Transference resistances, in group analysis, they can, through comparison and contrast, be analysed in the immediate interactional situation' (1964/1984, p. 129). Trying to elucidate the basic therapeutic principle of group analytic psychotherapy, he spoke of a 'corrective emotional experience' brought about by the group process. 'This so-called corrective emotional experience', he said, 'is the cornerstone of the whole therapeutic structure' (Foulkes in Foulkes & Anthony, 1957/1984, p. 71; italics mine). We may note that by using the term, he referred, although as usual only implicitly, to a controversial discussion in psychoanalysis regarding psychoanalytic technique (cf. Eissler, 1950, 1953). It was started by Alexander and French's book on Psychoanalytic Therapy (1946) in which Franz Alexander, a Hungarian psychoanalyst emigrated to Chicago and Thomas French had challenged the basic therapeutic principles of psychoanalysis. To be therapeutically effective, they pointed out, 'intellectual insight alone is not sufficient'. Instead, 'the patient, in order to be helped, must undergo a corrective emotional experience suitable to repair the traumatic influence of previous experiences' (Alexander & French, 1946, p. 66; italics mine).

Emphasizing corrective emotional experiencing rather than the intellectual understanding of the sources of patients' symptoms, Alexander and French saw their work as a continuation of ideas first proposed by Sandor Ferenczi and Otto Rank who as early as 1924 had put forward the view that emotional experience should replace the search for repressed memories and biographical re-construction in analysis. Foulkes obviously borrowed from this tradition and Alexander's book (which he mentioned in his own first book on group analytic psychotherapy 1948, p. 155) when he equated the psychopanalytic term of a 'corrective emotional experience' with his own group analytic concept of 'ego training in action' (cf. Foulkes in Foulkes & Anthony, 1957/1984, p. 52; italics mine).

However, speaking as group analyst and with regard to the group analytic situation, Foulkes went well beyond psychoanalytic disagreements over technique, when he described the 'analytic factor' in groups: 'Like psychoanalysis', he said, 'group-analysis is an uncovering therapy. Defences are analysed, conflicts bared, and insight into apparently irrational modes of behaviour and interactions is achieved' (Foulkes in Foulkes & Anthony, 1957/1984, p. 71; italics mine). And yet, as each patient both experiences and observes the dynamic processes and disturbances (….) generated in the immediacy the group' (ibid.), the conventional psychoanalytic understanding of the 'so-called corrective experience' became amplified. For Foulkes, it was the singularity of the group situation which gave greater weight to spontaneuous experiencing over mere observation and insight.

In post Foulksean group analysis, the concept of 'ego training in action' has been refined by Dennis Brown (Brown&Zinkin, 1994). Drawing from the insights of Kohuts' self psychology, the object relations approaches and the intersubjective approach of Atwood and Stolorow (1984), he reworded it by speaking of 'self development through subjective interaction' (ibid.). More recently, the understanding of the 'metapsychological' concept of the ego and its actions within the therapeutic process was furthered by the concept of mentalization as developed by Bateman, Fonagy et al. Drawing from research into the neurobiological foundations of attachment behaviour, affect regulation and memory systems, a new perspective was introduced into psychodynamic thinking, calling into question the more traditional assumption that in infancy the 'contingent responding' of the attachment figure is just 'the provision of reassurance of

protective presence' (cf. Fonagy et al., 2003, p. 115-116). According to Peter Fonagy, it is far more:

> 'The early relationsship envorinment is crucial not because it shapes the quality of subsequent relationsships, (for which evidence is lacking, as we have seen) but because it serves to equip the individal with a mental processing system, that will subseqently generate mental representations, including relationsship representations' (2001, p. 31; italics mine).

For Fonagy, 'the creation of this representational system is arguably the most important evolutionary function of attachment to a caregiver' (ibid.) 1. Looking back on the longstanding psychoanalytic discussion regarding the therapeutic benefits of (intellectual) insight and (emotional experience), this traditional dichotomy is somewhat subverted in favour of a third element, equally important. This is the capability of re-presenting experience and in way also insight by the creation of what Fonagy calls the representational system.

This creation undoubtedly takes place within the individual infant, but not without an appropriate caregiver. Referring to Winnicott and Foulkes, we might add to this that the caregiving m(other) is not just a person but also an environment, a caregiving environment or group. It is my impression that at the moment we are beginning to understand much better than before the dyadic origins of mentalization won from either infant observation and/or individual psychoanalytic treatment. What we know far less, are its requisite conditions in groups, not only in the family but also in the community at large. This includes a rather limited knowledge how exactly processes of mental elaboration beyond the dyadic setting might be facilitated or interfered with and perhaps obstructed by group processes although Twemlow's and Fonagy's attempts to elaborate 'A developmental approach to mentalizing communities' (2004, 2005a,b) are promising first steps in this direction2. Conceptually, this problem is clearly adressed in Stanley Greenspan's and Stuart Shankar's important book on the 'First Idea: How Symbols, Language and Intelligence Evolved from Our Primate Ancestors to Modern Humans (2004). Combining their expertise in child psychiatry, psychoanalysis and philosophy of language, they firmly state that 'the mental development of a child and its social development (…) are undissolubly linked' (2004, p. 331). And following from this, they conclude that 'the development of infantile consciousness and the formation of groups are equally undissolubly linked'(ibid.)'. Their emphasis on the interrelationship between individual and group development comes indeed very

close to Foulkes' older group analytic view that 'the ego processes, (…), are shared by the total group' (1975/1986, p. 112). It is the aim and the challenge of his workshop to ground this theoretical claim in clinical substance and expertise.

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Desirable Candidates for Group Analysis: Optimizing the use of the clinical interview in the selection of new patients

GAS Symposium, Dublin, 2008

Wendy Hanson

What is it that allows human beings to see through each others pretendings? For I understood quite clearly in that moment that she was anxious. Perhaps emotions have a smell or taste; perhaps we transmit them unknowingly by vibrations in the air. Whatever the means, I knew just as surely that it was nothing about me in particular that alarmed her, but only the fact that I had come and was a stranger.
The Thirteenth Tale, **Diane Setterfield (p. 43)**

Introduction

What is it that we seek to discover as we interview a potential new candidate for an analytic group? How do we go about uncovering the essential information we desire in order to make a reasonably well informed judgment as to whether or not this particular person will fit into this particular group at this particular junction in time?

The process of selection and diagnosis was viewed by Foulkes & Anthony (1957) to be 'technical problems for the expert' (p. 43). Generally, the authors held that anyone who would be able to profit from individual psychotherapy would also be helped by group analysis. In Group Analytic Psychotherapy (1975) Foulkes suggested using a combination of projective tests, written autobiographical

information prepared by the candidate prior to the initial interview, and an open-structured interview, lasting form one to two hours, Foulkes contended that it was 'possible to arrive at a preliminary interpretation of the case as follows:

1. Personality and psychodiagnostic dynamics
2. Conflicts-predominantly intrapsychic or interpersonal
3. Outlook and basis for resolution of these conflicts
4. Special observations, if any (p. 30)'

He used a graphic system to make manifest his observations of two main dimensions, namely 'mental complaints' and 'physical complaints'. Foulkes emphasized that the existence of mental complaints was essential for including a candidate in an analytic group because this was an indication of a necessary ability to use psychological thinking rather than being bound to more concrete experience of the self and the world around. Thus, this more technical description seems to qualify the very global and widely inclusive standpoint for selection which had been described more than two decades previous, suggesting that a somewhat more restrictive selection for group analysis was necessary to ensure good practice.

In 1995, Karterud gave a detailed and specific description of what group analysis entailed as a therapy form as a preface before describing his view of the need for rigorous selection and diagnostic evaluation before inclusion in group therapy. He argues this point on the basis of his contention that group therapy practice should rest upon an empirical foundation of research which can ensure the quality of the interventions. Karterud recommended using the Core Battery (including SCL-90, GAF, IIP-C and a formal psychiatric diagnosis) described by MacKenzie & Dies in 1982, as well as comprehensive demographic and personal data overview. He argues that there is continuum of different group therapies with group analysis at one end and more psychodynamic group therapy in the middle with structured group therapy at the other end. Along this continuum, it is possible to create group cultures which are productive for any number of diagnoses, particularly personality disorders.

Behr & Hearst (2005) focus on three main indications for group analysis which include mood disorders, self-defeating behavior and interpersonal difficulties. They describe in detail the procedures they employ in the initial interview, with both emphasizing keeping the process rather short in order not to influence unduly the transference

before the client starts in the group. Both authors want to have an overview of the clients own view of his or her difficulties, a history, defenses used by the client, and a sample of how the client reacts to interpretations by the group analyst. Behr & Hearst also discuss the fact that the client is in effect interviewing the group analyst, too, and forming an opinion about if there is possible help to be found in the relationship and the eventual group participation.

I will hold that basically, what the group analyst is looking for in a new candidate for group analysis is threefold. This includes: 1) the ability to tolerate uncomfortable and disturbing affect, 2) the ability to establish and maintain close ties to other individuals and perceive their importance for discovering how ones self interacts with others and why this happens in a particular way, and 3) the ability and will-ingness to reflect upon previously unconscious or unacknowledged psychological functioning thus giving it new meaning . In addition, the group therapist will have the whole group's interests in mind, and should attempt to find a new member who approximately matches the level of psychological maturity and sophistication of the already established group. In order to form a reliable enough impression of these factors, I believe it is necessary to use a combination of semi-structured interviews, psychometric instruments and observations form the here-and-now dialogue between the candidate and the group analyst which includes reflections about the group. In my experience, this process takes anywhere from three to six meetings. It is beyond the scope of this paper to discuss if group or individual therapy may be more beneficial for a particular individual; instead, I will limit my focus to one form of assessment and preparation of a potential analytic group candidate.

Which form for psychotherapy?

An assessment for group therapy may be very different from accept-ing a person for a general assessment for psychotherapeutic treat-ment. Collett (unpublished, 1990) has given a detailed description of assessing a new client when the person has not specifically asked for group therapy. He emphasizes the importance of getting a feel for the person's needs, defenses and capabilities to do reflective work while also giving the person an evaluation of what the therapist believes will be the best form for treatment. He offers a modified version of Foulkes' description of the process of group analysis to the candidate, and then describes how this may prove fruitful for the candidate. Collett then

gives the candidate ample time to decide if he or she is motivated for group therapy, even allowing a trial period of four sessions before a final commitment to the group.

Often, with socially timid, anxious or withdrawn clients, there will be a very early and spontaneous negative reaction should the therapist tell them that group therapy may be the therapy of choice by the therapist after the initial evaluation. Many of these clients fear the exposure in the setting, which is a manifestation of the interpersonal difficulties for which they might actually seek therapy. Giving sufficient information and help to reduce the early anxiety is a necessity. Also clients with a great need for support, confirmation or taking a leading position may balk at the thought of group therapy. Here the client may be initially skeptical to having to share the therapist (who is often skilled in giving support and attention) with other people, and may be negative to the need to compete with others for the spotlight.

Sometimes potential group candidates seek an evaluation because others have suggested it. The recommendation of other professionals may or may not be well-founded as they may not have sufficient information about the type of group run by the group analyst. Having an open dialogue with the referring party is to be preferred as it gives the chance to supply information about the focus for treatment in the group in question. Also simple things such as the day the group meets may make participation for a client unfeasible and it saves everyone much time and effort to have such a detail clear at the starting point before a possible referral for assessment.

In my experience, relatively few clients seek out group therapy. A far greater number desire individual therapy because they fear exposure, are wary about feeling shame for their affects or difficulties or due to lack of knowledge about the various forms of therapy and what may be attained in different therapeutic frameworks. The few who do, usually know someone (often a person who has had a successful treatment in a group with the therapist) and whom has recommended that the client approach the group analyst asking for group treatment. When this happens, it is still important do a thorough assessment because the difficulties for the client may not be treatable in the particular group. Saying 'no' to someone who specifically asks for group analysis and is not offered this by the group analyst can prove to be quite harrowing for both parties even though it may be the best long-term solution for the client and for the group. In my experience negative and unresolved and relatively rigid reactions to receiving a negative response to the candidates wish for group participants, with

an accompanying lack of ability to reflect over the foundations for the decision has often affirmed this therapist's judgment of the non-suitability of the person seeking group treatment.

What is group analytic treatment, really?

Since I was qualified as a group analyst many years ago, I have attempted to formulate a clear description for myself of what group analytic treatment is and who can profit from participating. I have asked many colleagues, with many years experience and some have had a very specific answer which builds upon Foulkes' model, i.e. where participants meet in a group consisting of 6–8 men and women who have no extramural contact for 90 minutes once a week, in a group run according to free associative method for as long as necessary for the individual to achieve their own level of improvement for their symptoms and with no other concurrent treatment. Others have just replied to the question by shrugging their shoulders and saying 'I really don't know'.

   Probably, the difficulty lies in the process of developing therapies according to the zietgeist of the times, the changing pool of recruitment and the individual therapist's careful adjustments to the group her or she recruits and runs over time. Who we admit to the group depends to a high degree on what we believe we are offering in terms of treatment In essence, it seems that each group analyst must define their specific form for therapy, how it works and whom they think will profit form the experience. Generally, common denominators for this kind of therapy include a heterogeneous group (regarding gender, age, symptoms, and personality characteristics), a homogeneous group (regarding intellectual capacity, mentalizing capabilities, and stability of traits) and the willingness and ability to explore actions and symptoms as being indicative of underlying emotional difficulties which hinder a life with a good portion of intimacy and productivity.

   Very generally, the analytic group today intends to increase emotional and interpersonal awareness leading to changes in characteristic forms of perceiving ones self and others, freeing the group members from past patterns which have been overly limiting and/or making them prone to obtuseness in relation to other people. How this awareness is brought about and in which manner the interactions within the group are inductive to stimulating growth and development may vary to quite a degree given the group analyst and the group.

The relevance of psychometric evaluation

The aforementioned Core battery is often used due to popular opinion that it is well-suited for both making clinical and research-based evaluations when selecting candidates for group psychotherapy. These instruments are all based upon the self-reporting and symptoms and interpersonal problems. This fact makes the battery most reliable for persons who have a reasonably sound self-perception. In my opinion, the clinical interview is also essential to the group analyst in order to compare one's own impressions with the psychometric score of the candidate. When there is deviation between the clinical impression and the psychometric profile, then I would give the clinical impression most weight because this is established within the context of an actual interpersonal relationship with the group analyst, which is the mode for the eventual future therapeutic process.

The structure of the clinical interview

Despite the fact that each person to be interviewed for participation in an analytic group is unique and comes with a somewhat different idea of what he or she wishes from the first contact with the therapist, there is much to be said for having a relatively standard interview structure. Being able to compare how different people respond to the situation gives a kind of perspective as to their response as being particular and individualized.

   I will describe one form of evaluation which has been useful over time. The initial interviewing takes anywhere form three to six interviews. It consists of a semi-structured interview, constructing a family tree over two or three generations where important others are described by the candidate, and a chronological history of important life events. This battery is given in addition to a standardized evaluation by means of personality inventories or symptom checklists.

   The semi-structured interview calls for the candidate to respond to the following three questions:

1.   What is the problem for which you are seeking therapy?
2.   Why did you seek out me (my professional group) as a therapist?
3.   What are you expectations for the course of the therapy?

Formulating the difficulty for which one is seeking therapy may prove to be daunting to some clients. The more well-formulated this is for the client, the more reflection they have done prior to the first

meeting. This reflection may be the product of individual therapy or by work done by the client alone or with an intimate other. When the description of the problem is diffuse, then it is essential that the group analyst work with the client to define a problem focus which seems to fit the persons own appraisal. Then, it will be necessary for the group analyst to judge if the problem is something which may be addressed in the group or if another therapeutic setting would be preferable.

An example is when a client with marital difficulties seeks therapy mainly to please his or her partner and only feel s that the problem lays within the relationship with the spouse. In this situation, the group analyst should probably support the client to seek couples therapy, even though the potential client might profit from a group treatment. Another example is the person who is primarily seeking a cognitive-behavioral group for depression or social phobia, and has been referred to a 'group therapist'. Offering this person group analysis instead of a more specialized group therapy will in all probability tax the motivation of the candidate too much. Sometimes, candidates are very open to the group analysts suggestions an, given enough information, may be very willing to try a therapy form they haven't previously considered. Hearing that the therapy takes time seems to calm some anxious individuals who either worry about rejection from the therapist or feeling pressure to 'perform' and become 'better' in a hurry.

When the problem is described, it is also essential that the group analyst discuss the candidate's reasons for seeking therapy at this particular point in time and what expectations the candidate has for the process. Regarding reasons for seeking treatment, it is often a very good sign if the person explains that they have been contemplating this step for 'a long time' and that something which has reoccurred time and again set in motion a new wave of motivation for change. What is desirable about this is twofold: 1) the difficulties are being experienced as reoccurring and are therefore being experienced as a pattern of feeling or behavior, and 2) being able to contain the difficulty in some way (and not merely act upon impulses) probably indicates that there is a capacity to endure uncomfortable affect and disturbing thoughts or tendencies within her- or himself. Generally, when a person describes their own ambivalence towards initiating treatment, it seems that they again have a capacity to reflect and contain complexities of their own affect, rather than needing to rely on more global defenses, for example denial or splitting.

When the candidate expresses some doubt about the possible outcome of the treatment, this is also taken as a good sign. Understanding that new self-awareness, self-acceptance or behavior is not easy to bring about, gives a picture of someone who has tried and who realizes that input from others is probably necessary to bring about a new process. When a candidate says, 'I will do anything to get rid of my anxiety, depression, problems with my partner, etc.' then there may be a naïve view of the alleviating qualities of therapy alone, without the smallest insight as to the necessary personal endeavor required. The motivation rests on a foundation made of sand often, namely a belief that by telling someone what is difficult, that the problems will be attenuated and solutions will come in the form of 'tips' or 'techniques' which can function as remedies for the problems. On the other hand, too much cynicism is not a favorable starting point, either. Should the candidate have had previous, negative therapy experiences or have mainly had dysfunctional interpersonal relationships, then there may be so little positive therapeutic alliance at the starting point, that it will not be able to hold and help the candidate through the first period of disillusionment with the group format, something which is a common occurrence 3–9 months into the process.

Should the group analyst find these simplified expectations, it is possible to try some psychoeducationally-oriented interventions as to the nature of the therapeutic process. The way in which the candidate responds to this kind of intervention will be very important. Should the candidate use time to re-evaluate their expectations and express a higher degree of uncertainty than in the previous interview, this might be considered a positive indicator of the ability to listen, evaluate and to be open to adaptation to the input of another person. This capacity is needed to function in the analytical group.

The use of the family tree gives much information. The candidate is asked about the family of their childhood, as well as their grandparents' generation. The candidate is explained that early relationships often have a bearing on how we later relate to others, and especially close others. Then the candidate is asked to describe what kind of person each of their near and distant relatives is in their own words. I may inquire as to birth and death dates, health and sickness, stillborn siblings, accidents, education, occupation, religious affiliations and/or how the individuals dealt with major historical or social events (wars, national crises or disasters, epidemics, economic difficulties, women's liberation, etc.). The breadth of knowledge about ones

owns origin and the nuances of description are the most important indicators for my willingness to include the candidate in the group.

Categorical descriptions such as 'he was nice' or 'she was mean and uncaring' may indicate a rather split perception of the other giving an indication of level of sophistication of the defenses. Of course, it is possible to investigate such comments, to see of the candidate can nuance the perceptions and upon which foundation of observation or memory this is based. When the candidate continues to say 'he was kind to children, but quite strict with other adults' or 'she was a mean mother-in-law but was kindhearted to the needy' then I evaluate this as the capacity to contain opposing or contradictory affect, which means that affect tolerance is quite advanced.

Creating an overview of the major life events of the candidate is very helpful in more ways than one. Besides giving the group analyst critical information on the course of the person's life, the ability of the candidate to present a cohesive narrative of their life will be revealed. Sparse childhood memories, confusion over the timing of events, or seemingly blank periods of time may all indicate extreme psychological distress which has been dealt with by means of dissociative mechanisms or by denial. While interviewing, the group analyst can inquire about who were major care-givers, if they were absent at any point in time, about disruptions in contact with others due to illness, death or moving, about the birth or death of siblings, about early friendships, schooling and learning difficulties and achievements, participation in group activities as a child, about accidents or injuries and the caretaker's ability to react and cope with this, about physical development as compared to cohorts, about puberty and opposition to authorities in the teen years, decisions regarding career preparation and parental aspirations for the candidate, military service, and about romantic and sexual involvements. It is helpful to consider attachment issues here, and one may ask about who has initiated eventual ruptures in contact.

After noting such events, the group analyst may then inquire as to the candidate's emotional reaction to the event. Here the group analyst will get a clear picture as to the availability of affect for the person. If the candidate says that they don't remember how they felt, it is possible to ask them to think about the situation now as an adult, to see if they can reflect and connect to emotions in a more distanced way. If this is still difficult, the candidate may be given an interpretation in which a description may be offered as to the therapist's own thoughts about what a child or youth might feel in a similar situation

to see if this creates curiosity or interest in delving deeper in their own past.

Once the group analyst has collected this data, it is now important to use the information in the here-and-now to determine how the candidate responds to reflecting about how experiences may have influenced their behavior, beliefs and cognitions and their contact with their own and other people's feelings. It is now that that the group analyst has the material with which to start 'testing' how the candidate cooperates in the therapeutic process of creating more self-awareness and self-observation in the interpersonal context of the dialogue with the analyst.

Process and content

A wealth of information is available to the therapist even during the first interview. The most fruitful use of this plethora of information is by using both the process as well as the content of the information given to and collected by the therapist. The therapeutic alliance is in its early beginnings, meaning that a substantial amount of trust from the candidate is probably not yet established. Therefore the therapist must use the interaction in the here-and-now cautiously, without making too direct inquiries or comments. At the same time, the here-and-now focus will access the process material, and if this is handled carefully, will help to increase the level of intimacy with the client (Yalom, 2008).

Working in the here-and-now is such an essentially bearing fundament of the group analytic situation that it is crucial to test if the candidate is open to the situation, already at the start of his or her participation in the group, where this way of working is most assuredly already a part of the group therapeutic climate. This entails offering an observation as to how the group analyst perceives the candidate's way of interacting with her or him in the interview situation or by inquiring as to how the candidate experiences the interaction with the group analyst. En example might be 'I asked about your father, and you seemed to shy away for me answering me directly. I was wondering about if you were avoiding the topic or maybe reacting to my way of asking you?' Being able to reflect upon the 'you and me' of this interactional sequence is a basic building block of the level of reflection which is required in a group analytic group, where the focus is not only on the intrapersonal, as well as the interpersonal, but also on the metaphor of the group-as-a-whole. Being able to ask oneself

'Why is this group behaving as it is, what is making this happen?' is an extremely complex level of mentalization.

If the candidate is very uncomfortable (e.g. shows signs of shame by looking away or smiling from embarrassment) or has a tendency to withdraw and avoid direct responses to the therapists enquiries, then it will be very important to observe if this behavior changes during the course of the evaluation and preparation sessions. The ability to adapt to the affect of shame and the acknowledgement that being able to tolerate difficult feelings as being on of the main tools of therapy, is extremely important for coming to agreement about the therapeutic process involved in analytic groups.

You, me and who else?

In addition to inquiring about the client–therapist relationship, the therapist can already, at this stage, bring in a third party, namely the group. Here the therapist presents a triangular relationship between him or herself, the potential group candidate and the existing group (it exists perhaps at this stage only in the therapist's own mind if recruiting for a new group). The therapist may observe how the candidate manages reflecting on sharing the therapist with the others in the group. For example, who does the candidate identify most with, the therapist or the group? Is the candidate thinking about the others? How so? Are they competitors, potential helpers, 'siblings' with whom they might identify, or are they persecutors perhaps? This may be revealed in the content discussions of the group.

It is also important, however, to reflect on how much the candidate is focused on thinking and talking about the group and the other members. Is this avoided by the candidate? Does the candidate create distance between the group and himself by for example saying that he will not fit in, has a different kind of problem from other people in therapy, or by just ignoring the fact that there will be others in the room in an actual group session. It is quite common at the beginning of the assessment for the potential candidates to be rather self-absorbed in their own difficulties and concerns. Often there is an obtuseness regarding the fact that they will interact with real people with capabilities and needs of their own. Helping candidates to start reflecting on the 'unknown others' who already comprise the group must be initiated by the group analyst.

The ability to triangulate, i.e. tolerate and enjoy three-party relationships seems to indicate that the candidate has achieved a capacity

to share a close person with another person without feeling threatened that the bond to each will disappear or not tolerate a strain of feeling affect , i.e. jealousy or rage. In other works, the quality of attachment seems to be good, something that will allow for emotional stress and the inevitable ruptures of empathy in attachment which must occur in order for there to be a new corrective motional experience in the group analytical group work. This capacity in participants is assumed to be essential for the group culture developing a discourse, rather than seeking to maintain a repetitive pattern of monolog or dialog, which is a kind of manifestation of the pair-focus.

My own experience has shown me that one of the best predictors of who will excel in group therapy is a candidate who is curious about the other group members, already in the initial interviews. This interest may appear as a concrete wish as to what problems the others have, if they have a similar life situation to the candidates or hearing more about how the topics of the group arise. If the candidate goes even further, and speculates about how he or she might react in the group (e.g. 'I might not be able to say a word in the beginning', 'How will they feel about me starting in the group?' or perhaps 'I am afraid I might not be able to contribute anything of value because I am struggling with relationships in my life'), I consider this to be a very positive indicator that the candidate is already mentalizing the experience of the others in the group. This striving to attempt to find the others perspective is an indicator of capabilities which will be helpful in assimilating into the group. On the other hand, if the candidate says straight out, that he or she isn't really thinking about the group or has only had negative experiences with groups previously, than the group analyst may decide to look for further signs of a lack of capability in interpersonal relationships which is so marked that it will make the candidate too different from the other members of the group in order to find a common ground for reflection.

If the candidate really lacks experience with positive, nurturing attachments to others within a group setting, it might prove extremely helpful to offer group participation first in a support-oriented group, where there is a possibility of giving the candidate a new, more positive experience with peers. In my experience, several very skeptical candidates with relatively poor social skills, have profited form such a two-phased treatment plan, and have made very good candidates for analytical groups at a later point in time.

Burlingame, MacKenzie & Strauss (2007) has found negative outcomes for group participants who were overly eager and very

positive to the group format at the start of therapy. These participants had a tendency to offer themselves by means of self-disclosure at a very early stage to the needs of the group, something which may lead to feeling of embarrassment pr resentment, a sense of having been overly exposed and used by the group and early drop-out by the member in question.

Suggestions for eliciting the candidate's personal style of relating

By focusing on the here-and-now relating with the candidate, the group analyst has the possibility to observe what happens with intentional and happenstance interactions with the candidate. By intentionally changing the quality of ones own form of relating, the group analyst can observe the changes in the candidates relating to him or her. For example, if the group analyst is usually affirming and supportive, this can be modified so that no or little support is offered. The group analyst may even challenge the perceptions or reflections of the candidate to see how the candidate relates to this. Will the candidate 'take aboard' alternative thinking, and use it to reflect in a new way? Or is the different perspective dismissed or actively refuted? Does the candidate become suspicious of the change in the group analyst, or is this viewed as inevitable and something to be managed by means of dialogue and seeking a new understanding of what is happening in the two of them? Should the candidate react negatively or by means of submissiveness or by neglecting the group analyst's perspective, then it is essential that this be noted and followed up with an inquiry as to how the candidate is experiencing the situation.

Group analysis is based upon the sharing of different and varying perspectives, reactions, attitudes and behaviors which are openly shared and discussed in the group space. Should the candidate react negatively to this or be unable to participate in similar activity in the dyadic relationship, then the group analyst must take note of this. It will be important to determine if the candidate is overly inhibited by the intimacy or authoritarian nature of the dyad with the group analyst (but would be freer in the group), or if the candidate cannot cope with having her or his own world view challenged by anyone in any kind of meeting. In other words, the group analyst must determine if the candidate is too naïve, suspicious or paranoid to participate in a group analytic setting.

It is also possible for the group analyst to offer or elicit direct feedback as to what the candidate is experiencing in the interaction. This means that the group analyst models using his or her own here-and-now self-observations in order to give input to understanding the content or process of what is happening in the session. The candidate may be overwhelmed by his or her own feelings, may lack words, or may have inhibitions about giving a direct comment to the group analyst. All of these possibilities are fruitful topics to discuss in order to get a better view of what inhibits the candidate in relation with others.

Finally, the group analyst may attempt to give an interpretation of what the candidate is feeling, what this might be related to in the psychodynamics of the person and how this is related to the direct interaction in the situation. Seeing how the interpretation is experienced by the candidate is extremely important for considering how the candidate may come to deal with the exploratory process (with all of its inherent anxiety) of group analysis. Being able to open up ones feelings, thoughts and holding an open dialogue in the situation are the fundamentals necessary to participating in an analytic group.

It is fair to ask, 'If the candidate can already accomplish all of this, is therapy really a necessity?' My answer is definitely 'yes'. Despite having the tools available for self-reflection and the capabilities of creative interplay with other individuals in a complex group setting, people still may feel they struggle with intimacy or regulating self-assertion, self-disclosure, autonomy, or a number of other painful and inhibiting problems. Those qualified in group analysis have most assuredly experienced firsthand how necessary the groups input is for opening new and liberating self-analysis. Only in relation with others is it possible to develop greater self-understanding and self-acceptance. Even risking (re-)experiencing the possible negative outcomes of interaction cannot be done in an intrapsychic vacuum, but must be tried within a safe and holding environment of a well-run analytical group inn order to lead to new development.

Accepting predictive limitations

Despite a thorough assessment process, it is probably wise to be ready for surprises. Sometimes, the impression given in the initial interviews just doesn't seem to predict what will actually happen in the group setting. Sometimes, a candidate who seemed to be a well-suited new member of the group doesn't manage to find a place the group as the group analyst had foreseen. On the other hand, the group

analyst may be positively surprised by the addition of a new member who the analyst was very unsure would profit from joining a particular group. Another area of uncertainty may be the issue of if the candidate will stay in the group long enough to have a therapeutic experience or if the person will become a 'drop-out'.

I find it extremely difficult to offer coherent suggestions for understanding these unexpected group interactions. Usually, my own thinking is that the group analyst can only be partially aware of the complexity of interactions which will occur, and that rather than trying to 'understand', the group analyst must be continually prepared not to have an overview over the groups life. Being able to contain this uncertainty and owning ones shortcomings, is a major task for the group analyst. There is a kind of professional humbleness regarding ones own intellectual and psychological capabilities which I believe makes for an optimal basis for a therapeutic attitude for the group analyst. Not knowing, being unaware, and having to accept ones own imperfection is something which is important for the group analyst to personify and model.

Developing a clinical 'intuition' and applying this to the here-and now of the interview situation

Damasio (2006) describes intuition as a capability which may become increasingly more accurate as a person develops if there is a concerted effort to analyze the relationship between previous 'intuitions' and the reality which ensues. Therapists often describe something they call their 'gut feeling' when they talk about their clients. This must be differentiated from a counter-transferential response to the client. The former is the therapist's personal system of relational patterns coloring their perception of the client, and there is usually a pattern to how the therapist perceives people based on their own past relational experiences. The 'gut feeling' is more a total, global, unformulated affective response to the other. It may expressed for example in 'I like him', 'I trust him', 'She would be good for the group' or 'This person could destroy my group'.

Time and again, I have met group analysts who ignored a negative gut feeling and who later regretted doing so very much. The reasons for ignoring a negative intuitive response may be varied, such as needing a new member to increase the size of the group when referrals are few or needing a person of a particular gender. There also may be more dynamic reasons for not excluding

a candidate based on a 'gut feeling'. These reasons include feeling guilt about rejecting someone who apparently is asking for help, or fear of reprisals form either the person referring or the candidate himself. There may also be self-doubt about the reality of the basis for the feeling or a naïve belief in the group's power to deal with all kinds of individuals.

Later, after a difficult process in the group, the therapist may find the candidate terminating abruptly or the group in great turmoil. Of course, it may be argued that this is a result of non-identified counter-transferential difficulties in the therapist which are played out in the group as a whole. Usually, however, several of the group's members will express their initial 'gut feeling' about the candidate which was very similar to the therapists after the person leaves the group. It is a commonly held belief that too much turmoil and too abrupt termina-tions can shake the very core of the working alliance and therapeutic climate of the group, so it is important to try and avoid such upsets if possible.

Preparation and including the new member

Preparing new group members has been shown to have a very posi-tive effect on outcome (Burlingame, 2007). I will not go into detail her on this subject, but will recommend that after the decision has been made to include the candidate in the group, that the group ana-lyst use at least one session to discuss the following:

- Specific requirements for participation (giving notice of absence, payment, moral responsibility for confidentiality, meeting times, vacations, etc.)
- Instructions about how the therapist will introduce the new member
- Information about how the conversations form is decided by the group
- The group analysts role in the group
- Confirmation that it is up to the new member to decide what, when and how information about him- or herself will be brought in to the group setting
- Reminders about the agreements for giving notice before leav-ing the group permanently
- Practical information about the room, seats, locked doors, meeting times. Etc.

When the group has been given notice of the starting day for the new member, it is important to do all that is necessary to ensure that all of the existing group members attend the new members first session. This is advisable if analyst is relying on the real meeting of the members as the basis for determining if there are outside ties between the new member and the others which might complicate for preclude the new member coming in and experiencing being a part of a 'stranger group'. It is quite frustrating for a group to start the inclusion process, when one member is absent, making it necessary to wait one or more weeks for the next group session before it will be clear for the new member also is unknown for the member who was away the first session.

Having been through three to six sessions, there is usually an established working alliance between the group analyst and the new member which will be of great help during the transition to group life. Most candidates mention that they 'feel safe' in the group as they 'at least know the group analyst'. This support, coupled with the group analysts sustaining a v bridging atmosphere to build new cohesion will be necessary the first weeks of the inclusion of the new member.

Conclusion

The assessment of candidates to an analytic group is crucial in order to optimize the group work for both the individual members and for the group. Including candidates who do truly benefit form the experience reduces the occurrence of drop-outs, helps to regenerate the process of the analysis and enriches the quantity and quality of the relationships within the group which are used for increasing awareness and facilitating corrective emotional experiences Collecting a comprehensive overview of the candidate's affective awareness and tolerance, their attachments and ability to maintain relationships and their ability to mentalize are considered of great importance. A combination of psychometric, semi-structured interviewing, and more associative interactions with reflections in the here-and-now is recommended. The group analyst should be particularly observant of how the candidate uses the here-and-now and observe if and when this is valued by the candidate, and opens for further reflection. Allowing the relationship between the candidate and the group analyst to develop over time is viewed as being of help to the candidate in that the budding therapeutic alliance alleviates some of the discomfort often experienced by novices at the start of their time in an established group.

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Synopsis

This paper presentation will present some suggestions for the content and evaluation of initial interviews made by the clinician who is selecting candidates for analytic group therapy. S.H. Foulkes described several indicators regarding who would profit from participation in the analytic group. Some of his variables are dated and overly restrictive, due to changes occurring in our psychosocial culture in the past decades. Standardized evaluation batteries have become central in the evaluation process. Another very important source of information however is the clinical interview, which may be used as a supplement to other forms of evaluation.

The clinical interview will be described as being fruitful for the group analyst in bringing forth indicators of how and if a candidate will be able to make good use of the analytic setting. In order to maximize attaining this information, it is suggested that the interview have a structure and content which is used across situations, with all of the candidates a clinician interviews. The interview includes questions concerning the candidates own description of the presenting problem, motivation for change, beliefs regarding the possibility of therapeutic change in the group format, emotional awareness, the quality of interpersonal observations, and curiosity.

The aim of the paper is to help the clinician become more aware of the richness and importance of information which is attainable from the process of interviewing and not only the content of the dialogue. Using the 'here-and-now' of the interview as well as varying the therapist's interactional style is recommended.

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Traumatised Groups, Traumatised Societies

Helena Klímová, Prague

'Know hard feelings' was the title of the workshop organized by the Israeli Institute of Group Analysis. Its venue was Ein Gedi, the place of superlatives: near the lowest place on the earth, built inside the most beautiful botany garden, one of the most ancient ones (one of king David's hiding places). Yet, the purpose of this text is to reflect soberly on plenaries, large groups and meanings.

The Large group is a clever invention, an anthropological sample, a sociological laboratory. In a symbolic form it may bring to the spot all what moves the community at large. During the preparations of the workshop the Gaza war started and it was over only few days before we – the workshop participants – arrived. Thus the large groups in Ein Gedi (convened by Haim Weinberg and Gerhard Wilke) took part in the post-trauma time. The participants were expressing the horrors of waging the war as well as the horrors of the life threatened by missiles, daily shot on them for years from Gaza. I could hear the desperate longing to find the right way, the righteous way of life: the way to security, to peace and to justice without guilt-feeling.

Apart of voicing the WE standpoint the participants were expressing the strong wish to listen to the other side, too; and this willingness was proven by the presence and active participation of four Arab colleagues.

The issues of victimhood, sacrifice, guilt, of striving to find the right way have inspired the most interesting plenary lectures, especially (for me) those that found the inspiration, too, in the Bible:

indeed, what really was the age of Isaac when he was to be sacrificed on the mount Moria? (I always thought it might have been twelve, the age of early puberty rites.) 'I imagine it was eighteen', said Robi Friedman in his lecture, 'eighteen is the age when we send our children to the war' … and after this statement many people in the audience withdrew their breath for a while …

The Ein Gedi workshop was not one of many, not one in the line of the numerous, a nice party of colleagues. It was a unique expression of the hard feelings indeed. I think I could have understood. I heard, too, calls for advice: what can a person do in the time of the world breaking events? What can a group, a nation, do to stay alive and faithful to ethical rules as well? What can I do to save my life and my moral self-esteem as well?

The wording above may belong also to me, who was coming from the culture of the central Europe with its totalitarian past. The two historical situations (the contemporary Israel and the previous Czechoslovakia) greatly differ, of course. Yet, the experience of a collective trauma may inspire an individual to ask the same basic question: how to save my life and my soul at the same time?

During the workshop a frequent statement was heard: never lose your hope. But is this the only answer?

Let me bring a piece of my experience.

My generation experienced two totalitarian regimes – after WW II the traumatized and perplexed citizen submitted to totalitarian communism. Then, through years, painfully and step by step we were searching for a way out. In the 'Prague Spring '68' the reform movement reached its peak, the almighty censorship was dismissed, the basic economic and social discoveries were formulated, culture was flourishing and the whole society was ready to turn into a democratic one. Then in August '68 the rest of the Soviet bloc invaded Czechoslovakia and reinstalled totalitarianism. This new trauma for most people meant the loss of any hopes.

In the world of animals a type of behavior was studied, called learned helplessness: an animal that is (after its attempts to behave freely) repeatedly punished, finally stops trying to save itself, stops moving, crawls in a corner and falls into inertia. In our country after the August '68 - in the years of the 'lack of any future' - many people stopped moving spiritually and even emotionally and were hiding in their social corners in the state of moral inertia. Any prospect of independence vanished. The connection was lost between the human striving and the possibility of change. The citizen's behavior became

oriented to petty personal goals deprived of any moral values. Moral decay was on its way: steeling, lying, political corruption has become the norm. The 'lack of any future' broke the spirits of many, many have resigned: apparently if there was no hope, there was neither any reason to try. It was the time of the identification with aggressor.

Then, step by step, the new social discovery was on its way. There was no hope for tomorrow - still, we were longing for a meaningful today. We realized our longing for ethical behavior, we needed to feed our spiritual starvation. So, we decided to act in accordance with our emotions and with our moral aspirations -starting with the smallest daily details, and it was called 'the life in the truth'.

This discovery probably was led by the same human need that once had inspired the voices of old prophets, but this time it appeared in the midst of the society which was almost totally agnostic (Czechia is the least religious country in Europe). Therefore the dissidents were referring to the idea of the human rights and from this idea, too, the Charter 77 manifesto was stemming (in 1977). But the great human discovery was more profound, it included not only the human rights but the human obligations, too. More precisely: the obligation of the moral conduct turned spontaneously into the most desirable emotional pleasure: the striving for truthfulness and honesty in the smallest details of life was healing. Those, who decided to stop lying, stealing and cheating, who chose to act truthfully and righteously regardless on the result, regardless on the actual situation, with no hope for any change – those people suddenly did experience a great inner change: the feelings of joy, of rising self-esteem, and – paradoxically – of sudden rise of hope without name!

The old-new discovery was made: that human life has a meaning and that to act in accordance with the meaning is one of the basic human needs – regardless on hope, even in the hopeless situations.

It was long before the revolution in media started (at that time the computers and e-mailing still were not known, primitive copy machines were strongly watched, censorship was almighty). Only personal typewriters were available for the dissidents, for the secret creation and distribution of samizdats; however, a similar voice was heard from the broadcasting of the western radios – but still, both sources were forbidden under strict punishment. Thus the number of people who were in touch with independent words was limited. But the need for the life in truth, the need for a meaningful life, already in the society existed even without words and it found its unexpected realization at the end of eighties.

In 1988 a strong earthquake caused a heartbreaking humanitarian catastrophe in the Caucass region. The Prague totalitarian regime did not recognize any idea of humanitarianism, of charity. Yet, a group of Czech students organized help and soon an unexpected picture appeared: a long line of volunteers queuing along the Prague central square, each of them carrying a package to be sent to the distant unknown people in need. I will never forget the view, quite unexpected and in a way heartbreaking, too. Those queuing people were showing and experiencing, after decades, their own self-respect again. They expressed the deep longing of the silent majority who, later, was able to identify with the model social sample.

The basic idea is mentioned in Genesis 18, 23-33: a certain number of righteous people is needed to save the community. Abraham in his bargaining with God succeeded to downsize the number to ten, to the size of a small group! Thus, through the mythological image the profound social understanding is emerging and in this point the judaic thinking probably differs from the Greek or the Christian ones (from their model of an individual self-sacrifying hero). Please, mind: not any individual hero, not any martyr, not any single savior is necessary to save the community, the world. Just a well functioning social sample – probably as a model for identification.

And we could see in our historical situation that the sample – the 'righteous' ones – were needed there not just to be, but to act as such.

It was like an awakening. A new way of citizenship was discovered, based on the life in truth, both on words and deeds. The new way of human existence was tested which was able to heal the collective trauma. This new way was reinforced again, soon, when the masses of Germans in their small plastic cars started to flee from East to West through Prague; on their way to freedom they were enjoying food and understanding by the Czech citizens. There is a proverb in Talmud: a bigger gift is granted to the one who gives then to the one who receives. Soon after, in 1989, the totalitarian regime was overthrown in Czechoslovakia in the so-called 'velvet revolution'.

Here is the strategy – as I see it – which was able to heal our (collective) trauma:

- the main healing agent was not hope, but the meaning of life
- the meaning of life is not goal-oriented, not future-oriented, cannot be fully expressed by any definite name, it is an instrumental value, the way, the rule

- the meaning of life is to be constantly searched for and rein-vented through the unremitting distinguishing between right and wrong it is realized not by the mere discovering and know-ing, but rather through everyday acting, doing, behaving; it is realized as the life in truth the life in truth, acting in accor-dance with the inner longing, is healing by itself
- the whole strategy transforms from individual to social healing when it is shared by a certain number of people, by a social sample who then becomes a model for identification to the rest

This piece of knowledge is not new, it was only newly 'discovered' in a certain historical situation as the saving power; neither it is auto-matically transferrable through generations – what a pity!

I found in a recent rabbinical literature another idea which corre-sponds with the item of the healing of a traumatized group/commu-nity. The prophet Yirmiyahu is reminded who lived, too, in the time of destruction and despair. His lament was interpreted by a Midrash as expressing God's words this way: 'Would that they forsook Me as long as they do not abandon My Torah.' To which the author +/ explains: 'It seems God rather would have us keep the Torah than maintain our belief in Him!' According to the author 'our deeds cre-ate a mentality, they infiltrate our subconscious mind...Whereas good intentions and nice feelings will not necessarily produce morally cor-rect behavior, if you do the right thing you will eventually come to feel the right feelings and think the right thoughts... The transforma-tion only comes about through one way: action.'

In one of the large groups on Ein-Gedi workshop, after a series of agonizing remarks, a voice was heard of an Israeli colleague Ruthie Duek: she reminded the Covenant as the source of meaning and as the guide for behavior. After all – I see, now, that she spoke from my heart.

Helena Klímová, Prague
+/Nathan Lopes Cardozo: Crisis, Covenant and Creativity, Urim Publications, Jerusalem, New York

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Groups with the elderly

More than thirty five years ago I co-conducted my first group of elderly people. It was part of an education program in a 'half-structured' group approach known as theme-centered interaction (TCI). It was developed by Dr. Ruth C. Cohn (born August 27, 1912) a psychoanalyst, educator, and poet. She is the founder of the Workshop Institute for Living Learning (WILL).

Later I continued for two decades to work with old people using a theme-centered model. Generally whenever it seems important that group participants have at least something of an open-structure experience, but are not really able or mature to contain a completely unstructured approach, I use TCI. TCI started during the strong boom in the world of groups, when a great number of individuals seemed eager to participate in the excitement of the Encounter movement (Lieberman, Miles and Yalom, 1973), in Gestalt and Psychodrama groups and some in the less known Group Analytic Psychotherapy. In central Europe, this movement became popular and many known figures were teaching and practicing group therapy and group work in many forms.

Living in Zurich then, I got involved in studying the approach through participation in workshops, seminars led by experienced group conductors ('facilitators' it was called then) and practical work leading groups. This meant significant learning for me, and I remember especially a week-long workshop with Will Schutz, who was known for his FIRO classification, many additional publications (Schutz 1966) and as a representative of the Encounter Movement. During the course of learning I was invited to co-conduct a once a week old peoples' group. It was just established by an experienced female psychoanalyst and group conductor (Dr. Elizabeth Bollag) and comprised 10 participants ages 75–94. The sponsor's (Pro Senectute) rational for establishing the group was based on research results that found that any kind of surgery for isolated old aged reduced their life expectancy to merely one year. Our experimental group was suggested to them upon release from the hospital, and those who accepted the invitation did not ever regret it: not only did they not die for at least 5 years, but they continued the group much after I had left Switzerland. The Wednesday group quickly became the week's center of their emotional life. It was mainly a 'support' group, in which we usually did not interpret a lot, but actually – serious talk about personal and interpersonal motives for different patterns came up and eventually we referred on unconscious and repetitive tendencies. It

was clear from what the participants shared with us that they changed more that we had expected. Upon returning home I continued to conduct such groups for many years, and I certainly found it one of the most rewarding experiences in my professional life.

I want to give a short account of my use of this group approach: at the beginning of every meeting we would have the group reflect for a silent minute on a theme. How did the theme come up? Usually it stemmed from a variety of sources: it could be one of the participants' concerns, sometimes a theme emerged in the previous session or it could be an important theme in the conductors' eyes. For example, one male said that he was afraid of going out in the winter evenings, because he didn't feel secure. I rephrased the theme with: How do I cope with the darkness in the streets? After the ritualized minute of silent reflection, everyone participated in a round in which they would state something personal on this theme. After this step, the 'structured' part was over, and we went into resonating themes that 'touched' us, initiating dialogues, which deepened the working-through of these themes or many others.

I liked TCI because it included some very central characteristics of good group work, especially how I later understood the group analytic approach: it involved everyone; it furthered the transition from monologues to dialogues and supported inter-personal communication. Mostly I liked it's first 'postulate' one: 'be your own chairman…'. meaning a de-centralization of the conductor and a high awareness and responsibility for the individual's actions in the group. I still find that this kind of expectancy may be considered the height of group analytic thinking. It approaches the paradox between the setting's and the conductor's structuring inputs on the one hand and the individual participant's unstructured involvement and freedom on the other.

Much emphasis was given to the individual in the group and the encouragement of the group's response to him. The theme was always to be phrased in very personal and immediate terms and the general communication was expected to be in the 'I' form. The initial round usually helped even normally silent members to involve themselves into the communication process in the group. The conductor was responsible for the managing the so called 'dynamic balance' between the individual, the group and the theme. No theme without processes, no individual monopolization of the process and no group influence that hinders individuation.

When a very central female participant wanted to talk about her family, the theme evolved into: 'what can I do to improve the relationship

with my granddaughter'. This was a 'hot topic' for many in the group, but for her it was the most difficult issue of her old age. Starting to talk about it, she could not at the beginning stop her complaining mono- logue and it was only through a miracle that the conductor, with a lot of empathic help from the group could transform this lament into a fruitful discussion of hers and others difficulties with grandchildren. In the session after this, she fell into silent after the few sentences she said in the beginning. Everyone felt that something was wrong and it became clearer every minute that her heavy quietness depressed the group. Then the second postulate: 'Disturbance take precedence' was applied….it meant to make a short time-out in the theme-centered dia- logue, in order to prompt her to get involved through asking her to share what hindered her participation. Distractions influence the group, occupy energy and are felt as obstacles to presence of the distracted from being fully present. Disturbances have to be noticed, voiced, and - if necessary - elaborated, in order to enable focused and productive group work. She then told the group that the last meeting was very heavy for her and later she had real difficulties applying what she had learned from other participants. But sharing this, it became easier for her to become involved again in the group's process.

If you are more interested in the group approach, it is possible for group analysts to understand the main principles (see: http://www. media.tuwien.ac.at/e.hornecker/Papers/TZI.pdf).

Two additional issues are important to mention: the first concerns the rewarding work with the elderly and the other the potential diffi- cult countertransference. Conductors do learn a lot from such groups and their process. They also have to become able to stand up to the challenge of alternating between being a support group and an agent of change. The elderly have – usually – a way of being very open and thankful in their relation to the conductor and the institution. Exclusion and Rejection, two of the most powerful concerns of the social human being, are often activated by families and communi- ties' approach to old people while compensated for in the group. Thus, group conductors often get unusually appreciated. Besides a lot of wisdom, experience and history is found and expressed in such groups. I took in a lot just listening to their perspectives and their lessons in life. Back in Israel I had additional interesting groups of elderly participants. They all had gone through the difficult experi- ences of the WWII, the later struggle for Independence and the years after it. Conducting such groups make you humble and teach you continually about life and history.

The second issue is that for me, after some months of work with the elderly if found that I was going through a personal crisis. At first this crisis was really unconscious: I only felt that it was increasingly difficult for me to participate in the Wednesdays' meetings. Only slowly it dawned on me that I was reacting with some kind of depression to the group. I was lucky to have a Partner like my co-conductor, with whom I could have some long chats over my feelings. I was 'breathing' (in the sense of Projective Identification) their unspoken anxieties and depression, my co-conductor thought. She was right: although I could at the beginning only become slightly aware that my tendencies to avoid the meetings were connected with the closeness to the elderly, an empathic intimacy which made it possible for their inner fears and depression to get hold of me. Only after some further discussions, I could slowly overcome my heaviness, mainly through the understanding that I'll have to keep accepting and containing both their hidden fears of death, as well as their and my own impotence to change the human fate. Consequently I also managed to elaborate additional affects which concerned them, like being sick and hurt by diseases. It made the 'usual' fate of the therapist possible again: the ability to work with the elderly without being overwhelmed by their conscious and especially their unconscious feelings.

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Schutz, W. (1966) *The interpersonal underworld*. Science & Behaviour Books: San Francisco.

http://www.tzi-forum.com/english

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GAS/IGA Library Report

The Library database is at time of writing (December 2009) in the process of being hosted by the supplier, Softlink, as the IGA system was not designed with the capacity to effect this. Access to the data-

base for members will be via the IGA or GAS websites, with a link into the database.

Work on enhancement of data continues, the next stage being to 'merge' records that are bibliographically identical – i.e. multiple copies of the same edition of the same title. (Different editions have different ISBNs and may have other different details, and are recorded as separate entities). For the time being, multiple copies of the same title will still appear in the database, but eventually there will be a single record, followed by 'holding' records to identify each individual copy.

This brings me nicely onto the next issue with multiple copies, and other titles: each separate book/item recorded on the database, whether a unique holding, or a holding in multiple copies, will have a 'unique identifier' belonging to that specific book/item only: a unique accession number. This identifies the item for the system, and enables it to be loaned. (The old system was incapable of this differentiation, because it had not been set up with a 'unique identifier' field, thus making it difficult to be sure which particular copy had been loaned).

The unique identifier/accession number will be marked on the book: in RED ink, inside the front cover. It will be a multiple digit number – e.g. '1004286'.

As borrowing will continue to be by means of completed loans cards, to enable loans in my absence, I have added a notation for 'Accession Number' – 'ACC.NO.' to all loan cards, and where an accession number is present on the book (not all texts have them yet) please include this on the loan card. It is not the classification code I am seeking – that is an alpha-numeric code, and is never written in red. It is not unique to the copy, or even the title, only to the subject.

Your assistance in this matter will facilitate loans, particularly once the lending process is conducted through the database.

More news on the database and how to access and use it will follow in the next issue!

Elizabeth M. Nokes
King's Fund Librarian, IGA/GAS Library

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Multi-Family Groups

This conference was held in Bilbao, Spain, between the 18th and the 20th of June 2009, the European Conference on Multifamily Groups (

Jornadas Europeas de Grupo Multifamiliar). These Groups are based on the conceptualization of Jorge Garcia Badaracco's «Psychoanalysis Multifamiliar». Badaracco is a psychiatrist and a psychoanalyst. As a Psychiatrist he worked for more than 30 years in psychiatric hospitals in Buenos Aires – Argentina. There, he developed these kinds of large groups with inpatients and their families, in order to try to manage and surpass some difficulties in the treatment of severe psychotic conditions. These groups were lately spread to private psychiatric hospitals. Following this experience, Badaracco wrote one of his books: «Psicoanalisis Multifamiliar», published by Paidós in 2000.

At the end of this conference, a large Multifamily Group was held, in which every member of the conference participated, mainly as observers. There were 176 people, seated in concentric circles.

Although these groups are different from classical Group Analysis, group analytic concepts and technique are definitely very useful to understand and to conduct them.

Currently, this kind of groups is spread not only in several countries of South America but also in Europe: England, Italy, France, Portugal, Spain, Suisse.

We wish that this message may convey information from other countries on this kind of Groups.

Isaura Manso Neto
GAS full member
Supervisor and training member of the Portuguese
Society of Groupanalysis

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Book News from Finland

A new book about group analysis has been published in Finland. It consists of 15 articles about the theory and application in different contexts.

The topics are:

- group analytic challenges
- small, median and large groups
- the sociological roots of group analysis
- interpretation
- destructiveness

- archaic processes and dreams
- group analysis used in psychodrama
- group analytic work in organizations as well as supervision
- the history of group analysis in Finland.
- There are two case-studies: the other is about groups for pregnant women and the other group analysis used in groups for elderly.

Why did we want to write this book?

The first attempts to get group analysis to Finland were made already in 1979, but the regular training got started in 1993. Until recent days Tom Hamrogue, Teresa Howard and Gerhard Wilke have visited us as consultants and large-group conductors. With this book we also want to thank them.

The training of group therapists in Finland has a history of over 40 years. It has however been based more on the thinking of Wilfred Bion and Melanie Klein. In our view there needed to be published a book about groups conducted in the group analytic way – in the way we, the writers understand it. We think group analytic thinking was needed here because of its roots besides in psychoanalysis also in sociology and the society.

We have seen how the dependency on one another is felt negatively in the society. We feel group analysis stresses the opposite. We need to learn to speak and listen to one another – which is a great challenge to all of us. We need each other to become individuals.

The name of the book is *Yksilöksi ryhmässä, Ryhmäanalyysi suomalaisessa terapiatyössä* (*On becoming an Individual in a Group. Group Analysis in Finnish Group Work*).

The book will be used in training and it is also aimed at the larger public interested in groups. It is written in Finnish.

The publisher is Gaudeamus – Helsinki University Press.

With best greetings
Heidi Lindroos and Ulrika Segercrantz, editors

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The GAS Forum

The Forum is a space within which GAS members can discuss issues, share understandings, experiences and information, and agree and

disagree. If you would like to join this lively community follow these instructions:

The first step is to send an email to David Glyn at: davidglyn@ talktalk.net

He will then sign you up to the GAS Forum and you will begin to receive messages from the Forum.

The most important second step will involve you setting up your own Google account and this will allow you to change your email settings, unsubscribe if you wish, to read the files placed on the GAS Forum Google Group site, and generally to take control of your own administration. This will be expected of you.

So, you now need to create a Google Account in order to do what you want with your subscription to the GAS Forum. You will need to follow these steps:

Visit the Google main page at: http://www.google.com/

Any Google main page will be fine, however, Google.de, Google. co.uk, Google in Chinese, etc., etc.

Click on 'Sign In' at the top right hand upper corner. On the page that loads click on 'Don't have a Google Account? Create an account now'. You then need to type the email address you have used to sign on to the Forum and choose a password. Easy!

You can then, from the Google Main Page, click on 'more' at the top of the page, then on 'Groups' - the GAS Forum will then be displayed and you can enter the site and change your email settings, view past messages, and view the files placed on the site by members.

Terry Birchmore

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Culture
GAS/IGA Film Group

19th March 2010. Savage Grace. Directed by Tom Kalin (Spain/ US/France 2007). A true story of Oedipal trauma in a privileged family, from the book by Natalie Robins and Steven Aronson. Discussion led by Dr Jo-anne Carlyle, clinical and forensic psychologist, psychoanalytic psychotherapist and organisational consultant.

16th April 2010. 400 Blows. Directed by Francois Truffaut (1959). Truffaut's first feature film about a disaffected young adolescent partly

based on his own experience growing up in Paris. One of the most authentic films about childhood. Discussion led by Professor Ginette Vincendeau, Head of film studies, Kings College, prolific author on French and European cinema and contributor to Sight and Sound.

7th May 2010. The Baader Meinhof Complex. Directed by Uli Edel (Germany/France/Czech Republic 2008). A thought provoking thriller about the perplexing, seemingly left wing German Baader Meinhof group from the book by Stefan Aust. Discussion led by Paul Schulte from the Ministry of Defence and a group psychotherapist. Due to this film's length, the film will begin at 7pm.

4th June 2010. Waltz With Bashir. Directed by Ari Folman (Israel 2008). A ground breaking animated docu-drama about post traumatic stress disorder following the war in Lebanon in the nineteen eighties. Discussion led by Dr Davina Quinlivan, Dept. of Film Studies Kings College London.

16th July 2010. The Reader. Directed by Stephen Daldry (US/Germany 2008). A thought provoking post Holocaust story from the book by Bernard Schlink, with an Oscar winning performance by Kate Winslet. Discussion led by Kate Stables, film critic at Sight and Sound, who has written about the murderous femme fatale in modern cinema.

Fee: £15 for individual tickets. £100 for a season ticket (only available in advance of season and not transferable).

We advise booking in advance at the IGA: 0207 431 2693 iga@igalondon.org.uk

Tickets are usually available at the door. Reserved tickets without payment must be collected by 7.20 p.m. to guarantee entry

Information from: Peter Mark 07786 088194

Roberta Green 0207 385 3408

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Request for Foulkes Letters and Documents for Society Archives

We are appealing for letters, notes, and correspondence from Foulkes that Society members may possess. This will add to our already valuable society archive that contains much interesting material, papers

and minutes and that is a significant source of information on our history and development.

Please contact Julia in the GAS office if you would like to donate any original or copied documents:

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102 Belsize Road
London NW3 5BB
Tel: +44 (0)20 7435 6611
Fax: +44 (0)20 7443 9576
e-mail: admin@groupanalyticsociety.co.uk

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EVENTS

Foulkes Lecture, 2010

The Islands of the Blest

Group Analysts and their Groups
14th May 2010
Brunai Gallery, London
Speaker: Jane Campbell
Respondent: Sue Einhorn

In Greek mythology these islands were peopled by mortals favoured by the gods and thus released from the depredations of labour and of time: 'happy heroes for whom the grain-giving field bears honey-sweet fruit'.

In war-torn Europe Foulkes developed his ideas for a therapy whose underlying philosophy was one of freedom. Within their protective boundaries, group-analytic groups were to be free of structured time, with no agenda, no set task, no expectation of 'closure' or 'understanding', no goal of adjustment or socialization. Distancing himself from the medical model based on 'normality, illness and cure' he offered a setting within which the creative function of the therapist would enable group members 'to become themselves, to

lead a fuller life, to make use of happiness and to avoid adding too much further suffering to their miseries'.

Can this language make sense to group analysts working within the task-focussed, evidence-based, time-limited, treatment-oriented, closely monitored psychological therapies of our time?

If Group Analysis is both an art and a science and if it is more than merely a technique and since Group Analysis embraces many languages, which will in turn determine not only what group analysts think and do, but what they look for and what they find, we may need to ask, as we place today's heroes in our groups, whether the language that Foulkes used still has any meaning or relevance today.

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ANNOUNCING

THE FIFTEENTH G.A.S. TRIENNIAL EUROPEAN

GROUP-ANALYTIC SYMPOSIUM

which will take place at

ST MARY'S COLLEGE in RICHMOND-UPON-THAMES, LONDON, UK

AUGUST 29TH–2ND SEPTEMBER 2011

The event is being organised by
THE GROUP-ANALYTIC SOCIETY (LONDON).
Symposium Sub-Committee Chairman: Kevin Power

This preliminary announcement will be followed soon by details of the title and theme. Please watch for the next announcement on

The GAS (London) website; the creation of the Symposium 2011 website; an e-mail of further details to GAS members.

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Understanding clinical material in group analytic training and practice

EGATIN Study Days Vienna, April 16–17 2010, Palais Clam Callas

Considering the trends and interests raised in recent EGATIN discussions we have taken up one specific matter which is 'Understanding clinical material in group analytic training and practice'. We thought about what it comprises and how it could be discussed within the limited setting of our annual two day event. The theme includes two important aspects:

Firstly, the question of how we as group analysts make use of the clinical material we are confronted with in therapeutic sessions and in which way we can use it to enhance our understanding of a certain patient or group of patients. This question also concerns supervision, intervision, roleplays, and so on, and it seems necessary to allow for different theoretical approaches in this endeavour. How can we use group analysis for working with patients with diagnoses, like borderline or personality disorders, in order to cope with their specific difficulties?

Secondly, how do we use and deal with clinical material in training? Group analytic training, just like its practice, is far from being consistent within Europe. The discussions in the growing network of EGATIN and the preliminary results of the recent EGATIN survey (Valbak, Carvalho, Fink 2009) give evidence that trainings and training conditions within the various training institutes differ widely, even if all member Institutes fulfil the essential training standards of EGATIN.

Sometimes trainees have difficulties in formally graduating and starting their own group analytic practice, and in some countries even qualified group analysts have difficulties establishing groups. What are the reasons that make running analytic groups in one's own practice so difficult?

Many patients ask for individual therapy and don't trust the effectiveness of group therapy. The necessary motivation for undergoing group analytic treatment often has to be fostered and developed by the therapist beforehand.

Because of problems in starting an analytic group in private practice many trainees may try to set up groups in institutions. But they are not

always met with a positive response and are not necessarily encouraged by senior colleagues. Group therapy may also be considered a second class treatment, for which a specific training may not necessarily required. In addition, other methods, like CBT or manualized treatments, are often preferred as they satisfy evidence-based practice and the criteria and economic needs of insurances companies.

Another problem which trainees face is the difficult patients they have to treat. Most of them, at least in psychiatric departments, suffer from severe personality or psychotic disorders. Trainees are limited to a certain methodology, theory and technique, applicable mainly to the treatment of neurotic disorders. Specific modifications of setting, technique and theoretical models more effective with severe disorders may not necessarily be taught during training. So many trainees find themselves in a difficult situation, when dealing with these patients or with resistances and undermining attacks from the respective institutions.

At our next Study Days in Vienna we are interested in discussing different approaches to group analytic training and practice, which might provide useful answers to the needs of the trainees and group analysts in their clinical practice.

We hope that many trainees will actively participate in our Study Days. We plan to have a specific meeting with trainees and the EGATIN board to discuss the perspectives and needs of our trainees, the future generation of our group analytic community.

Bettina Fink
(chair of EGATIN study days Vienna)

For further information: www.egatin.net or bettinafink@tele2.at

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Information about Conference Accommodation in London and Donations to the Society

Please see the GAS Website at:
http://www.groupanalyticsociety.co.uk/