

Group-Analytic Contexts

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Editorial

Writing an editorial for Contexts, always written three months prior to publication, particularly, when the writing takes place during the festivities and celebrations of December (when every sinew pushes me to send you all seasonal best wishes) is more than slightly at odds with the function of a newsletter. It's a little like the disorienting experience of talking on Skype when the movements of the lips and the sound of the voice are out of synch – it feels, with some of our content at least, that we are out of synch with the news. Contexts is after all a NEWSletter and is an important component of GASI's on-going internal conversation, however, my impression is that with the existence of the forum (where immediate engagement with others is possible right NOW!) the need for Contexts to facilitate exchange among members is much less pressing.

I mention the above by way of informing members that we are having discussions within the GASI Management Committee about the possibility of moving Contexts to a more agile digital format which would, should it happen, address some of the issues of time and news. This would of course be different from the digital versions of Contexts currently available: to GASI members only as professionally formatted articles free on the Sage Publications website; and to all (a single unedited pdf file of each issue) free on the GASI website.

This issue contains a healthy variety of content. The principal piece by Kate Rothwell is a rich and textured exposition of the experience of managing a group art therapy service within a locked environment. Portuguese psychotherapist Rita Sousa Lobo considers the group through the lens of Franz Kafka – if ever there was a twentieth century literary figure who group analysts ought to read – and describes the Kafkaesque Group. There is also an e-mail based discussion which centres on the work of the IGA in Norway, highlighting the role of their 'city-square' large group – a slow-open group now 30 years old! Dale Godby describes his experience of introducing median and large groups in the training of psychiatrists in Texas. We also have another piece of group writing describing a 'delight' full gathering in the west of Ireland of six WPF trained group-analytic psychotherapists.

In the last issue of Contexts I introduced Derek Love as a new regular columnist for the newsletter. This time I'm equally pleased to introduce

Spanish artist Isabel Cercos as the creative hand behind a new regular cartoon feature called GAGA. In this issue we have provided two possible captions for the same cartoon. We hope that readers might also feel inspired to send in their ideas for suitable alternative captions.

Peter Zelaskowski

President's Foreword

2014 was a busy year with lots of events, changes and new beginnings. We moved offices in July of this year and are now happily settled into I, Daleham Gardens, London. On your behalf I would like to thank Marion Brown, Chair of the IGA and the staff for all their support and for making us feel so welcome. The move was not without its concerns but thanks to you all we are making a success of it. We welcomed Ada Asllani, a temporary part-time Administrative Assistant to the GASI Office in November to cover for Julia Porturas-Forrest, our Administrator, whilst on annual leave and to help us with the design and implementation of the Christmas newsletter and other initiatives.

There have been changes in our Management Committee as Don Montgomery, David Glyn, Helga Felsberger, Terry Birchmore and Dieter Nitzgen stepped down at the end of their term of office in the summer and we welcomed Angelika Golz, Kristian Valbeck and Marina Mojovic to our first meeting of the new Committee in November 2014. Dieter Nitzgen took over the Editorship of the Journal from Tom Ormay.

Our meeting in January 2015 (yet to take place at the time of writing) included an Away Day to help us take a keen look at our Society and how we might prepare for a future of continual change. One of these changes has been to survey all members to assess your response to the option to continue with receipt of the hard copy of the Journal or to receive it as an on-line version only. The response has revealed that 63% would like to keep the hard copy with the remaining 37% opting for on-line only. This option is available when you renew your subscription for 2015. A further development is the facility to register and pay on-line for your membership subscription and all future GASI events via the website. We hope you will find this helpful. And I am pleased to tell you that our membership reached well over 500 in total in 2014: the highest number ever and we continue to go from strength to strength.

For those who attended the 16th European Symposium in Group Analysis in Lisbon in the summer of last year I would like to thank you all most sincerely for your contribution to the success of the event. The generosity of you all in making the journey to Portugal, many of you from far flung places, does not go unnoticed. We were amongst participants from 33 different countries allowing for a cross-fertilization of ideas and dialogue that would not have been possible without your

presence. For this I am very grateful.

And of course the warm welcome and kindness of the Local Organising Committee led by Isaura and Guilherme was visible at every level. The school setting was inspirational and the delicious food and wine provided the backdrop to food of another kind. It is always impossible to get to every paper presentation but I am aware of the work that goes into preparing to present one's work and this allows for new thoughts and ways of being that lasts well beyond the Symposium.

We were all aware in Lisbon of the tensions in the Large Group and this made it difficult for me to bring to your attention some of the things I would have liked: one of which is due to the support of a number of organisations including the Group Analytic Network London and the Group Analytic Society International who made it possible for us to award a number of bursaries, 67 in all, to people who otherwise could not have attended. This is a record and we are pleased and proud to have been able to help so many from all over the world. The Israel Foulkes Fund also helped students to participate in Lisbon. Another initiative with which I have been involved is the concept of 'shared responsibility' of Group Analytic Institutes and of this you will hear more in the future as we begin the process of preparing for our next Symposium in Berlin in 2017. We will work hard to make it as enjoyable, warm and thought provoking as Lisbon.

Finally on your behalf I would like to thank Isaura, Guilherme and the Local Organising Team once again for a most memorable occasion in difficult times. And of course I thank you all for your support and look forward to your continued membership and to meeting you at the Foulkes Lecture in London in May 2015, the Prague Summer School in July 2015, the Winter Workshop in November 2015 and of course the International Symposium in Berlin in 2017. But long before that please do contact us with your thoughts ideas and suggestions as to how you might get involved with the Society, most especially with encouraging colleagues to join us in a truly International Community.

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Be a Contexts Writer!

*“Substitute “damn” every time you’re inclined to write “very”; your editor will delete it and the writing will be just as it should be”. **Mark Twain***

Contexts welcomes contributions from GAS members and non-members on a variety of topics: Have you run or attended a group-analytic or group psychotherapy workshop? Are you involved in a group-analytic or group psychotherapy 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 10,000 words long, or between one and eight A4 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, a reply to an earlier article published here, or stray thoughts that you have managed to capture on paper. Give it a go!

Articles are welcome from all those who work with groups in any discipline: whether practitioners, trainers, researchers, users, or consultants. Accounts of innovations, research findings on existing practice, policy issues affecting group therapy, and discussions of conceptual developments are all relevant. Group therapy with clients, users, professional teams, or community groups fall within our range.

Length: Full length articles; of up to 10, 000 words, should show the context of practice and relate this to existing knowledge. We also accept brief contributions which need focus only on the issue at hand: brief descriptions, reviews, personal takes of workshops or events attended, humorous asides, letters and correspondence.

Presentation: articles, letters, etc. should ideally be in Word format and forwarded as an email attachment to the Editors.

Please don't worry about language, grammar and the organisation of your piece. We, as editors, receive many pieces from non-English speaking countries and it is our job to work with you to create a piece of writing that is grammatical and reads well in English. This help also extends to English speakers who may need help and advice about the coherence and organisation of a piece of work.

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!

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The Kafkaesque Group

By Rita Sousa Lobo

Introduction

Kafka made profound critical reflections about the nature of power in social systems and in family relationships. The adjective Kafkaesque was enrolled in the social imagination and became synonymous with power and omnipotent control by obscure groups, sometimes the individual's own family, who refuse to recognize or protect individuals who oppose their overwhelming supervision, triggering inner experiences of helplessness, intense anxiety and fear of being persecuted and annihilated. With dreamlike writing, close to the literary stream of consciousness style, Kafka's writing allows us to listen to the voice of the unconscious while maintaining a particular clarity. Therefore it's possible for the reader to follow internal changes like a nightmare, toward the void, the grotesque and the absurd linked to the suffering process. We consider that Kafka's work opens a privileged way to understand how the abuse of power in certain types of group, that we have called Kafkaesque Groups, articulates with the destruction of the sense of humanity, of subjectivity and relationships, leading the individual to collapse into a dimension of unbearable pain, because he feels it's impossible to connect with others ("the human group").

Kafkaesque Groups

In Kafka's literary work we identify a type of pseudo-group, where individuals with pathological narcissism are instrumentally associated by bureaucratic power and are without libidinal connection (Freud, 1921). This bureaucratic power (Absolute Law / Dogma) is invested with several elements of the group through the belief that this is the only way for the group to be recognized and for any benefits to be gained. Ultimately this also increases the concentration of bureaucratic power and decreases the autonomy, subjectivity and intersubjectivity of individuals.

This increase of power seems to be developed by:

- attacks on linking (Bion,1959) - especially the Recognition bond (R) (Zimmerman, 1995);
- overwhelming repression – like a sadistic primitive super-ego (Klein,1928);
- annihilating subjectivity by an Absolute Law (Lacan, 1963);

- the domain of primitive fear of the 'other' ('otherness ') (Neto, I. & Dinis, F., 2010);
- persecutory guilt and shame and a scapegoat (as a "reservoir" of projective identifications);
- absolute dependence.

Similarly, in family group relations we have applied the concept of "black pedagogy" (Miller, 1980) because of the constellation of the characteristics:

- absence of empathy;
- high parental expectations;
- feelings of confusion of whether to comply with the rules (double-bind);
- repudiation of dialogue;
- unsettling silence;
- emotional distress that deepens the belief of the child that punishment is out of love - perversity in Kernberg (1992).

Kafka in Group Analysis?

To reverse the experience of contact with a Kafkaesque group could group analysis help? According to Zimmerman (2008), Group Psychotherapy and Group Analysis feature very interesting therapeutic possibilities in relation to the problems of narcissism. The group analytic matrix, a complex unconscious network of interactions between individuals, the shared ground of the group, in which every event that takes place within the group's boundary is meaningful as a communication, promotes the building of identifications, through recognizing and experiencing human contact with an important therapeutic and creative power. The group also works as a "continent" and can help patients regress, particularly those with a "pathology of emptiness", who often do not support the anxieties of individual psychoanalysis. The group, as well as promoting the capacity to recognize others and their inner world, may also offer an experience of belonging to a group recognized as one-self (the group as a whole) with an inner world.

Bion (1979) in "Making the best of a Bad Job" considered that emotional learning is possible despite cruel and painful experiences; and to Cortesão (2008) a basic fault can become a space for creative illusion,

and the negative, hatred and hostility does not only aim at the destruction of the object but also the structure of the object as not-self.

The dynamics of the Kafkaesque group

We elaborate four major themes:

1. The emergence of a negative bond of (R) recognition (Zimmerman, 1995) and the struggle against dependence.

Kafka in "The Hunger Artist" (1922) defends the virtues of anorexia and maintains a disturbed relationship with others to get the food that he truly needs: recognition and emotional nourishment. This expresses how the most primitive of basic human needs, dependence on love / food, leads when severely dissatisfied to destructive power.

David Zimmerman (1995) states that when the bond of recognition (R), feels recognized by others, while preserving individuality and identity, clinical manifestations such as self-absorption, narcissistic pathology and false-selves are seriously disrupted. This can promote a strong fear of being forgotten, abandoned and neglected and, in order to handle the anxiety of existential annihilation, can develop an obsessive need for compensatory provisions around being desired and recognized (Zimmerman, 2008).

The search for the "right food", hides a huge "hungry recognition", that can appear through a transfer of negative acknowledgment (-R) (notable absences) as well as a struggle against dependence.

2. A Fragmented Internal Relational Matrix (Leal, 1997) founded on experiences of non-communication.

When communication, the place of intersubjectivity, is interdicted, narcissistic defences like non-elaborative and hostile silence, stay out of interactions and confused dialogues and denial can emerge. This can nurture a fragmented or shattered internal relational matrix, the root of the inability to be attached or linked to something or someone.

Therefore it is important to pay attention to pre-verbal language and to give meaning to expressions of the body, appointed and empathically perceived at the appropriate time. This may bridge the gap and provide internal feelings of sharing, trust and closeness with others, and develop more elaborate channels of communication.

3. The paradox of guilt: trapped between the moral defence and the “murder of the psychoanalytic object, essential and imperishable”

We interpret the paradox of guilt as an absurd and paradoxical psychological state, when the individual is trapped between preserving the object, identified with the self and experienced as essential, and the need to destroy it because it's experienced as totally evil. The internalized object of love, that coincides with the internalized object of hatred triggers persecutory guilt, so it's impossible to make reparation (Klein, 1937) as we can observe in works such as "The Castle" and "The Process".

Azevedo e Silva (2012) conceptualizes this phenomenon as "murder of the psychoanalytic object, essential and imperishable", a very primitive internalization of the object, existent in strongly obsessive compulsive structures, that reflect the oscillation between passionate and violent love and hate, because the object is at the same time dangerous and essential. This deep ambivalence leaves only one exit: kill oneself, because it's the only way to kill the inner object (identified with the self) and preserve it (by not actually killing the real object).

This paradoxical state of mind could benefit from detoxifying emotions, which can be promoted by the pattern and the matrix in group analysis. This detoxifying is necessary to preserve the love and creativity in relationships and create a good ideal object, essential to developing hope and the ability to love. It is very important to be careful with interpretations that emphasize guilt, which can function as interpretations focused on self-destruction. It's also important to use a first approach that emphasizes care and affection rather than immediate responsabilization.

4. Shame: a narcissistic capsule or the desire to appear to others – some group analytic implications

The feeling of shame contains an important element of self-awareness (looking at oneself) and also an element of otherness (the look of others). Therefore it is possible to find the intersubjective matrix - self and other (the intersubjectivity field) in the sense that someone looks at and finds me, and also that I'm aware - associated with mirroring aspects. The analysis of shame is important in narcissistic disorders because this emotion can inhibit relations due to the fear of reliving the experience of being looked upon with contempt, linked to intense narcissistic devaluation (in Kafka's Metamorphosis the "contemptible

insect"). In his paper, Malignant Mirroring (1983), Zinkin makes a very interesting reflection on the concept of mirroring in the group analytic process. The mirroring function is recognized as one of the specific factors of group therapy, but he warns that a vertex that just highlights the beneficial effects of mirroring is not complete. Phenomena such as strangeness, or repulsion - malignant mirroring - can appear, leaving the self with a disapproving look at himself. In this sense, the effects of mirroring, with narcissistic patients in a group, must also be accompanied by a special attention to the appearance of the possible dynamics of shame, to malignant mirroring, at the service of resistance and so impeding change.

Conclusion

The recognition of individuality and at the same time the experience of belonging and sharing are fundamental in the relationship between the individual and the group. Pathological narcissism does not only occur between individuals but also between groups (collective narcissism - Golec de Zavala & Cichocka, 2009) and individuals and their groups of belonging: family, community, etc.

Finally, we suggest it would be of value to study, not only the individual conditions for both healthy and pathological narcissism but also the same for groups.

Maybe Kafka, in his own way, perceived how pathological narcissism in groups (totalitarianism) can damage not only the individuals but also the groups by uncovering "internalized objects as marauders and prohibitionist of subjectivity and desire" (Azevedo e Silva, 2012).

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Rita Sousa Lobo

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Disobedient objects: Group Art Therapy for male patients with mild learning disabilities in a locked environment.

By Kate Rothwell

Thinking is more interesting than knowing but less interesting than looking (Goethe).

On 23rd June 2009 I took up a newly created post as Head of Arts Therapies in the Forensic Directorate of an NHS Foundation Trust, clinically appointed to the brand new specialist Learning Disabilities service. I walked into the ward, a complete stranger. I saw the newly decorated rooms, new furniture, a new television - that had already been broken, and some unfamiliar faces that seemed to be expecting me but I had no idea who they were. I was offered tea, a few friendly words, and lots of smiles, then I realized the ward had a full complement of patients wandering about looking how I felt; lost, uncertain, bewildered. It slowly dawned on me that the new team had arrived to work with a ward of patients and none of us had a clue what to do first. Nothing had been set up, it was a blank sheet waiting to be filled with colour, shape, form and feeling.

As a multidisciplinary team we huddled together wondering how to devise seven days of activities, week in week out. What were our resources? Do we have any money? Here, the consultant, specialist doctor, social worker, speech and language therapist, occupational therapist, psychologist, music therapist, art psychotherapist, modern matron, educator, specialist nurses, bank nurses and social therapists all sat poised for action in the complete unknown. Meanwhile, a group of frustrated, anxious, bored, terrified and disturbed patients ran riot, each performing their own daily routine of behaviours communicating whatever they needed us to know. Exciting? It was daunting and strangely fascinating.

Something had to be done so it was decided we could draw a map. Getting some large sheets of paper, sticking them together and drawing ruled lines we created a timetable. It looked simple but was very complicated. Do we say what we are doing, or what we want to do?

With very good intentions intact, the music therapist and I decided to join forces in devising the first ward group, which was to be open to all

patients every Monday. It was to be held in the group room on the ward, which was more of a large table and chairs surrounded by walls. With no materials or instruments at hand, I borrowed some felt pens and paper. We were ready; and waiting.

No patients arrived; no one was interested. Some appeared slightly curious, but unimpressed when they saw what little we had to offer. There we sat each week...alone...waiting.... staring at empty tables and chairs with just the cleaners' looks of pity to spur us on. Nurses tried to encourage the patients, but with no success.

Sitting on my own with everyone outside, I heard busy staff and occupied patients wandering up and down the ward, drifting and meandering like a school of basking sharks. I sat drawing the empty space, or drawing the patient who did join us for a sleep; like horses waiting to unfurl we held on to the potential. Then, I realized what it was like to be these people. The world and society moving around purposefully, up and down, whilst they sit in a space...often alone...waiting. Is anyone going to take an interest? Do they have a purpose? What's our purpose?

This was not conscious, but I had a gradual realization of my soaking up the emptiness. This felt very different to my previous experiences with patients with disordered personalities who found ways of communicating: "I take control by doing something so you can't do anything because I'm making you do something because of what I'm doing". Here it was different; the patients with learning disabilities were communicating: "I take control by doing nothing so you can't do anything". I felt totally disempowered. Fortunately, over the weeks lovely art materials and beautiful musical instruments arrived and everyone thought it was their birthday. The music therapist and I rounded up a group of patients by singing our invitations and observations. The patients thought we were strangely fascinating and quite mad, but it worked.

I have since discovered the need to be open to many different ways of working. This is one of the most rejecting client groups I have ever worked with, characterized by intense ambivalence and lack of insight, this work calls for flexibility and creativity and a determined sense of never giving up. In adapting my practice, I found myself with a highly resistant patient playing baseball in a group, with a large rolling pin and

ball of clay in an attempt to help him engage, finding he is a good batsman and I'm better at throwing. I've chased patients around the art therapy table in an attempt to bring life to role play by using humour, being playful, being prepared to listen to music at the worst moment when I'm trying to close down a session, and exploring in cartoon form the most painful and sensitive issues of sexual offending. Substituting the victim and perpetrator with the popular cartoon characters 'Squidwood' and 'Spongebob' Square Pants' proved to help the patient relax his defenses and discuss his transgressions.

Gradually and totally non-psychoanalytically, but with traces of psychodynamic interfacing and patient centeredness, a group formed. The men made a choice to take up the invitation to become members of a group that wanted them and that they wanted to be a part of. They wanted to engage and share the space with others, and to use art making and the art materials provided.

Five years on and with a slowly changing population, the group is now set in the weekly timetable with a regular attendance of up to seven members at any time. The men have become a group of skilled draftsmen who see the process as 'going to work'. It has a point and they have some kind of fascination in one another. It is irrelevant whether they can draw, and to a certain extent, what they draw. The task is to find a way of being in the same room together at one end of the spectrum, and to find some cohesion at the other. The work is as exhilarating as it is exhausting.

It can be a struggle for offender patients to connect on an emotional level, and images can bring up intense feelings of loss and failure only safely explored with the most skilled of supervisors. I came to realize the relationship with the therapist might be the only kind of relationship with anyone. The therapist can bring a positive attitude to the problem of challenging behaviour in the group, which can have a knock-on effect for staff when they can see concrete results, such as in the images. This can sometimes change professional assumptions about what insight and understanding patients may or may not have of their own risk.

Working with people with intellectual disabilities in a locked setting is like working in the dark. It can stretch the skills, flexibility, and imagination of therapists facing barriers with learning-disability-offence related work, and can limit the use of traditional techniques and

ideologies. Fortunately working with patients with learning disabilities has been the bread and butter for art therapists since the birth of the profession in the 1940s. Therapists have had to develop novel approaches to meet the needs of clients. It's been a natural path to non-verbal creative treatment, as art therapists have never faced the obstacles faced by verbal therapies; the obstacles of not being recognized as a valid treatment option. Arts therapies are the treatment option, maybe by default?

Initially I began my practice in forensic learning disabilities with plenty of experience working with violent offender patients, and I was aware that I had developed a high threshold of tolerance for fear, anxiety and disturbance. The co-facilitator and I found patients to work with by announcing who we are and what we are doing. We then rounded them up, singing like travelling minstrels, hoping to provide a playground where we could play, be hands on and get our hands dirty. We wanted to find a way of not being repelled whilst getting close to the repellant in ourselves, to sit with the vileness of their crimes, behaviour, lack of personal hygiene, the dribbling, the smells, the dirt – this being the way they repelled people as a means of avoiding intimacy. As group workers, we thought about how to get close to the 'smelly kids', how to help the smelly kids get close to one another, and how not to deviate from the task -whilst not being entirely sure what the task was.

In my approach I found I had to develop a means of working flexibly, creatively and playfully, taking on many roles in becoming a playmate, authoritarian, teacher, confidant, co-smelly kid and deviant; yet I found myself alone with my ideas. It seemed vital to combine others' thinking with mine for validation. There seemed to be no template for me to follow, I was discovering a way of working for myself by using my thinking skills, drawing skills, sense of humour, and art materials in a way they are not conventionally used. I had to be willing to become all things to form an alliance. I found I had to feel helpless, to be disempowered and dependent and to let the patient take control. I had to get 'close' to the child/adult, victim/perpetrator, 'SpongeBob Square Pants/Squidswood' binary paradoxical states of mind, and I had to become the appropriate playmate that they never had to form a healthy relationship.

Rather than exploit the situation, it was important to be there as a boundaried container, taking on different roles as if 'partners in crime'.

To this end, I had to acknowledge my own disabilities to become subversive, get covered in the saliva, and show my disgust after building up enough trust to ensure the patient knows they won't be rejected. Sinason (2011) describes the disgust response as infantile and innate; it's the flip side of fascination and suggests we have to look into it to find something that moves us. We need not to judge the deviance but to understand it. My way was to substitute cartoon characters for the most sensitive of roles, to not take the subject lightly, but to use my illustration skills to find a manageable way of not re-traumatizing the patient. Alongside this, I found it vital in forming a therapeutic alliance; to being friendly, warm, approachable, accessible, funny, serious, empathetic, open, alive, real and authentic to the experience.

Wolfenberger (Manners, 2005, p. 7) describes how individuals are perceived as deviant due to their differentness and lack of real emotional feelings. (Kuckaj, 1990) McKenzie, Chisholm and Murray describe how they were met with an institutionalized resistance to work psychodynamically with clients who had learning disabilities. They stated: 'People with learning disabilities often find themselves disempowered when in a relationship with a helping professional, they are often required to perform difficult tasks for the psychologist or teacher etc.' (2000 p. 5) From my own experience I found patients had been tested and re-tested, yet the teamwork uses a person centered approach and integrates the recommendations of bespoke treatment from the 2008 'Valuing people now' report. This seems a vast move from just ten years ago when Kuczaj states, 'perhaps the structure that clients and staff find themselves in helps perpetuate this denial of feelings, along with the staff inadequacies in ward situations which have prevailed until quite recently. The denial has a historical background, but is also linked with the prevalent assumption that a more limited cognitive capacity indicates a more limited emotional capacity'. (1990 p. 117)

There is a great breadth of uncertainty and a need to question ones motives for this area of work. Given that there is little sympathy for the offender and an opinion that paedophilia is an addiction (something one can snap out of with self-discipline and will power). Is there a lack of willingness to tolerate this part of society? Does societal stigmatization lead to self-stigmatization and increase the difficulty to integrate offender patients with learning disabilities back into the community? With the drive to implement the Recovery Model there is also a drive on

patients throughout. In some ways this can help reduce institutionalization if people can be returned sooner into society, but does society want them back?

The members of the art therapy group are all too aware that they are very low down the ranks, and often feel better off and safer in the hospital. It can create confusion when they are told they are better-off in the community. The images made by patients in the group project their anxieties about 'moving on'; usually including depictions of solitary tropical islands surrounded by sea, blissful isolation, or previous homes in high security where they were kept well away from society but also a symbol of care, and paradoxically of abuse.

I have had experience with a patient who spent many months building a house from ice-lolly sticks to create a symbol of self in the form of a psychic space and a place to move from. This therefore represented increased flexibility, as it acted like a shell that provided a holding protective layer but also an osmotic function with movement – in and out. He needed to do this work in a form of pre-therapy before he felt safe enough to join the group, but also to have a place to speak about his damaging experiences in his community where he was treated as an outcast. He feared similar retribution from the group who he saw as a mob, so needed to build up the confidence to be with other people in the safe and familiar space of the art therapy room.

I experience many challenges in this work, which are well described and documented in the literature. These include dealing with patients who resist any form of therapy or who do not identify themselves as having a problem, and those who suffer from poor memory retention and a fear of rejection if their offences are exposed to others. (Aulich 1994) There is another theme of patients gaining the ability to articulate their distorted thinking through therapy to increase avoidance and control. Added difficulties are that without therapy, sexual fantasies may spiral out of control, and that facilitating thinking through interpretation may be too painful for both patient and therapist, and are therefore avoided. Equally difficult is the capacity to understand emotional difficulties and needs, as their emotional needs have been, until recently, ignored. (Hagood, 1994 p. 67, Tipple 1994, Stott and Males, 1984, Kuczaj, 1990) There is another problem where patients may be reluctant to use art materials, either due to physical difficulties to perform everyday tasks or because the experience makes them feel childish. (Hagood, 1994, Stott

and Males, 1984, Kuczaj, 1990, Aulich, 1994, Manners, 2005) Authors also discuss the element of control and the patients need to control their world or to have control over something; perhaps by doing nothing. (Rothwell & Hutchinson, 2011) This is a defense frequently used by patients in my work. The image and space is used to maintain control by making diagrammatic images that distance the therapist, have control over art work, control over another, control over the session and the therapist, largely as a means of experiencing feeling powerfully potent. That confrontation can cause feelings of helplessness and humiliation. Therefore tactics used to defend against this may include de-roling, deskilling and humiliating the therapist. By having so many needs and persistently negative experiences of relationships can cause the therapist to feel the loss and failure. (Hagood, 1994, Kuczaj, 1990, Willoughby- Booth & Pearce, 1998, Aulich, 1994) However, Manners argues that the psychodynamic model reinforces the power struggle of the therapists' knowingness and clients' not-knowingness. (2005, p. 67)

Forensic patients with a learning disability are often exposed to 'trauma work', with little understanding of the impact of trauma or what it is to be the object of abuse or to abuse. This can be equally traumatizing, and those linking thoughts and memories can lead to trauma and pain. Sinason (2011) identifies trauma at the root of pain and hurt and acknowledges the importance of creating a space where it will be heard and where something can be built and constructed to help something happen. She describes the development of a new constituted family where there are opportunities to learn to be fascinated, to be respected and to care. The challenge is how to bear the pain and not pass it on to others, for example, through heightened sexuality as a defense against trauma, or through 'enactment] the pain of early trauma on those children who are viewed as perfect, unflawed and non-disabled'. Suppressed sexuality can be explosive and patients are enacting the worse elements of their experience, and their abuse, causing a valiant desire for hurting the damaged, dependent and traumatized unconsciously, and are therefore vulnerable to be re traumatized and exploited. (Corbett 1996, Hopper 2011, Sinason, 2011) This can make group work very slow paced and creates a need of safe boundaries to hold and acknowledge the emotions imbued in trauma work, holding the victim and offence in mind simultaneously.

Group vignette:

An ordinary day and there are five patients waiting to go to the art

therapy group. A psychology trainee asks if she can join us and a social therapist is given the duty of co-escort. The trainee asks for a brief overview from the therapist who then attempts to summarise a process and an historical context of the life of the group that is in fact beyond a pithy explanation and tells the trainee all will be revealed once she has experienced the group. The collection of eight people make their way through the buildings unlocking and locking doors, on a journey repeated many times before to the art therapy room. Some comments are exchanged to pass the time but generally everyone knows the routine. Once in the room the therapist opens the cupboard to the art materials, patients retrieve their folders or select paper to work on. Everyone in the group instigates their own activity and finds somewhere to sit at a large table.

Initially there is silence as people settle down to focus on their work. At either end of the table sit two patients side by side, at one side sit the trainee psychologist and the social therapist, on the other sit a patient and the art therapist. No one asks what to do. They have already begun. The therapist puts up a large black and white laminated poster of a 'Blob Tree'. She is ignored.

One patient draws a green monster and asks the therapist what it is? A big lizard comes the reply. No, it's a dinosaur comes the answer. This patient often draws scary things with large teeth. He shows the trainee who gives some positive regard. He then draws a flying dinosaur he knows the therapist will recognize from their trip to the Natural History Museum, unfortunately she's forgotten what it's called but he reminds her given his incredible catalogue of dinosaur information. He then starts complaining that staff are stingy and won't give him coke or chocolate and pretends to cry. The therapist has been through this routine many times previously and knows not to mention the word 'diabetic', (this word he will depict as 'killer bees' and they have to be killed by a man with a big flame thrower when they become 'dead bees'. Phonetically 'die a bee tees') instead she goes into a repertoire of reasons why super heroes don't eat chocolate, fizzy drinks and crisps. The patient knows the answer but asks why? Because they won't be able to fly off the ground, they'll be too heavy, they can have a bit of cake though. This pacifies the patient who returns to his drawings and produces a 'ghost with shoulders and a round face'. The therapist reminds him of the ghost family he drew recently. He looks pleased to have the image remembered and begins muttering 'ghost family' under

his breath then looks through his bulging folder.

The patient sitting nearest the social therapist can't concentrate on his own work and takes delight in the social therapist's image by naming the characters rapidly. 'It's a man, who is it? A dog, its funny, who is it? A bird. What have you drawn'? The social therapist benignly replies that he doesn't know and it doesn't have a name. The patient beside him is very carefully drawing a flag and has a neat little self-contained palette of watercolours. He says he is drawing the flag of his country but can't remember the colours. Another patient from the same country reminds him it is black, gold and green. This patient is new to the ward and to the group. It has been noted that new members often start with a drawing of the flag of their country possibly to help their orientation and give them a place to start. It also identifies their difference and on occasions has been the inspiration for very rich discussion on people's origin and heritage. This can lead into a discussion on race and belonging. The therapist will stimulate a form of introduction 'culturally speaking' to initiate a new means of getting to know one another's differences.

The more quiet patients are sitting together quietly drawing and painting but one of them chooses to show his image and states it's a truck, a jumper and an aeroplane. The therapist struggles to hear what he is saying and thinks he is saying 'shark', the patient is very tolerant and repeats 'truck', the social therapist helps out as the therapist is confused and says it looks like a vehicle not a shark. She is then told that's because it's a truck. The patient makes no explanation for what he has drawn. He has been attending the group for a couple of years and has made good progress since before when he would attend the group but would refuse to return to the ward and emergency nursing assistance would be called to carry him back if he refused to walk. He would also lock himself in the toilet or just run off to the other end of the corridor. Now he sits and draws with no need to run. He also takes in everything being said despite saying very little. The responsive environment of the ward has enabled him to become 'human' and socialized. He can be provocative to other patients but in his artwork he has matured developmentally from latency to adolescence. This is visible in his imagery as his sense of self takes form having moved from painting very indistinct shapes that covered the paper to creating highly individualized figurative work.

An even quieter patient, who read the dictionary as a means of being in

the group, has been drawing competently and colours in his depictions of his 'lucky numbers'. Each week he reveals a little bit more about himself, becomes a little less withdrawn and a little more self-exploratory. The therapist has to be mindful to hold him in mind as he can easily drop off the radar. He wants to share his work but would never initiate this action. He is encouraged and willingly shows what he has drawn. Others start naming their lucky numbers. In the middle of this the curious patient asks to use the toilet. This is facilitated by the social therapist. Whilst he is out the dinosaur-drawing patient begins a familiar game with the therapist of what's the colour of...? This is where he repeatedly asks the colour of something and colours are named. This time the question is 'what's the colour of the desert' now asked to the trainee. The trainee goes into therapist mode again by returning the question on him. He looks a bit bewildered and dissatisfied.

The therapist knows the game so begins naming colours. At the end of the list he triumphantly points out her stupidity for leaving out the colour black and gives her a sideways look with a grin, his eyebrows shoot up in amusement. He then starts asking the trainee about her picture and again she starts putting the questions back to him. This gets him nowhere but as he tends to enjoy the company of the new young female trainees that have filed through the service over the years he preserves by drawing a 'troll monster'. He then asks her to write 'troll monster' and she begins to oblige until the therapist points out he is perfectly capable of writing this himself. He agrees then starts a new game of 'where do troll monsters live'? The trainee looks bewildered and states she doesn't know. This goes on for a bit until the resounding 'PECKCHAM' sails through the air from the curious patient who has returned. The group falls about laughing, much to the curious patients delight, it is then agreed that's where Troll Monsters come from. The patient asks the trainee the same question and she confidently replies with 'Peckham'.

The therapist has been drawing fruit and vegetables in blue felt pen and holds it up whilst asking the curious patient to name the individual objects. He has a low IQ and the developmental ability of a four year old so the team is assessing his learning abilities and what cognitive knowledge he has, knowing it is very poor due to childhood neglect. The therapist has also established that he's never had sleep training and tends to oscillate from manic over tiredness to instant drowsiness when he feels safe and contained. By making her voice more soporific he will

easily drop off to sleep in the groups whilst listening to the therapist speak. It's been suggested he is read a bed time story to help him sleep better and get into a routine.

So far he is doing well naming the fruits and can say what ones he likes to eat and what he doesn't like to eat. He has drawn numbers from 1 to 10 and can name them in correct chronological order. This is hopeful as he is due to start the Sex Offender Treatment Programme soon and will then be discharged in six months. It is important he gets as much therapeutic input as possible in the mean while.

The group comes to an end and everyone begins to pack away the art materials in the cupboard, put their work in their folders then return them to the storage area. A couple of images are placed rather arbitrarily on the nearest shelf but having been spotted by the therapist she asks them to put the work away properly so it can be kept safe. The group returns back to the ward safely and is thanked for using the session so well. The trainee debriefs with the therapist and says she now realizes why it has to be experienced and how hard it is to explain what happens. Something does happen it's just not clear what.

Discussion

Patient experiences are paramount to gaining a view of what it is to be someone with a learning disability, to see how the learning disabled are viewed in society, and to further appreciate how patients come to express themselves and communicate in particular ways in the group. Change can be very slow and there is much dialogue about the need for a learning disabled person to protect themselves from the judgment of others and the lack of early stimulation or bonding, but also a resistance to relinquish familiar habits brought about through a core complex of being born with a learning disability. (Kuczaj, 1990, Hawtin, 2009, Corbett 1996) Corbett describes this well stating: 'our clients tell us of the deep, inner pain when (that attunement is misaligned, when (that) mirroring is distorted by a primary fear and rage at the disability itself. Certainly for the offenders with whom we work, some chaotic attachment patterns may produce mirroring of the core complex' (Corbett, 1996).

I wondered if this is akin to an experience of 'being born deviant' in the eyes of society, when I found myself waiting and waiting for patients to make use of the art therapy group. It put in my mind a sense of my

having to 'do' something deviant for something to happen, and also to consider the meaning of the action of doing something.

Is it to be noticed, to evacuate frustration or to get help? Perhaps the act of deviance/defiance may then cause something to happen? From my experience of violent offender patients - including those with a learning disability - when they are trusted they do not behave violently. Sinason puts an interesting slant on this by saying that patients become or create in themselves the person they fear, and that trauma-based work allows for a different way of being (Sinason, 2011).

The role of art therapy in group work, and the therapist's skills feature predominantly in relation to the therapist's skills as an artist and the weight of keeping an idea or thought alive. Likewise, that drawing 'alongside' with and for the patient is an essential aide, as is the use of a more concrete approach to enable patients to internalize and think about what's been happening whilst feeling held and contained.

Tustin (1990, p. 47) states 'such patients need to feel that there is a nurturing person who cares deeply whether they live or die and who affirms their existence by talking to them as if they exist.' (Stack, 1996 p. 11) There appears to be elements of the therapist's role that are specific to working with learning disabled people. For instance, the use of symbolization is rarely contrived, attention seeking or second hand, and a client's ability to cope with discussion of the artwork must be considered. Work can be both directive and non-directive and neither approach will detract from the individuals worth or capabilities, but in one case example it was shown how drawing was the only way to pacify one clients difficult moods. (Gray, 1985, Stott and Males, 1984) The art therapist is also described as an 'enabler' or 'witness' whose role it is to play, and the experience of being utilized by another distinguishes this work. (Willoughby-Booth and Pearce, 1998) Other views see the therapist as the auxiliary ego taking on the role of staying in touch with aspects of the self one would prefer to detach from, as in dissociation, and additionally to establish empathy and to become curious, affectionate and open to the need for 'ordinariness', rather than searching to become 'normal'. It is to tolerate the unbearable imprint from childhood, and yet to provide friendliness, compassion, encouragement and positive reinforcement; to work at the persons pace and help them reflect on the content of the artwork to gain insight and overcome difficulties. (Hopper 2011, Sinason 2011, Stott and Males

1984) There may even be a crossover of the therapists' role to be actively involved in social inclusion activities, going for a walk or an outing. This is the case on the ward I work on where, regardless of the staffs' banding, hierarchy, job description, all hands need to be on deck, so to speak. Manners (2005) sees the role of the therapist to act as a conduit between internal and external worlds by considering the patients social context and the counter transference phenomena, as does Sinason, who points to the social and cultural context of violence for patients (2011). Moves away from a focus of unconscious drives and past relationships are now described by therapists as focusing on 'immediate exchanges' in the here and now between the client and therapist. (Tipple, 2003 in Manners, 2005 p. 69) This is reiterated by McKenzie, Chisholm and Murray (1997) who, in referring to Tipple (1994) see more of an interpretive and directive stance taken by the therapist than in other forms of art therapy; facilitating emotional expression to ameliorate psychological distress. (p. 63)

The task of the therapist is seen as to encourage self-esteem and self-development, to help individuals achieve in accordance with their individual development, and to have a gentle approach and low expectations of space, time, attention and continuity (Kuczaj, 1990). Hawtin (2009) describes the art therapist as offering a different way of thinking. They want to understand how the person views the world and how they feel, their role being providing a non-verbal expressive space.

The focus of the therapy and the approaches used appear very broad, and incorporate group work ranging from a closed group using emergent themes and dry materials (Manners, 2005) to a themed group focusing on positive aspects of self, as in my own work with sex offenders. Many authors point to the structured nature of their approach to provide the holding environment for the safe expression of anger, rage, and frustration and fear in a harmless and potentially traumatized manner. (Kuczaj 1990, Willoughby-Booth, 2009, Aulich, 1994)

Art therapists may need to employ several complementary approaches and techniques, and may use art making with the person, working alongside the person offering sessions outside the studio, altering the length and frequency of the sessions or not, thereby both being boundaried but creative, flexible and attuned. Therapists' skills of being deeply empathetic and exploratory are essential, as is counter transference awareness in order to confront, challenge and interpret;

whilst being tailored to the emotional and cognitive needs of the client. Themes in the approach are shown to be helpful in engaging patients to explore their use of fantasy, evoke memories and emotions, and to raise further themes, and are seen as giving back power that patients have experienced never having or had and lost. (Hawtin 2009, McKenzie, Chisholm and Murray 2000, Tipple 1993) It is stated that although a learning disability cannot be cured, art therapists can offer a specialist skill to enable the development of empathy and to find a safe way of expressing hurt, particularly for violent men who are traumatized. (Aulich 1994, Sinason 2010, 2011)

In developing an art therapy group I was aware of the task in hand and the importance of a structure everyone in the milieu could hold on to. The art therapy group has become one of the pillar groups in a weekly programme to enable the men to learn how to be in therapy. The core weekly programme consists of a community meeting for the whole ward; a social tea group where patients and staff can sit, drink tea and socialize together without any particular agenda.

There is a discussion group, a men's health group, a baking group, a reading group, psychology groups, a music therapy group as well as art therapy groups. These groups all form a matrix that underpin the programme to suit the varying abilities of the patients and to make group work accessible for the most disabled to the higher functioning. The groups form a care pathway of pre-pre groups, pre-groups and therapy groups from the time the patients are admitted on to the ward to the point of discharge. The groups are planned to enable the patients to progress through the system from medium to low security with the opportunity to gain escorted leave with a staff member to unescorted leave when the patients can take up voluntary work in the community, attend the local gym or go to college.

Each group will take on the mantle of enhancing the patient's progress to help them become more socialized, to reduce or moderate their risk and to help them become people with a purpose. The art therapy group is just one of the groups that can fulfill this task in conjunction with other groups. The facilitation of the groups is largely interdisciplinary, as joint working is strongly encouraged as a means of developing a community approach and to maintain consistency. The art therapy group is no different and will often be supported by social skills therapists, nurses, trainees and consultants. I have even had CQC inspectors join in to get first hand experience of what it's like being in

the group. Everyone is encouraged to make artworks and to use the art materials. The group members often find making art together gives them another way of communicating and finding commonalities not easily evidenced on the ward. The 'us' and 'them' dynamic are diluted, facilitating a group led, rather than a facilitator led, group.

The Learning Disabled patients' experience is paramount to gaining a view of what it is to be someone with a Learning Disability and how people with Learning Disabilities are viewed in society. It is also vital to further appreciating how patients come to express themselves and communicate in particular ways. The image as a containing vessel for destructive emotions and thoughts is picked up by Pearce (2004), Willoughby-Booth and Pearce (1998), and Stott and Males (1994) and the existing research provides positive rehabilitative indicators in the reduction in recidivist activity for the use of art therapy with offender Learning Disabled patients. It suggests group work and reflection are the most effective elements in treatment.

Art therapy with Learning Disabilities has been pioneered since 1969 when the first article was published in *Inscape*, (an International Journal for art therapists published in the UK), by Cortazzie and Gunsburg (1969), who discuss the patients experience in a large asylum type institution.

Willoughby-Booth and Pearce (1998) emphasize the importance of 'object survival' (p. 65) represented through art materials and objects made at different stages of the patients' developmental journey. Stott and Males (1984) say the role of art therapy is to reinforce a sense of self, self-confidence and enhanced communication through self-expression, by offering specialist skills to 'normalize' (p. 114) people with a Learning Disability and mental health problems (p. 115). They also reiterate the emphasis on working at the persons pace and setting their own goals in line with their developmental stage. By linking mark making and thinking, they suggest the need for Child Observation techniques to contextualize symbolization in reference to an individual's cultural experiences. Elements of the therapist's role that is specific to working with learning disabled people identified by Gray (1985), Stott and Males. (1984) Rees (1995, 1998) state the need to consider the huge variation of disparate need in the field of Learning Disabilities through writing and research, and acknowledges the expansion of knowledge in the art therapy arena with this client group.

There is a change in direction in the work of art therapists in the new millennium, where psychotherapeutic approaches are combined with a debate on the role of the art therapist, the therapeutic space and the development of group work. Manners (2005 p. 67) discusses his work using an art therapy approach with a group of learning disabled men detained under the Mental Health Act (1983). He develops his view that the psychodynamic model can reinforce power struggles connected to the patient's sense of disempowerment and helplessness through lack of choice and staff responses to challenging behaviour. This he links to the patient's experience of being removed from society into institutions, and strongly argues that the role of the therapist is to act as a conduit between internal and external worlds by considering the patients' social context and the countertransference phenomena.

Aulich (1994) writes about the role of art therapy for violent and traumatised men, many with unacknowledged Learning Disabilities who are sex offenders. She sees the art therapists' ability to offer specialist skills to enable the development of empathy and to find a safe way of expressing hurt. Working directionally with groups Aulich also emphasizes the link with issues of control and power and how the loss of potency promotes feelings of helplessness and humiliation. Aulich sees art therapy as having a learning function where individuals gain insight from their internal emotional world and can use this process to gauge the patients continued risk and level of 'dangerousness'.

McKenzie, Chisholm and Murray (2000) describe running a group for learning disabled offenders with the goal to prevent further offending through the facilitation of emotional expression by using an approach not dependent on verbal communication. Evaluation throughout treatment confirmed results that none of the participants were charged with re-offending during the course of the group.

They state that 'the skills of the art therapy profession clearly lie partly in the facilitation of emotional expression and amelioration of psychological distress by means which do not rely solely on the verbal abilities of the client' (p63), and identify the ultimate goal of treatment as being preventative of re offending and that the patients understanding of the 'why' they offended is secondary. (p63) McKenzie, Chisholm and Murray discuss the particular susceptibility of people with Learning Disabilities to becoming victims of sexual abuse, and point

out the over representation of this population becoming perpetrators compared to the general population by citing McCarthy and Thompson. (1997) Largely the authors' research identifies the need to adapt the group work for Learning Disabled offenders in order for them to engage in treatment by using multi-modal interventions, including Cognitive Behavioural Therapy. (O'Connor 1997) This research takes the form of group work over two and a half years and seems to replicate the Sex Offender Treatment Programme now endorsed through recognised SOTP trainings, which focus on techniques with cognitive distortions. The format described is a weekly group lasting sixty to ninety minutes run by a male art therapist and female psychologist, who enabled the participants - all male - to explore how they were feeling through a warm up exercise related to the theme of the session. This was followed by a main art-based activity and discussion on the theme and ended with another check of how the individuals were feeling, with the aim of accessing areas identified as important to sexual offending. (Bowden 1994 p64) In recognition of the research, individual sessions were offered to look at difficulties in more detail. (p64) The researchers state the group had some success, measured by the decrease in patients re offending rates, which was evaluated through performance in a group setting, changes in knowledge, attitudes and cognitions, and behavioural change. (p67) So far this is the only specific research published relevant to my own area of interest until Manners took up the mantel for art therapy with Learning Disabled sex offenders in a secure setting in 2005. Manners states that his research highlighted power imbalances faced between patient and therapist and an importance of considering the social context of the work (p69), and reflected on whether the psychodynamic model reinforced the power structure of therapists knowingness and clients not knowingness. (p67)

Pearce (2006) researched the link between Personality Disorder and Learning Disabled patients who have committed sexual offences. Using a focus group to explore the experience of art therapists working with dual diagnosed patients to inform the effectiveness of art therapy with this client group, she concluded that one outcome was an unexpected factor that art-making materials enabled reflection to become possible.

The most recent and yet unpublished research comes from Dr S. Hackett who researched Art Psychotherapy with Adult Offenders who have Intellectual and Developmental Disabilities (2012). This study shows qualitative results for service users with Learning Disabilities, and found

the artwork helped patients to process thinking, personal reflection and ability to mentalize, thereby evidencing a reduction in the patients' levels of aggression.

The weekly group

This last piece of unpublished research mirrors the work of my art therapy group the closest, and puts an emphasis on valuing what the patient can do rather than what they can't do. The group members can discover new talents and find what they are good at, that they do have talents and that they can learn how to appreciate one another's work and have their own work admired, appreciated or explored further through discussion. The group itself has a role modeling function. For instance: the dinosaur drawing patient constantly washes his hands for no obvious reason. Here the group will ask him to sit down and continue painting by showing their interest in his work. The quiet but all observing patient starts discussions by posing questions like 'why are women not happy being raped?' The other quieter patient enjoys reading a dictionary in the group and has become known as 'Dictionary corner'. He will read the meanings of words being discussed at the time to help better understand the words being used. It is also a way for him to negotiate being in a group with others, and managing to be part of something, whilst allowing him to connect and disconnect should the need arise. Some questions can seem provocative but they also validate the trust built up amongst group members and the therapists, who can be depended on not to shame or judge members asking the questions they genuinely do not know the answer to, nor have had the opportunity to ask before. Rarely are the offences discussed, as members can feel this is neither the place nor the time; it is a defense against exposure and 'being laughed at'. As sunshine is considered the best disinfectant, some members prefer to use the artwork as a safe holding space for their thoughts and feelings for fear of exposure and ridicule from their peers. Therefore the group session of an hour is primarily for art making. Any discussion is spontaneous, not forced and not expected. With such changing dynamics in the group it is vital to respect the members need for privacy and refuge.

The weekly group has a tendency to oscillate from chaos to calmness, depending on what feelings are brought into the room and the dynamics in their relationships at the time. The chaos is brought in off the ward but once the group focuses on their art making, a state of calmness is restored. For the facilitator there is much to hold in the space, but

understanding is achieved by looking, listening, seeing and watching. The facilitator has the opportunity to reflect back on what is heard and seen, which often encourages discussion, with the clues of their current preoccupations held in the images. One member came to the group having originally declined in the hope of being taken on leave instead. He was told he would be taken to the local community after the group; he spent the group painting an image of leaves.

Another member discovered a talent for oil painting. His work showed more integration of awareness of his humiliated fury, burning resentment and explosive anger held within the group. He painted a sad figure seated on a stool with a small rowing boat around his neck with the words 'no one's perfect' down one side of the canvas and an NHS sign post on the other side of the figure with the words 'frustration, hope, anger, pain'.

Though this image shows a knowingness rarely seen in the artwork created by the art therapy group, there is still a lack of symbolic functioning in the images. Often meaning is held in the therapists' mind, whilst the work holds the symbolic equation, waiting to be realized in the mind of its maker. This is a very sensitive stage that has to be worked with carefully in order to contain the emotions there in. The use of images in a group can be gentle yet powerful; their meanings need handling with care to avoid fragmentation or provocation of negative responses from the patient. This is not to say there is an avoidance of negative transference, but to prematurely reawaken the fragile emotions contained in the art work from a warded off (Beail, 1998, 2003, 2004, 2007) or defensive position needs thoughtful handling to reduce the risk of an offence reenactment.

The most important attributes of the group are to offer choice through art materials and art making with no restrictions, but also the chance to be themselves, to find a place to explore their identity and to experiment with reasoning to renegotiate their developmental progress, and to risk attachment to another human being. It's another chance to learn how to relate to others, which is first encountered through their relationship with their own images and sensory tactile experiences when using the mediums provided by the art psychotherapist. The artwork is kept safely in individual folders in the art therapy room to symbolize a healthy nurturing model mirrored through the art therapy group work. The group is now a recognized and a well held feature of the ward

timetable. It often feels like a chance in the busy week to be with others in silence, to become a new (weirdly unconventional) constituted family, to learn from one another, and to see a different way of looking at their lives through art.

“Battle not with monsters, lest ye become a monster, and if you gaze into the abyss, the abyss gazes also into you”. Friedrich Nietzsche.

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E-mail Conversation between Christian Hjort (CH) Director, IGA Norway and Peter Zelaskowski (PZ)

Conducted between 28th October and 19th December 2014

PZ: I introduced myself briefly to you at the GASI Symposium in Lisbon. I'm the new editor of Group Analytic Contexts. Perhaps you don't remember but I asked whether you'd be prepared to be interviewed via e-mail in your role as Director of the Norwegian IGA. At the time you said yes...however, now that time has moved on, perhaps so too have your feelings about a possible interview.

CH: I do remember you, and I am glad to answer your questions. Concerning the first question about the history of GA in Norway, I have asked Thor Kristian Island (former director of IGA Norway) to help me, - he was there and can provide you with both the facts and the funny stories.

PZ: Tell me something about the status of group psychotherapy (GP) and group analysis (GA) in Norway today.

CH: Compared with the other Nordic countries, the national health authorities in Norway have traditionally been supportive of psychodynamic psychotherapies. This is partly due to personal relationships between some of the early psychoanalysts and the national health director dating back to the middle of the last century. Consequently, the private psychotherapy institutes have been partly funded by the state. IGA Norway currently receives about half of its funding from the state and the candidates pay the rest. Like many other countries, we have had a steady decline in applicants the last 10 years. In 2004/2005, we had 191 candidates in three different GP/GA programmes (two in Oslo and one in Bergen). In 2008, two of the programmes were merged, and from 2014, we have one GP/GA program with 88 candidates. (In addition to this we have several shorter courses (from 2-days to one year), and the total number of candidates is approximately 200 per year.) In 2007, we started a GA 3-years leadership education, but due to a decline in number of applicants, we will terminate this education in 2015.

We hope and believe that the fusion of the remaining two programs in

2014 has strengthened the GP/GA education. The number of psychologists and psychiatrists who apply has not decreased the last 3-4 years. Nurses, social workers and other health professionals experience increasing difficulties getting financial support for long educations from their employers, and probably because of that, the numbers of applicants have fallen.

The status of the GP/GA education is good among health professionals in both the public and private sector. We compete with several institutes who provide programs in different individual psychotherapies, and especially the CBT-institute has had a large increase in applicants the last 10 years. Lately we also experience competition from shorter educations in e.g. mentalization based group psychotherapy.

PZ: Could you tell me something about the structure of the training?

CH: Norway is a relatively large and scarcely populated country, and consequently it is necessary to structure the GP/GA-training as block-training. Currently we run a 3-5 years program with 5 yearly blocks from Wednesday to Saturday. The elements consist of self-experience small groups and large group, supervision groups and theory seminars. Those who want can in addition to this follow 2-years seminars and supervision groups in group psychotherapy for addiction problems or mentalization based group psychotherapy and from 2015 also in group psychotherapy with adolescents. The organization of the program in blocks result in a dense atmosphere and a special and conducive matrix with many subgroups and inter-group processes.

The 3-years program in group psychotherapy (or applied group analysis) has a primary focus on group psychotherapy in the public sector. In the 2-years advanced course in group analysis the focus is on more rigorous group analytic training, and the majority of candidates have private practice groups.

PZ: Who can train to be a group analyst in Norway?

CH: Candidates have to have at least 3 years of education as health care or social workers.

PZ: Is there a specifically Norwegian approach to GP/GA... the Norwegian social unconscious?

CH: To answer this, I would probably need a sabbatical and 20 pages. The short version is, as I see it, that there is probably not a specifically Norwegian approach to GA but that there definitely is a Norwegian social unconscious.

Sigmund Karterud has written a comprehensive textbook in Group Analysis, and this book is widely used in Scandinavia. The book probably represents both his personal “take” on GA and the approach that developed in the first Norwegian GA-program. It would have been interesting to translate this textbook to English so that a dialogue with other GA-traditions could be established.

As for the Norwegian social unconscious, I hope Thor Kristian will write about the history of GA (see below). He is talking about the Norwegian social unconscious at a seminar in January 2015 (his 70-year birthday seminar), so maybe he has some thoughts to share about this subject as well?

I will stop here for now and return if/when you have questions that are more specific.

PZ: Many many thanks. Yes, I do have a few follow-up questions. But first just to express my admiration, touched with a degree of envy, for the situation you describe in Norway, both in terms of the state funding you have and the number of candidates you have training, even despite the decline you describe.

I imagine the large number of candidates potentiates the large group you have in the training. The 88 candidates you have in 2014, is that the number of candidates across the 3 to 5 years of the training? Or is that the number who started this year?

CH: 28 of the 88 started this year (54 are spread out across 2-5 years and the last 6 are in the GA leadership training program).

PZ: Are the candidates expected to be in therapy (GA?) in addition? And to have been in therapy before they start their training?

CH: Candidates are not expected to be or to have been in GA-therapy before training. Some have, and a significant number have been in

individual psychotherapy - often as part of psychoanalytical / psychotherapeutic training.

PZ: Another question that came up for me was connected to the issue of professional registration, what in the US would be called licencing. Does the Norwegian state, as well as funding the training of group psychotherapists, manage their professional registration? In the UK, the only current forms of psychotherapy registered by the state (the Health and Care Professions Council HCPC) are the three arts based therapies linked to art, drama and music. While this is a kind of historical anomaly, it has, however, for arts based therapists provided a particular kind of status and legitimacy not available to other therapies who lack the backing of the state. I, for example, gain my legitimacy by being registered with the United Kingdom Council for Psychotherapy, a private / voluntary organisation managed by other therapists.

CH: The Norwegian state does not manage professional registration.

PZ: I am particularly curious about the large group in your training. This, in part, stems from my being the 'convenor' (and the sole member of staff) of two large groups within two different trainings – both of which are greatly influenced by GA without being GA. Since we started our e-conversation I've been fortunate enough to read Thor Kristian Island's chapter in *The Large Group Re-Visited* (Schneider and Weinberg, eds., 2003). Thor describes your large group, the training community's City Square, which has been running continually since 1984 and which is attended by all 11 members of the staff team. This sounds like an extraordinary place! A large group with 30 years of continued development! Neither of the trainings I work in are able to afford (more accurately I should say: are prepared to commit) the resources required for more than just a sole convenor. Naturally, I'd be interested in some of your thoughts about your large group.

CH: I understand that Thor Kristian has sent you his account of the history of IGA Norway. He has been a member of the staff for 25 years and ended his engagement as a teacher and large group conductor in June 2014. So probably it would be interesting for you to have his "updated" thoughts about the large group as well. In my opinion, his description of our large group in "The Large Group Revisited" is still pretty accurate.

As you put it: A large group with 30 years of continued development is indeed an extraordinary place! The group started in 1984 with the English teachers as conductors, and in 1989-1992 Norwegian teachers gradually took over the training. The large group is a slow open group with candidates attending from 1 to 5 years, and the group of conductors is a “very slow open group” with some teachers having been part of the team of conductors for 20 years or more. At the moment 13 teachers constitute the conductor team. We take turns as timekeepers. As an introduction to the large group for the new-comers, every year’s first large group starts with the timekeeper saying a few words about the purpose of the large group. After each large group session, the conductors discuss the large group for 15 minutes, and we also discuss the large group in our process-oriented staff groups and twice-yearly longer teachers meetings.

Here are some of my thoughts:

1) Purpose: The designated purpose of the large group is «binding the different elements in the group analytic training program together and integrate events, thoughts, feelings and fantasies which relate to the program as a whole”. In addition to this a part of the purpose is of course the experience and study of large group processes.

- Experience and study large group processes

In my opinion this element essential and works out pretty well. In the pause after the large group one can hear lively discussions about the large group, and often themes or events from the large group resurface in the small groups. Being in the program for three to five years gives the candidates the opportunity to experience their own and other candidates’ development. As in other large groups a significant number of participants struggle to “find their voice”, but the fact that they have 15 large groups every year makes it possible for most to, at times, find a way out of the singleton position.

- Integrating function (City Square)

The block format means that 88 candidates five times a year spend three to four hectic days at the same venue participating in different groups on different levels of the program. Candidates typically have direct interaction with

three to five of the teachers during their years in the program. A lot of integration is no doubt taken care of by the candidates during breaks (and also in the small groups), but the large group serves a function of binding the elements together and also gives the candidates (and teachers) a sense of belonging to the program as a whole. It also gives every candidate the possibility to see all the candidates and teachers in action.

- Containing function

Frustrations of different kinds are often addressed in the large group, and in my experience the containing capacity of the large group is formidable. Anti-group phenomena of course do exist, but the ventilation of frustrations followed by different perspectives put forward by the candidates, in combination with interventions by the conductors, results for the most part in “good enough containing”.

2) Number of conductors: With 13 conductors there is a good chance that one or more of us most of the time has an understanding of what is going on and therefore, if necessary, is able to offer a therapeutic intervention. With 13 teachers we of course run the risk of “conductor overactivity”, and we regularly focus on this in the after-meetings. We all try to operate from a “not knowing position”, but to a certain degree some of the conductors are given (and take) the role as “master” conductors. The candidates regularly comment on the differences between the conductors (“Who is the real leader?”) and the studying of power-relations versus cooperation is a part of the endeavor. Through the sharing of “air-time”, cooperation and differences of perspectives, including sometimes open disagreements, the conductors serve as role models for the candidates. Having different role-models increases the possibility that candidates can find their own group analytic identity.

3) Interventions: The conductors have different “intervention-styles” and also often different foci for their interventions. To different degrees we are concerned with establishing conditions for meaningful personal exchange, establishing a “play-space” for playful exploration, studying of large group processes, helping candidates integrate confusing information etc. All are more or less (psycho)analytically oriented, but we are to different degrees influenced by different psychoanalytic “schools”, by systems theory and other theories. Together this means

that we at our best serve a tasteful “dish” carefully composed of the best ingredients. At our worst we don’t agree about what is going on, and we stand in each other’s way. I think that all in all the experience for the candidates is more useful than it would have been with only one conductor.

4) Matrix/Culture: The 30-year history of the large group and the slow-open character of the endeavor means that a basic culture of self-reflective dialogue is in many ways well established. The candidates on the 3 – 5 year part of the programme are typically more active, and I think that this, in combination with the influence of the conductors, exerts a “conservative” pull on the group. I agree with Thor Kristian when he states that the “capacity of the group to deal with tragic and dramatic material with empathy and concern is striking”. Perhaps this long lasting slow open large group is the nearest one comes to a mature large group?

5) Evaluation

The large group is the element of the program that receives the lowest scores in the yearly evaluations, but still the average score is quite high (2014: 5.1 out of 7). There is a tendency towards giving higher scores the longer the candidates have been in the program.

PZ: Many thanks Christian. It has been very interesting to hear about the work of the IGA in Norway.

Group analysis in Norway - the early years.

By Thor Kristian Island

Group psychotherapy has been an integrated treatment modality of the so-called milieu therapy in Norwegian psychiatric institutions since the early sixties. But there was no formal training in group psychotherapy, and the knowledge and experience of the therapists were rather diverse. The benefit and outcome of the group psychotherapy was questioned. And there was a serious discussion within the milieu whether group psychotherapy as such should be abandoned as a treatment modality within the mental health services.

In order to change that situation, some influential senior psychiatrists addressed the Norwegian Psychiatric Association to start a formal training in group psychotherapy in Norway. A work group of enthusiastic psychiatrists was established to make the preparatory work. An important question was where to look for trainers? Traditionally there had been strong connections between Norwegian psychiatrists and colleagues from USA, and American psychiatrists come to Norway regularly to give lectures and run seminars. Should we look to USA and their expertise in psychodynamic group psychotherapy, or to the group analytic milieu in Europe (Britain) for competent trainers?

In 1982 Malcolm Pines was invited to run a three days seminar in group analysis at Modum Bad Hospital, at that time one of the central institutions for psychodynamic psychotherapy in Norway. This very successful event became decisive. And the Psychotherapy Council of the Norwegian Psychiatric Association decided to start negotiations with IGA, London regarding an Overseas Training Program in Group analysis in Norway.

An agreement was settled and it was decided to start an introductory course in Norway in 1984, with trainers from IGA, London. The first trainers from IGA, London were Harold Behr, Liesl Hearst, Meg Sharpe and Steven Coghill. Though the training was organized by the Norwegian Psychiatric Association it should be open to other professions than psychiatrists. The very first group of candidates was 46 rather experienced and senior psychiatrists and one psychologist and one priest. Later other professions like social workers, psychiatric nurses and occupational workers etc. were included. The training was a block

training format, three days five times a year, consisting of the traditional elements; self-experiential group analysis, theory lectures, supervision groups and daily large group. Between the blocks the trainees should meet for peer-supervision.

The conclusion after the first introductory course was that the training should be extended to a full five year training program in Group Analysis. The training became very popular, and expanded rapidly. One of the reasons was that the very first trainees were experienced and senior psychiatrists with leading positions within their hospitals. They had the power and influence to introduce and organize group psychotherapy within their clinical settings. They encouraged their co-workers to attend the training. Many of the so-called day hospitals became regular group therapy units.

In 1989 the first group of Norwegian trainees had completed their training, and some of them became trainers at the program together with the trainers from IGA, London. In 1992 the Institute of Group Analysis, Norway was established, and the institute took over the responsibility for the training from the Norwegian Psychiatric Association, which had been the formal organizer till now. In accordance with that, in a well-planned transition with the trainers from IGA (London), Norwegian group analysts took over as trainers, and the training was run in Norwegian.

Introducing Median and Large Group in the Training of Psychiatrists

By Dale C. Godby, PhD, CGP, ABPP

In Dallas Texas, Group Analysis is essentially unknown, even among the highly educated mental health community. The Group Analytic Practice of Dallas developed out of Meg Sharpe and Malcolm Pines' introduction of the Large Group to the annual meeting of the American Group Psychotherapy Association (AGPA) in the early 1990s. After the first Large Group at AGPA, a group of interested Dallas psychologists and psychiatrists began a 15-year consulting relationship with Meg Sharpe, which led to the founding of the Group Analytic Practice of Dallas, (GAPDallas.com) modeled on GAP London. (Roberts and Pines 1991).

The members of GAP Dallas all teach in the psychiatric residency program at the local medical school, The University of Texas Southwestern Medical Center. This is a four-year program with around 12 residents in each class. There is a tradition of having each class participate in a training group or T-group, which are conducted as experiential groups by the members of GAP Dallas. The T-group leaders have a non-reporting relationship to the faculty who are responsible for evaluating the residents' progress. Through our consultations with Meg Sharpe and attending median and large groups at AGPA and GASi we have seen the value of these larger groups and have wanted to introduce them to the residents. How to do this in an environment that has never heard of Group Analysis became our challenge.

We had a relationship with the administrative structure of the residency program that because of curriculum pressures were questioning the need for small group experiences for the residents. Our task was to persuade them to consider adding a median or large group experience to the training of the entire psychiatric residency program while maintaining the small groups. We suggested and eventually were approved to convene a median group 4 times per year at a time when ordinarily their small groups would meet.

All of the major textbooks on group psychotherapy discuss preparing

patients for group. We have prepared the residents for the small group experience by reviewing and providing a copy of a brief paper by Len Horwitz, “Exciting Opportunities Ahead”, which explains what to expect and how best to use their small group experience. But we were unable to find something similar for preparing individuals for participation in median and large groups. Median and large groups are often offered in the context of psychotherapy training programs or group conferences. How should we prepare the residents in the context of a more general training program, especially one where even small groups are often considered a touchy feely waste of precious time in an already crowded curriculum?

I began by writing the following piece, which was directed at the participants of the planned median and large groups. As it evolved I realized I was also writing it to persuade the administration to see the importance and allow for making space for these larger groups. This is especially important as the chair of residency training is responsible to a department head who in turn is responsible to the dean who is responsible to the president of the medical school, which trains 1000 physicians. So we had to consider justifying median and larger groups in the context of a large and complicated educational structure. The document that follows was written to not only prepare the residents for the experience, but to persuade the powers that be to consider making space in the curriculum for the median and large group.

The document that follows is still evolving. I posted it on the GASi forum for feedback and a discussion involving 100 responses ensued, all of them very helpful. If anyone finds it useful please adapt and change it to fit your specific context and purpose. As you will see it is highly dependent on what has been written about median and large groups.

Reflective Residents’ Project—Dialogue Groups

Inspired by Pat de Maré’s work on Median Groups

Dale C. Godby, PhD, CGP, ABPP

One of the beginnings of group therapy was when Michael Foulkes, a psychoanalyst, emigrated from Germany to London because of Jewish persecution before World War II. He was accepted into the London establishment of psychoanalysis and began seeing his patients. He wondered, after seeing his psychoanalytic patients, what it would be like if they all were seen together in a group. He put them in a group to find

out. From the study of these groups we have learned a great deal over the years.

These small groups function to provide **insight** for the individual into themselves as they build relationships in the group. The small group often reproduces family dynamics, which is no wonder in that they are size of many families.

As group analysis developed the question was asked, “What happens to group dynamics when we increase the group size to 20 or 30 or even 100 members?” Group analysts began to study groups of this size and they have become known as median groups (20-40 members) and large groups (40-100 and larger). Median groups are something very ancient. In the Bible we read about the elders meeting in the city gate to decide matters related to the walled city. The gate of the city served for defense and as a “civic center”. (II Samuel 18-19) In groups of this size, issues related to citizenship became important. Family dynamics have an uncanny way of reappearing in these groups, which many of us have experienced in the church, synagogue, mosque, school, or city council meetings. Can we move away from the dynamics of the family and discuss issues of wider concern, concerns that Pat de Maré calls **outsight**? That is how do matters outside of ourselves make us who we are? These forces often compel us as strongly as our own id. What are these forces you might ask? They are issues like gender, politics, social class, ideologies, and faith. For instance what does it mean to be a woman at your institution? What role does ethnic, racial or international identity play in your experience? What about social class? Are there any poor among us? What sub-groups are you a part of? And how do these subgroups relate to one another? Both insight and oversight are available in the small, median, and large group. The size of the group tends to emphasize one end of the continuum or the other.

In the median group and large group you are invited to explore how these and other issues have shaped you. De Maré sees the median and large group as humanizing society as distinct from the small group whose focus is more on socializing the individual. In the median group there is an opportunity to develop the art of acting in concert with others for the common good. In his book, *Koinonia*, he speaks about developing a passion for the state, a community of citizens, as distinct from love of family. Lionel Kreeger, writing in a special issue of *Group Analysis* (2000) dedicated to Pat de Maré states, “Koinonia refers to the

development of impersonal fellowship rather than personal friendship, a culture of togetherness and amity, transforming the chaos of mindlessness and hate into more human communion.” As one moves out of the family, what does it mean to be a member of your institutional community, or a citizen of Dallas, Texas, the United States, or the World?

Therapy can be seen in the context of the dyad as in individual therapy. But we can also study the individual in the context of the family, Kin, or the larger extended family, Kith. The median group provides a space in which we can explore and be in dialogue about some of the larger forces that shape our sense of who we are. The size of a median group, often 20-40 people, can lead to frustration and even hatred, which ironically fuels dialogue and a sense of community for those who can stick with the process. To think and develop the art of dialogue in the median or large group requires practice and discipline. Pat de Maré never tired of extolling the virtues of these groups and argued that the only solution to mass violence was mass dialogue. In participating in the median group we hope to help you develop professional artistry. Artistry is needed when answers are unclear and there are many sides to an issue. Learning to think in the context of uncertainty and chaos can enable you to become a reflective practitioner. (Howard, 1996)

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KERRY GOLD¹

We six group-analytic psychotherapists would like to tell you about our small gathering in Ireland at the end of October and to share our delight in it.

FPC² is the graduate body for WPF³. The majority of its 700 or so members are individual therapists; about thirty have done the sporadic group-analytic training. Of those, a handful attends the quarterly group section meetings. There hasn't been a WPF group training for the last couple of years, not since dear Tom Hamroque, supervisor to some of us and who instigated the WPF group training, died. The group section feels fragile.

Before continuing our tale, we must explain that the creation of this article is part of it. A straightforward matter it is not, for six people to write one article. There was an idea to try an alternative format to Derek's contribution about a men's group in the last issue of Contexts. Derek had been supervisor to four of us. Perhaps the wish to do it differently was a girl thing, perhaps an adolescent reaction. At one point in the weekend we are about to describe, one of us taught the others how to have a 'group hug'. You begin with two in the usual way. The others join - like a snowflake, or flower that closes when the sun goes down. This piece emerged out of a process a bit like that. Hence, the occasional "I" amongst the "we".

To continue, a few months ago, one of our small number proposed that we hold the Autumn meeting at her place in Kerry, in Ireland's far west on the Atlantic coast. It was a novel idea. We thought a little about what that would be like but not a great deal, and welcomed what felt like an attempt to inject some life into our association.

Jen, who so generously offered her home to us, planned a timetable of three experiential groups, a paper discussion, two walks plus a little sightseeing, and the meals. It looked manageable. There was some faffing about arranging flights but with apparent minimal effort, most of our number ended up on the same Friday evening flight and all on the

¹ Kerry Gold is a well-known brand of Irish butter on sale throughout the UK (perhaps beyond?)

² FPC - The Foundation for Psychotherapy and Counselling

³ WPF – Westminster Pastoral Foundation

same Sunday evening return. We, all women, cracked jokes about it being Halloween and getting on our broomsticks.

We had very little idea of where we were going and what it would be like. The last to arrive on Friday evening joined the others in one of the several hostelrys we were to get to know, for the first of many glasses of Guinness, mothers' milk. We knew each other in various ways other than from our section meetings – some in training, another couple in the same (former) therapy group, from CPD meetings. Each knew some more than others. Two were old hands, the remainder, recently qualified. It felt a little awkward, that first drink in the pub. At the same time, there was a hint that we were at the start of some kind of adventure. The timetable was our only map.

No need to detail here the whole weekend with Jen's 5-star hospitality, the glorious scenery despite the rain, the indulgent delicious meals, the craic⁴. Three special mentions must be made – first, the walk to the ancient lichen-covered stones of a Bronze Age stone circle isolated in the spectacularly beautiful valley of Gleninchaquin. Its origins and nature remain a mystery. Secondly, the irresistible music of accordion player, Michael O'Brien and his guitarist: we found the energy to dance at the end of a long, eventful Saturday. Finally, Jen's neighbour Ann's Irish coffee and Bread Pudding extravaganza, to send us on our way back home.

The main source of our delight to tell of here is that, in amongst it all, we did indeed have three experiential⁵ groups and a paper discussion. No conductor, no leader. We sat in Jen's living room in a C-shape on two sofas and two chairs. The stove with its log fire and huge Alice-in-Wonderland clock above, closed the circle. We knew what to do and did it...and then noticed that we'd done it. There was surprise and a sense of achievement that we were able, effortlessly, to make that switch from the social to the reflective and back again, several times.

Anxieties and hurdles overcome emerged in the first session on the Saturday morning. Some had been somatised in an aching back, a broken arm, an infection, sciatica, arthritic joints. Others were enacted

⁴ Craic '...the term most commonly refers in Ireland to an atmosphere of comfortable and pervasive conviviality, a complete absence of distrust in pleasant, relaxed and relaxing company...'

⁵ spell checker tried to change *experiential* to *experimental*....

in a lost boarding pass and muddles over last minute bus tickets. But “Group Analysts don’t cancel. They stoop, limp, throb, contort, all sorts but they don’t bloody cancel”. It transpired that there’d been hidden authorities in the form of GPs who, along with dependence on the more sympathetic amongst us, had helped encourage travel and attendance. In addition we knew that here was an opportunity to think about what our bodies might be communicating, we ladies of a certain age.

The paper and clinical discussion, on the Sunday did, however, slip into something else, somewhere between therapy and supervision. The paper on guilt allowed us to think of clients and in turn brought up poignant personal reflections. It was powerful and therapeutic. A few of us wobbled a little, others held on and, having righted ourselves, we saw how we’d managed to look after ourselves and each other. What was revealed was how, in our training and experience, we have learned far more than we’d been aware of. It felt like a discovery, a hidden treasure.... amongst the treasures that were uncovered in ourselves.

For all the trepidation, the only disappointment was the ending. We held together and a couple of months later, as this is written, our bodies are also much improved.

Pam Blakelock
Jennifer Clegg
Jacqueline Fogden
Joan Fogel
Di King
Kathy Smith

GASI FORUM FRAGMENT

Posted to the GASI Forum on 31st October 2014

On conducting groups in another culture.

Thanks, Annie and Patricia for encouraging me to write about my experience in teaching group therapy and leading groups in South East Asia. I am sure that there are other people in this forum who had the experience of conducting groups in non-Western cultures and I would love to hear their experience and impressions:

Firstly, let me share the background: I direct a unique doctorate program hosted by the Professional School of Psychology in Sacramento, CA, USA, combining f2f workshops with distant learning (see <http://www.grouptherapydoctorate.com>). The program is also unique because it focuses on group therapy (I am not sure that there is another doctorate program with such a focus). As it is an American program it includes many courses in addition to the dissertation project (this is different from the British/European tradition).

We already opened the program for Israelis around the world, in Singapore and lately an MA program in psychology in Indonesia. We plan to open it soon in the USA as well.

The main question that I would like to discuss here is whether Western group therapy models suit Asian cultures, and what necessary revisions should be done in order to suit these cultures.

Here are some of my impressions based on my trip to Singapore and Indonesia:

The Indonesian students (most of them Muslims) are eager to learn and consider the educational program as an unexpected gift. Their main motivation for studying psychology is increasing self-awareness. It is very rewarding to teach students that are so involved. They want to shorten the breaks and do not want to finish the day.

I led a process group with them for an hour to help them experience what it means to become a group member. Contrary to my expectations

(based on the assumption that in a "shame focused" culture, people are hesitant to open up) when the group therapist provides a safe environment and cultivate the group cohesion, people do not have a problem to talk about intimate issues. The Indonesians just waited for the opportunity to open up. Their self-disclosure was surprising, considering the importance of "saving face" in this culture. The main issue discussed was gender inequality and the frustration of women in trying to create close relationship with their husbands due to rigid conservative cultural norms. Communication in the group is directed toward the leader, but pointing out this dynamic, explaining its connection to the cultural complying with authority and encouraging group members to interact, can change the dynamics.

Singapore is a different culture even though it resides in the same geographical area. It is very westernized on the surface, very organized and strict (some call it a "democratic dictatorship"), however the culture is very traditional. It is composed of originally Chinese, Indian and Malaysian people, which means that it is a collectivist culture. In a group session, one of the members told another group member (from a different ethnic group than the majority): "we want you to feel free to ask for our help". Used to the western norms, I suggested whether he would like to say: "I want you to be able to ask for my help". He was startled and said: "but we need a consensus about it" - a fine example of what a collectivist culture means.

Singapore is a city-country of immigrants, highly driven by materialistic and financial achievements. Another theme that repeats itself in the group is the struggle between caring for the others (family, ethnic group, workers) and self-care. In Singapore, self-care loses :-). In the USA self-care is praised (more than in Israel, where it might be considered as self-indulging).

My conclusion about conducting groups in these cultures is that you need to take into consideration the cultural norms and the social unconscious (and I ignore for the time being the various social traumas that are connected to each place). In my opinion, the best approach to lead a group in Asia is the group analytic frame of reference, firstly because of its claim that the individual is embedded in his/her culture

("there is no such a thing as an individual") and second because of the idea of the social unconscious.

Another possibility is to focus on psycho-educational groups, responding to the cultural need for structure, authority, and clear task. I do teach these kind of groups in Asia, but base them on my psychodynamic understanding and group processes. it would be a pity to give up process groups in these cultures. From our experience - they work.

I am sure that there are colleagues in this forum that have similar experiences of leading/teaching groups in different cultures. How would you adjust group therapy to other cultures?

Haim Weinberg, PhD, Dean of international programs at the Professional School of Psychology, Sacramento, USA.

Group Analytic Concepts: Mirroring

“Mirror reactions are characteristically brought-out when a number of persons meet and interact. The person sees himself, or part of himself – often repressed part of himself – reflected in the interactions of other group members. He sees them reacting in the way he does himself, or in contrast to his own behaviour. He also gets to know himself – and this is a fundamental process in ego development – by the effect he has on others and the picture they form of him”. *Foulkes, H. S. (1964) Therapeutic Group Analysis. London : Allen And Unwin.*

“Mirror reactions help in the differentiation of self from not-self. The reflection of the self from the outside world lead to a greater self consciousness, so that the infant Narcissus eventually learns to distinguish his own image from that of the other images, the mirror reactions are, therefore, essential mechanisms in the resolution of this primary narcissism”. These help “...to counteract this morbid self reference. By sympathizing and understanding, by identifying with, and imitating, by externalizing what is inside and internalizing what is outside, the individual activates within himself the deep social responses that lead to his definition, in the first place, as a social being”.

“The group situation has been likened to a 'hall of mirrors' where an individual is confronted with various aspects of his social, psychological, or body image. By a careful inner assessment of these aspects, he can achieve in time a personal image of himself not grossly out of keeping with the external and objective evaluation. He can discover his real identity and link it up with past identities.

In the development of a baby, the so-called 'mirror reactions' help in the differentiation of the self from the not-self. The reflections of the self from the outside world lead to greater self-consciousness, so that the infant Narcissus eventually learns to distinguish his own image from that of other images. The mirror reactions are, therefore, essential mechanisms in the resolution of this primary narcissism.

It can be assumed that a member of any therapeutic group has had a disturbed emotional upbringing, and that a good deal of narcissism belonging to his infancy still continues to function in his adult life. The mirror reactions in the group help to counteract this morbid self-reference. By sympathizing and understanding, by identifying with, and imitating, by externalizing what is inside and internalizing what is outside, the individual activates within himself the deep social responses that lead to his definition, in the first place, as a social being". *Foulkes, S. H. & Anthony, E. J. (1957) Group Psychotherapy. The Psychoanalytic Approach. Penguin.*

Numerous uses of the mirror as a metaphor in the therapeutic literature suggest that people are strongly affected by real and imagined reflections of themselves and that these reflections can be useful in a clinical context (Foulkes; Nitsun; Pines; etc).

"Mirroring can also be seen in the development of the concept of projective identification as elucidated by Melanie Klein in 1946 and expanded upon by several other psychoanalytic theorists. According to this model, the analysand projects onto others those aspects of self that are unacceptable to the injured psyche and that are therefore inadmissible". *Gormley L. "Through the looking glass: the facilitation of mirroring in group process". Journal for Specialists in Group Work, 2008; 33 (3): 207-20.*

“Cohesion (wholeness and integration) is facilitated by empathic mirroring, i.e., the ability to accurately reflect not only behaviour but internal states as well. Faulty mirroring is experienced as a narcissistic injury which can lead to rage, fragmentation, and depletion. The failure of early mirroring can also lead to a pathological splitting of the self characteristic of the narcissistic personality disorder”.

“Projective identification takes various forms. It most commonly occurs in dyadic situations but it rapidly filters into interactions in the group and affects perception of the group as a whole. In its positive form, it approximates the process of mirroring that Foulkes emphasised in groups. Foulkes described the group as a hall of mirrors, suggesting that participants discovered themselves in others in a way that enhances self-awareness and self-understanding. Zinkin challenged this, pointing out that the mirroring could produce an aversive reaction, leading to a hostile, persecutory relationship between the two people involved—‘malignant mirroring’. The limitation of Zinkin’s analysis is that, while identifying malignant mirroring as occurring with particular intensity in groups, he did not take account of the group context as influencing the pair caught up in the psychic battle. This point was highlighted by Gordon, who suggested that what appears to be projective identification emerging from one individual or between two individuals may be a product of unconscious group dynamics of splitting and projective identification. *The Anti-Group: Destructive Forces in the Group and Their Creative Potential*. Morris Nitsun. Routledge, 1996.

“Pines, Zinkin, and others who explore the dynamics of mirroring define some specific patterns of mirror reactions which are activated in group therapy and have a decisive impact on its overall functioning. Pines (1998) describes three forms of mirror reactions which are prevalent in groups: antagonistic mirroring, dialogic mirroring, and absence of mirroring. Zinkin offers the term “malignant mirroring” to emphasize his

belief that mirroring processes may have destructive facets that should not be overlooked by group therapists”.

“The “eyes” of others in the group, participants and conductor alike, are the emotional “training map” upon which the individual constructs his world. (Foulkes’ definition of the analytic group as “ego training in action” captures this idea.) Mirroring is a crucial factor that allows this developmental process to take place from infancy onward. Thus, we can think of the analytic group as a developmental playground on which participants construct and define their unique subjectivities through a continuous exchange with each other.

Members of the group, as well as conductor, sit face-to-face in a circle, exposed to each others’ look, with nothing to hide behind. They are all equally “vulnerable to the eye”. They are seen and revealed for what they are, for better and for worse. This quality of being “vulnerable to the eye” encompasses a large spectrum of beliefs about mirroring that range between the crucial need for an accepting, affirming look of a significant other and fear of the “evil eye” another person’s look may evoke”. *From Kleinberg, J L (2012). The Wiley-Blackwell Handbook of Group Psychotherapy. Wiley-Blackwell.*

“Projective identification, an unconscious process involved in mirroring, consists of projecting some of one's own (but disowned) attributes onto another, toward whom one subsequently feels an uncanny attraction-repulsion. A stark literary example of projective identification occurs in Dostoevsky nightmarish tale *The Double*, in which the protagonist encounters a man who is his physical double and yet a personification of all the dimly perceived, hated aspects of himself..... keep in mind that sparks often fly between two individuals because of the group phenomenon of mirroring: one sees aspects of oneself (especially negative aspects) in another whom one dislikes because of what one

dislikes in oneself". *Irvin D. Yalom (1995). The Theory and Practice of Group Psychotherapy. Basic Books.*

"...all group members will provide mirroring for others (verbal and non-verbal reflection back to the other of their experience of the other) simply through the way that they interact". T. Martin Ringe (2002). *Group Action: The Dynamics of Groups in Therapeutic, Educational, and Corporate Settings. Jessica Kingsley.*

"Kohut maintains that it is the cohesion of the self which is essential to its development. Cohesion (wholeness and integration) is facilitated by empathic mirroring, i.e., the ability to accurately reflect not only behaviour but internal states as well. Faulty mirroring is experienced as a narcissistic injury which can lead to rage, fragmentation, and depletion. The failure of early mirroring can also lead to a pathological splitting of the self characteristic of the narcissistic personality disorder.

Kohut's point of view agrees with Foulkes' that a primary function of the group is to mirror the self. That is, group participation can restore cohesion through empathy (and a compensatory grandiose over-assessment of the self as a transference illusion shared by the membership). This mirroring correlates with a symbiotic oneness that is coloured by early grandiose/omnipotent phantasies. The group becomes a self-object for the members, a resonating and exciting experience which 'fuels' the self and maintains its cohesion". *From Charles Ashbach & Victor L. Schermer. (1994). Object Relations, the Self, and the Group: A Conceptual Paradigm. Routledge.*

Compiled by Terry Birchmore

Citations and Abstracts of Articles in Other Journals

Restek-Petrović, Branka et al. (2014). *Social functioning of patients with psychotic disorders in long-term psychodynamic group psychotherapy: preliminary research.* *Psychiatria Danubina*, 26 (2).

In recent years, social functioning of patients has increasingly been used as a criterion for assessing the therapeutic efficacy of the group psychotherapy. The purpose of this preliminary study was to examine whether social functioning of patients with diagnosed psychotic disorders changes during their participation in psychodynamic group psychotherapy. The sample consisted of 30 patients involved in the psychodynamic group psychotherapy (PGP), and a comparative group of 30 patients treated only with antipsychotic medication therapy (treatment as usual; TAU). After two years of therapy, the instruments designed for this study (self-assessment and therapist-assessment questionnaire) were applied to examine changes in patient communication in their interpersonal relations, romantic and working functioning, and overall social functioning. The research also included data as to whom patients turned to for help, and the number of hospitalisations in the observed period. The majority of patients from both groups assessed their social functioning as improved, with significant differences found only in the area of romantic relations: more patients in the TAU group assessed their functioning as worsened. Nevertheless, a significantly higher number of patients in the PGP group were assessed by their therapists to have improved social functioning in all dimensions, except in the area of romantic relations, where there was no statistically significant difference between the groups. In comparison with the TAU group, twice as many patients in the PGP group turned to their psychiatrist for help and had four times fewer hospitalisations. Considering the limitations of this preliminary study, it can be concluded that the findings are promising, although further research is required to determine whether a psychodynamic approach to group psychotherapy truly leads to improved social functioning of patients with psychotic disorders.

Billow, Richard M (2013). *Developing the nuclear idea: concept, technique, and process.* *International journal of group psychotherapy*, 63 (4).

I introduce an approach to group that has remained undeveloped in the literature, but represents an essence of relationally oriented group psychotherapy. Evolving from the verbalizations and enactments through which the group symbolizes and becomes known - a nuclear idea takes shape. It emerges from the nucleus of the group process: co-created from intersubjective forces and locations that cannot be fully specified, yet may be possible to observe, name, and utilize clinically. Groups organize themselves by developing nuclear ideas, with the therapist's active participation. They are vehicles through which a group comes to think about its thinking: not only what it thinks, but also how it thinks, or chooses not to think, and when and why. Developing the nuclear idea provides a framework for how the therapist-and the group itself-goes about the task of containing. With its emphasis on meaning and the development of meaning as transformational, the concept of the nuclear idea supplements the whole group, interpersonal, and intrapsychic lenses through which the therapist comes to understand group experience and base interventions. Clinical vignettes illustrate how the therapist may develop nuclear ideas thematically, conceptualize further, and negotiate meaning with the co-participation of other group members.

Anna D. Williams; Elizabeth Bickford-Smith; Claire King; Alex Tagg.
(2013). *The importance of step-down programmes: the Imago group.*
Mental Health Review Journal, 18 (3).

The Imago group was developed in 2010 as a step-down group for members of the Winterbourne Therapeutic Community (TC) who had completed their treatment. This paper aims to review the usefulness of the group by reflecting on service user and staff feedback.

Design/methodology/approach – An opportunity sample of all current and ex-members of the Imago group (n=17) were approached and a mixed methods design was used to gain a wide collection of data. A self-report questionnaire was designed to access the opinions of members and staff about the Imago group. In total, 71 per cent of Imago members and 90 per cent of staff responded. Findings – Results show that “staff being familiar”, “reconnecting with fellow ex-TC members” and alternating days were the top three most helpful aspects of the group, whereas “having at least 4 weeks away from the TC before attending the Imago Group”, “style of session” and “venue” were found to be the least helpful aspects. Research limitations/implications – Limitations of the study centre round data collection. There were comprehension problems

with the instructions for completing the quantitative scale and a small sample size meant that interpretations were tentative. Originality/value – The Imago group is deemed a valuable part of the service for many of the service users (and staff), helping to aid recovery and re-integration into life after therapy. Elements of the group which were rated as least helpful require more thinking about.

Caruso, Rosangela et al. (2013). *Exploration of experiences in therapeutic groups for patients with severe mental illness: development of the Ferrara group experiences scale (FE- GES).* BMC psychiatry, 13 (1).

Group therapies are routinely provided for patients with severe mental illness. The factors important to the group experience of patients are still poorly understood and are rarely measured. To support further research and practice, we aimed to develop a questionnaire that captures how patients experience groups within a community mental health context. An initial pool of 39 items was conceptually generated to assess different aspects of group experiences. Items were completed by 166 patients with severe mental illness attending group therapies in community mental health services in Italy. Patients with different psychiatric diagnoses who attended at least 5 group sessions were included. An exploratory factor analysis was used to identify different dimensions of group experiences and to reduce the number of items for each dimension. The resulting questionnaire has five subscales: 1) sharing of emotions and experiences, 2) cognitive improvement, 3) group learning, 4) difficulties in open expression and 5) relationships. Each subscale has 4 items. The scale and sub-scales have good internal consistency. The Ferrara Group Experiences Scale is conceptually derived and assesses dimensions of group experience that are theoretically and practically relevant. It is brief, easy to use and has good psychometric properties. After further validation, the scale may be used for research into patient experiences across different group therapy modalities and for evaluation in routine care.

Tasca, Giorgio A; Francis, Kylie; Balfour, Louise. (2014). *Group psychotherapy levels of interventions: a clinical process commentary.* Psychotherapy, 51 (1).

Trainees may experience greater effectiveness as therapists by conceptualizing group therapy interactions as occurring at different levels of functioning. We teach group therapy trainees to be aware of

and flexibly direct their interventions to three levels of the group: (a) the intraindividual level, (b) the interpersonal level, and (3) the group-as-a-whole level. Within this conceptualization, we also encourage trainees to reinforce the group structure especially related to safety and secure base and to help group members to self-reflect about their interactions within the group. In this clinical process commentary, we describe a process of pregroup assessment and preparation that includes evaluating individual core relational patterns (CRPs) and how these patterns might express themselves in the three levels of group functioning. A running case presentation provides examples of a CRP formulation, levels of group functioning, and therapist interventions that are specific to each level. Making use of each group level within every session may allow the novice group therapist to sort the complex information they receive in a meaningful way. A therapist who can flexibly attend to and work within each group level will optimize the effectiveness of their interventions.

Thornton, Christine and Corbett, Alan. (2014). *Hitting Home: Irish Identity and Psychotherapy in the UK*. British Journal of Psychotherapy, 30 (3).

We examine the work of icap, a clinic for Irish people in Britain, to describe an (Irish) idea of 'home' within a psychoanalytic/group-analytic discourse, and some aspects of its clinical significance in providing culturally-sensitive psychotherapy. Our work weaves through four axes of trauma: the dislocation embedded in all migration, irrespective of the social or economic circumstances of the migrant; the long domination of Ireland by England, and some of the resulting complexities in Irish migration to Britain; childhood abuse, within the 'home' and within the Church-run institutions sanctioned by the Irish state; and childhood neglect and deprivation. In clinical practice these levels interpenetrate and interact with each other. Early trauma followed by migration impacts on the patient's internalized 'home'; culturally-specific loss and yearning are then central to the creation and maintenance of identity, and linked to narratives of 'home'. In trauma 'home' can become frozen in an idealized and/or terrorized state, whereas the creation of a healthy internalized 'home' depends on a creative fluidity, a need intensified when actual departure from the home country requires identity adjustment. We touch on the significance of the physical body and external 'home'. Composite case studies illustrate these clinical themes.

Jean Knox (2014). *The 'blame and shame society'*. *Psychoanalytic Psychotherapy*, 28 (3).

In this opinion piece, I explore some of the social and cultural factors that contribute to the creation of feelings of shame in those members of society who are vulnerable or disadvantaged in various ways. I suggest that a 'blame and shame' attitude has become pervasive in today's political culture, reassuring the comfortable and privileged that they deserve their own success and allowing them to blame the disadvantaged for their own misfortune. Those who feel that they must become invulnerable in order to succeed therefore project their own vulnerable child onto the vulnerable in our society and attack and condemn in others what they most fear in themselves.

Rosemary Rizq. (2014). *Perverting the course of therapy: the fetishisation of governance in public sector mental health services*. *Psychoanalytic Psychotherapy*, 28 (3).

In this paper, I draw on Freudian and Lacanian psychoanalytic theory to consider the notion of perversion and fetishisation within the context of contemporary UK public mental health services which have been subject to New Public Management restructuring. Offering an organisational case example based on clinical experience within an expanded NHS mental health service, I explore how services that are subject to neo-liberal regulatory and performance management systems sponsor a perverse organisational solution to the anxieties and difficulties of dealing with psychologically distressed patients. I conclude that theorising the unconscious dynamics of perversion and fetishism may provide an opportunity to rethink governmentality, offering a potentially fruitful means of addressing recent political concerns about the negative impact of a 'target culture' on public sector health services.

Susanna Abse. (2014). *Psychoanalysis, the secure society and the role of relationships*. *Psychoanalytic Psychotherapy*, 28 (3).

There is growing concern about how people respond to a fast-changing world in the context of economic decline. Symptoms of distress such as depression and anxiety are reaching epidemic proportions alongside the breakdown of family stability. This paper considers how psychoanalysis can enter the debate about these concerns and whether psychoanalytic

theory and practice in the UK has concentrated too much on the individual to the exclusion of the wider family and the community.

Marion Brown. (2014). *Psychologically Informed Planned Environment (PIPE): a group analytic perspective*. Psychoanalytic Psychotherapy, 28 (3).

Psychologically Informed Planned Environments (PIPEs) are an additional stage in the Offender Management Personality Disorder Pathway. The author describes the context, the impact of the work on both offenders and staff, and discusses the importance of paying close attention to the psychological process level from both a service and an organisational perspective. It is argued that the group analytic understanding of group and individual process is an important element of the psychological containment within PIPE for both offenders and staff. The group analytic focus on the here and now relational level linking to the historical context and the unconscious group and individual process provides a structure and concept for understanding the intrapersonal, interpersonal, group process, psychosocial process and the organisational context and its impact. Reference is made to the necessity of addressing the environment offender's move onto following their PIPE experience.

Compiled by Terry Birchmore

BOOK CORNER

Book Review

Gabrielle Rifkind and Giandomenico Picco. *The Fog of Peace: The Human Face of Conflict Resolution*. New York: I. B. Tauris & Co, 2014, 266 pp. Hardback £25.

Should a group analyst read this book? Well, if you expected a clear answer from me you might be disappointed. This is a foggy issue. In order to make up your mind, you would need to read it yourself. Nevertheless, I can imagine Foulkes would have enjoyed reading the book as it transpires passion for the process of keeping the communication going, which he believed is indistinguishable from the practice of group therapy.

The emphasis of the book is on practice rather than theory, which I think has helped to keep unavoidable prejudice to a minimum. I found this quite refreshing. Picco and Rifkind's stories are invigorating and stimulate further reading. They have been able to blend creatively practical diplomatic experience with common sense psychological insights. The result is a commendable and highly vivid exploration of the intricacies of geopolitical power struggles from the unique perspective of first-hand, peace-making work.

The authors are not naively utopian; they analyse and focus on what might be achievable with enduring commitment. Whilst bearing in mind an ideal objective of conflict resolution or transformation, they recognise that quite often it is necessary to accept a more humble goal of conflict-management. Their mediating roles over many years in Afghanistan, Iran, Syria, Lebanon, Israel and Palestine, often putting themselves at risk, are nothing but impressive. The art of co-existence and peace-making is not the product of a technique but the accomplishment of those who have vision and courage to fight for a non-violent world.

A book of this kind, written by two Europeans and reviewed by yet another one, has an obvious limitation: that of being predominantly

based on the values and perceptions of the so far dominant Western world. However, the authors acknowledge that our perceptions are never neutral and the lens through which we see the world are always coloured by our own personal, political experience and history. Within this constraint, they suggest that a project like the European Union (EU) is worth trying. A war between members of the EU would be unthinkable today, in spite of the European financial mess.

Rifkind and Picco come across as negotiators who attempt to be credible, honest brokers. They make it clear that listening to the stories of each of the warring parties does not mean that they agree with any of them. But they have worked hard to try to understand why these parties think as they do. In my view, it would have been desirable to include more narratives from the subaltern voices and the oppressed: to know more about their thinking and to be prepared to say that neutrality in the circumstances is a way of taking sides against them. For example, with regard to the Israeli-Palestinian conflict, I would have appreciated a clearer message that reconciliation can only be possible once the blockades and the illegal occupation end.

However, the authors have been inclusive enough. I particularly value their criticism of the vicious circle of *lex talionis*. Indeed, as Gandhi put it, an eye for an eye principle makes the whole world blind. Nelson Mandela in South Africa and, I would add, José Luis Mújica in Uruguay – both of them political prisoners for several decades – are good examples of the power of reconciliation over revenge. We need more people like them.

The link between unresolved trauma and violence is clear throughout the book. The more rigid and absolute our beliefs are, the greater the risk of conflict and aggression going out of control. The authors consistently invite the reader to think about how human aggression can be understood and managed. They use insights from John Bowlby's *attachment theory* (pp 89-90) and suggest that the more secure our attachments to people, land and communities are, the more likely that conflict can be successfully negotiated.

Secure attachments promote the working through of traumatic experiences that are passed from one generation to the next, and the development of empathy. Rifkind and Picco consider that empathy is a crucial ingredient at the negotiating table; a capacity to connect with

other people, understand their predicament and see the world through their eyes. This resembles the concept of 'mentalization': seeing others as people with their own feelings and mind-sets. But this capacity tends to get lost when there are real or imagined threats to our survival.

In a war context, the minds of others are frequently destroyed or impaired and the truth is usually one of the first casualties. The authors look into human lies from the perspective of Robert Wright. He argues that the process of natural selection favours traits that are good at getting their bearer's genes into the next generation: *"If saying something false or believing something false furthered that goal during human evolution, then the human mind will encourage some kind of falsity"* (p 56). A disturbing fact, which often goes unrecognised, about the falsity of war is that some of the instigators can be thousands of miles away enjoying a comfortable lifestyle.

In the 20th century 231 million people have been killed by war. And the US defence budget has risen by 119 per cent in the last ten years. This is the largest increase in military spending since World War II. Is this a strategy to prepare for peace? Is there any hope for a better future? Rifkind and Picco believe that there is room for optimism in our fast-changing world. The estimate that, by 2025, some 8 billion people will be connected to the internet could represent a potential for change towards peace. Perhaps globalization may help create a desperately needed new conscience that enables human kind to think about survival as a global enterprise.

Finally, the book might be seen as an advert for group-analytic skills. Traditional attempts at peace-making have created complex bureaucracies and circuses of diplomats with insufficient evidence of success. Indeed, governments work behind the scenes but their role as mediators is compromised by their own interests. Private mediators have advantages over diplomats. They are freer from political baggage and official caution. They can be more flexible and take bigger risks over whom they will talk to and in what circumstances. And *"warring parties might be more willing to talk to them"* (p 182).

Picco and Rifkind advocate a need for small groups of trained mediators, with a balance of men and women, who would need to be familiar with the local narratives. Of course, the teams would have to include native people who speak the local language as full members in their own right:

a potentially fertile soil for group-analytic translation. So, be prepared to think about the possibility of joining a commando team of mediators: a true experience of applied group analysis.

Arturo Ezquerro, 23rd December 2014

Possible conflict of interest: I know Gabrielle Rifkind well. We were part of the same year group during our four year group-analytic training at IGA, London, in the late 1980s and early 1990s. I do not know Giandomenico Picco, a UN negotiator for over 20 years.

Report of the IGA Librarian

The Library weeding referred to in my previous report [September 2014] has now been completed, with the third and final meeting of the 'Library Support Group', and the book sale of disposed, and surplus donated stock, has, for the time being, concluded, having made *in toto* over £977.00, which will be fed back into library purchases. Residual, unsold stock will be disposed of to a book disposal company, which places titles on appropriate websites, claims always to dispose responsibly [nothing to landfill ...] and will modestly reimburse us for items sold.

The space made in the Library will be used to house new purchases, and to bring out of the 'QC Ref' cupboard stock not needed for QC Ref purposes, but, apparently, housed in the cupboard because it was, at the time, new, and deemed to be more in demand. This will enable easier access to this material, and then should enable better use of the space in the cupboard ...

Two ongoing projects are the database enhancement of the student theory papers / dissertations, to provide more detail of content on the database: all new and requested papers have already had their records enhanced, but the residual stock is now being addressed.

The second ongoing project is the database enhancement of the 'Foulkes Collection', resident in Room 5. Again this material was assumed to be all on the database...but see below. Work on this material has thrown up some interesting information. It would appear that this is not a complete holding of Foulkes's Library – it is known that Elizabeth Foulkes gave away certain material prior to donation of the library to the IGA/GASi Library. The collection includes numerous copies of Foulkes's own texts, including some presentation copies. It also contains numerous foreign language texts - primarily German – and it became clear that this material had never been entered on the Library database. Some interesting inscriptions and book stamps were revealed, indicating Foulkes's early career: for instance: 'Dr.med.S.Heinz Fuchs Frankfurt a. M. 114, Bockenheimer Ldstr'

Elizabeth Nokes, IGA/GASi Librarian

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.

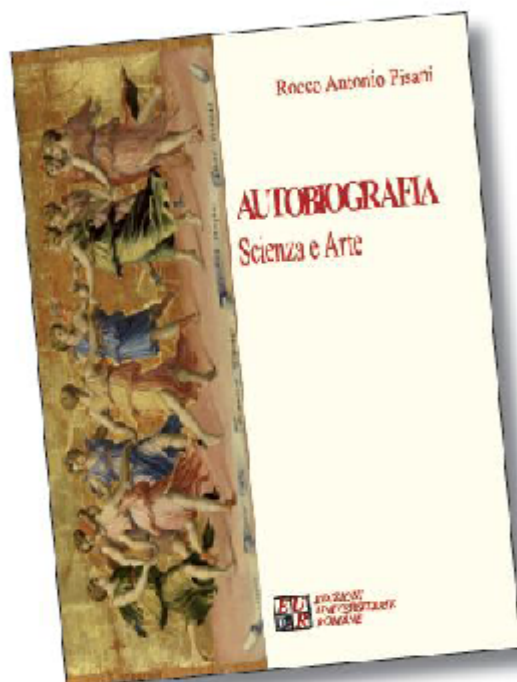
Please contact Julia in the GASI office if you would like to donate any original or copied documents:

Group_Analytic Society
1 Daleham Gardens
London NW3 5BY
Tel: +44 (0)20 7435 6611
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NOVITÀ

New

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06.44.53.438

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I have chosen the painting of Apollo with the Muses (Baldassarre Peruzzi 1481 - 1536 Palazzo Pitti, Galleria Palatina, Florence, Italy) for the cover and logo of my autobiography. The picture represents the universal desire for knowledge. Apollo is the master of the Muses. The god of light and hence the symbol of knowledge, the repository of inner light. The aphorism "Know thyself" was inscribed on the temple of Apollo at Delphi, and later adopted by Socrates. The Muses inspire artists. They bring joy with their song. They are repositories of memory (as daughters of Mnemosyne) and knowledge (as daughters of Zeus). They preside over the liberal arts: literature, poetry, music, dance, philosophy, astronomy, medicine, the sciences, indeed all intellectual activities. They symbolize the harmony of nature. (Rocco Antonio Pisani)

Rocco Antonio Pisani is a M. D. specialist in neurology and psychiatry, and psychotherapist.

He was Professor of *Clinical Psychiatry* and of *Group Therapy Techniques* at "La Sapienza" University of Rome, and also head of the Neuropsychiatric and Psychosomatic Medicine Outpatients Clinic of the Department of Neurological Sciences (former Clinic for Nervous and Mental Illnesses) at "La Sapienza". Since 1980 he has practised group analytic psychotherapy (Group analysis) with small and median groups. He has conducted various researches in the psychiatric, psychosomatic and group analytic psychotherapy fields, which are documented in his many publications in Italian and other languages.



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Obituary

Dr William Henry Orchard

Dr William Orchard died on 27th October 2014. I had known Dr Orchard for over 30 years, since I started studying and working in Psychiatry at Prince Henry's Hospital in Melbourne, and when I started an intensive group psychotherapy training programme of the second intake of the Australian Association of Group Psychotherapy. Our teachers in this programme were O.H.D. Blomfield, George Christie, Ian Martin and Anne Morgan, as well as William Orchard.

“Bill”, as we all referred to him, was one of the main pioneers in a field which he termed “**Psychological Medicine**”. This was the official name given to the psychiatric unit by Emeritus Professor Graeme Smith at Monash Medical Centre, Melbourne, from the time it first opened. The name gave equality of status to Psychiatry along with all other units of Medicine. It also paved the way for the necessity of high quality “Consultation –Liaison Psychiatry” in many parts of the world. It started consultation-liaison units in various departments of serious mental illnesses.

Bill's early training was at the University of Rochester in New York, and later at the Maudsley Hospital in London. While in London he met many of the early members of the Group Analytic Society. Bill was analysed by Dr Frank Graham. Those who knew both Bill and Frank would recognise certain similarities and certain differences between them. Frank was a quadriplegic, sitting almost always in his wheel chair. But, Bill was a physically strong man and a well-known swimmer. However, they were both very courageous persons, and they often travelled long distances around the world to avail themselves of further training and intellectual stimulation.

Bill Orchard was a very amiable person, with great depth of wisdom. His contributions were thoughtful, relevant and helpful. We, who have been fortunate enough to learn from our pioneers, will always remain indebted to them.

My deepest condolences to all of the family of Dr William Orchard, especially his surviving daughter Felicity who worked with me at Monash Medical Hospital.

Very Sincerely

Dr Sabar Rustomjee

Past President AAGP, IAGP and Founder President IOGAP which is an affiliate member of IAGP. Clinical Member GASi. Certified Group Member and Clinical Member American Group Psychotherapy Association. Member AAGP, VAPP.

Email: sabarrustomjee@gmail.com

http://sabar_rustomjee.com

www.iogap.org

Events

GAS International Quarterly Members Group (QMG)

The dates for sessions in 2015:

Saturday 24th January

Saturday 18th April

Saturday 5th July

Saturday 24th October

Format: there are three 90-minute sessions with a 90-minute break for lunch; the day runs from 9.30am - 4.30pm with the first group starting at 10.00.

Conductor: Ian Simpson.

Venue: Guild of Psychotherapists
47 Nelson Square, London SE1

The venue is a three minute walk from Southwark Underground Station. In addition to the large group room, we have the use of a kitchen. Morning refreshments are provided. For lunch, the Guild is in an area where there are many good, inexpensive places to eat.

The fee for the group is £25 per day or £80 for the year.

You can pay on the day by cash or cheque
or in advance at the GASI office:

1 Daleham Gardens, London, NW3 5BY
+44 20 7435 6611

All GASI members are welcome to the QMG.



Dear Colleague,

Group Analysis emerged within a social context that was different from where we are now in the early twenty-first century. We might realistically expect group analytic training institutes to reflect on their relevance and effectiveness within the prevailing social/cultural/political context.

As Group Analytic training institutes we might ask, and in turn be asked by, those using or considering group analytic training;

- 1) What does group analysis and therefore group analytic training institutes have to offer the world today?
- 2) How might we understand ourselves and our role within the current socio-political context?
- 3) Can we provide trainings that equip trainees to make a living providing group analytic services within a challenging and ever-changing social and political context?
- 4) Do our training environments encourage or discourage independent thinking in our trainees?

If you are interested in the future of group analytic training, and its relevance to the post-modern world, then the 2015 Study Days in Bristol offer you the chance to think with others about these sorts of issues.

Looking forward to seeing you there;

Julie Wilde,

Chair of Local Organising Committee

EGATIN STUDY DAYS 2015 – BRISTOL



EGATIN

European Group Analytic Training Institutions Network

www.egatin.net



IGA

The Institute of Group Analysis

www.groupanalysis.org



GASW

Group Analysis South West

www.gasw.co.uk

Jointly hosted by Group Analysis South West (GASW) and the Institute of Group Analysis (IGA)

EGATIN Study Days

24-26 April 2015

Group Analytic Training and the Social Context

Exploring the relevance of group analytic training as a tool for thinking in the political
and socio-cultural environment

Guest Speaker:
Farhad Dalal

The Bristol Hotel

Prince Street, Bristol BS1 4QF

www.doylecollection.com/hotels/the-bristol-hotel

Hotel Tel. No: 0117 923 0333

[Register online here](#)

And other accommodation in the area is as follows:

Youth Hostel: www.yha.org.uk/hostel/bristol

Marriott Bristol City Centre: www.marriott.co.uk/hotels/travel/brsdt-bristol-marriott-hotel-city-centre

Novotel Bristol Centre: www.novotel.com/gb/hotel-5622-novotel-bristol-centre/index.shtml

Travelodge Bristol Central: www.travelodge.co.uk/hotels/78/Bristol-Central-hotel

Other hotels may be found on Trivago: www.trivago.co.uk





39th S.H. FOULKES ANNUAL LECTURE

Friday 8th May 2015 at 7:00pm

**Venue: The Brunei Gallery
University of London
Thornhaugh Street
Russell Square
London, WC1H 0XG**

On Making A Home Amongst Strangers: The Paradox of Group Psychotherapy

Speaker: John Schlapobersky

Respondent: Gwen Adshead

Mr John Schlapobersky - Training Group Analyst IGA; Member AGPA; Research Fellow,
Birkbeck College University of London

Dr Gwen Adshead - Consultant Forensic Psychiatrist, Psychotherapist and Group Analyst
M.Inst.GA

**Study Day to follow on Saturday May 9th 2015
Venue: Tavistock Clinic, NW3**

Respondents: Dr Thomas Mies and Dr Linde Wotton

**Group Analytic Society
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**Contact:
Julia Porturas
Administrator**



The GASI international Summer School brings together an international staff team with up to 70 students with varying levels of training and experience. During four intensive days, staff and students form a school group, which meets in different settings – small groups, lecture and discussion groups, supervision and peer groups and large groups – to develop understanding of the school theme as well as to consider the school's own development and dynamics.

The school is open to those who are relatively new to Group Analysis, as well as others who have more experience but wish to further develop their understanding. The international makeup of the school gives us an opportunity to learn about the impact of different cultures on work with groups.

Many of us are aware of the therapeutic possibilities of working in groups. Yet, despite the fundamental influence of groups in our histories, there is often a resistance to recognizing their place in our lives and a reluctance to fully engage with them. Fear of groups is to be found in societies that have become wary of the abuse of group dynamics, whilst many of us have individual experiences that can also give rise to fear of what can happen to us in groups.

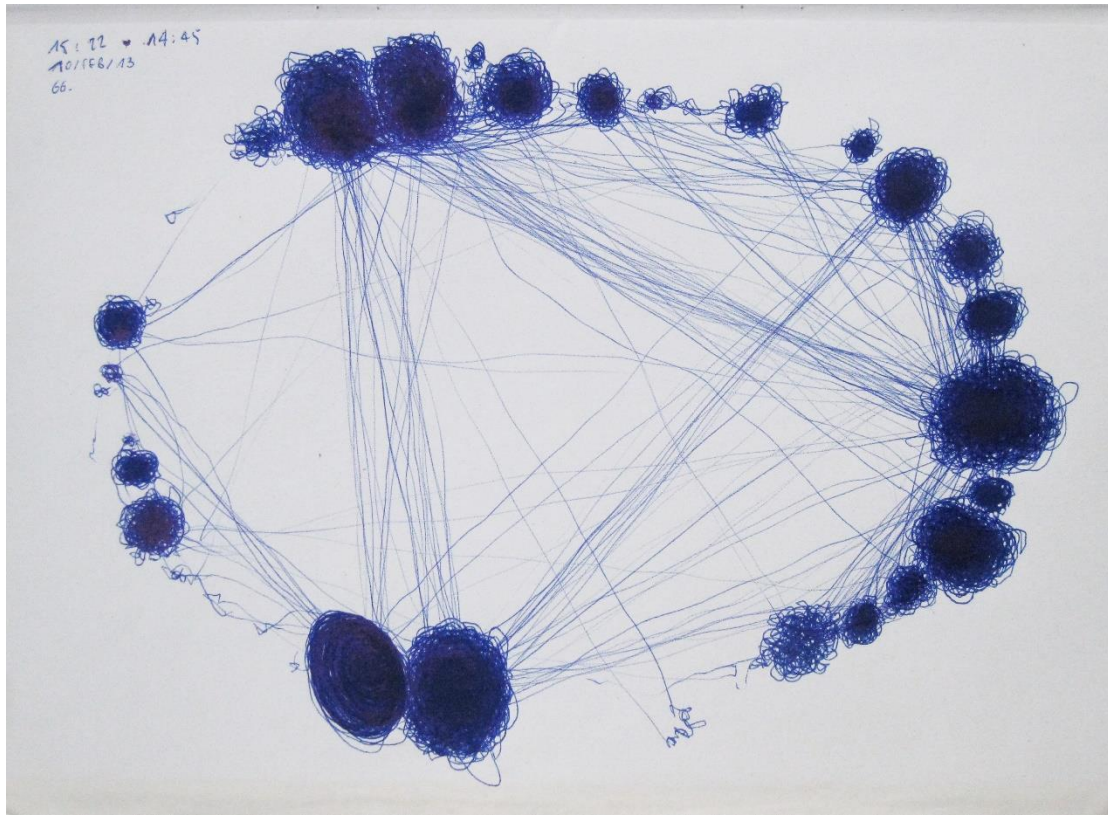
We will explore some of the obstacles to working with groups, because understanding the difficulties is vital when we are seeking to build creative and therapeutic groups.

The *Group Analytic Society International* is delighted to co-host this event with the *Czech Society for Psychoanalytic Psychotherapy Group Section*

To register an interest and for further information, please email:

office@groupanalyticsociety.co.uk

conf@cspap.cz



Isabel Cercós, artist and illustrator, was born in Barcelona in October 87. She has a BA degree in fine arts from the University of Barcelona and an MA level (University of Barcelona) professional teacher's qualification. She is currently completing the final year of the masters in Art Therapy at Pompeu Fabra University, Barcelona.

Some of you may remember Isabel's (above) piece: "The line following the word in the large group, February 10, 2013: 3:22 to 4:45pm" which was posted on the GASI forum during 2013. It is a work included in her series: "Experiences of Time." In her use of paper and pen she translates what happened during a particular large group session. It records the flow of words and their connections within the session. The premise here is that the paper is the room and the line drawn by pen the dialogue. The result recalls a neuronal network.

Isabel's working methodology arises out of three elements: curiosity; a wish to understand; and attempts to experience the world through the language of art.

GAGA

DRAWN BY ISABEL CÉRCOS

CAPTION 1: THE MATRIX CONTINUES TO BE A PROFOUND INFLUENCE.

CAPTION 2: THE MATRIX: A USEFUL TECHNIQUE FOR DUCKING PROJECTIONS.



WRITE YOUR OWN CAPTION:

SHARE YOUR IDEA WITH US
BY E-MAILING THE EDITOR

.....
.....

CONTEXTS' COLUMNIST

MY WORLD – YOU'RE WELCOME TO IT (MWYWTI)

Kick out the jams, motherfuckers

MWYWTI Says Hullo

Because it forgot to last time.



Part 1

So you're a bored god thinking of creating a universe. Being omniscient, omnipresent, omnipotent and timeless, you can see the whole thing unfolding. Sure, there are a couple of tricky moments - starting off the whole thing, the transition to organic life – but in the depths of intelligent unconsciousness the complex operation makes it. Then you realize that you don't have to sit down and design the whole shebang, since you've just seen it do it for itself, including the inevitability of starting in the first place. Energy really is eternal delight. Having saved yourself this trouble you also realize that you are completely redundant and unnecessary, no need for a universal ©. It's a tremendous relief that you don't need to exist, so you don't, leaving everything to itself and all goes fine without you.

Part 2

Nevertheless, here you are reading this. So you are pleased to find that you still have the divine state of not knowing available to you every single day as one of the three conditions of consciousness: waking, dreaming and deep sleep. The last truly is the black hole of awareness, no information can emerge from it, you have no idea where it is you go, it's black within black.

There are traditions that claim that this is the causal realm of manifestation and available in meditation but as there are no consequent thoughts, pictures, objects, images, or impressions from this state this needn't detain you.

But if this causal level isn't formless enough for you, then Hinduism posits a fourth realm, of the absolute, from which the rest arise, perhaps the place you started out from before deciding not to be god.

Part 3

The unconscious certainly has practical value, in fact life couldn't go on without it. You use it to gain any skill. For instance learning to play an instrument which starts with consciously moving fingers till you don't have to think about it any more, then the work can really begin.

Or, a less elevated example, it's essential that walking becomes an unconscious action.

Part 4

Einstein was devastated when Bohr proved to be right and it's a Universe of chance - we are making it up as we go along. Physics took many decades to accommodate to uncertainty, so why do the psychotherapies seem so mesmerised by neuroscience to the point of what Raymond Tallis calls neuromania? After Bohr's freeing and Gödel showing that even logic is incomplete how can we think that a materialist, deterministic model can provide useful answers? Because really we all know that no matter where or how the neuromaniacs look in the brain, they'll never find a thought, a mind or a person and certainly not a group.

Doc, You Meant.....?

Lavinia Palace is seeing Doc for her weekly session

LP: I've just been to a weekend GASI workshop, all large groups, and in one of them a man spoke to one of the Big Figs about what he'd recently said in the group. The BF then said who he was and maybe he was being pompous but the bloke ought to know his name, of course he was right on both counts but I noticed he didn't ask what the bloke's name was.

Doc: So you think there shouldn't be a hierarchy

LP: Of course there are hierarchies, GA has as many as anywhere else but of those whose name should be known and those not, I'm not so sure. The BF's have influence because of their ideas, and good on 'em

but in that sort of group you never know who's going to say the good stuff, BF's can jam up the works and someone who's just an ordinary grunt give you the real deal.

Doc: Perhaps even you, Lavinia.

LP: Well, even a stopped clock gives the right time twice a day.

Doc: So modest yet so wise.

LP: In that sort of group charisma, reputation, is a distraction, we should be listening to what is being said not who's saying it. A couple of years ago on a study day several of the Foulkes lectures got into a rather exclusive conflagration, there was a lot more heat than light, and what about everyone else? There are too many people in a large group for intimate chats, people getting into personal gripes is just annoying, which is why I didn't say anything to the BF.

Doc: You now seem to be arguing that he was right not to ask what the guy's name was, you might have got even more distracted.

LP: Damn you, Doc, whose side are you on?

Doc: Anyway sometimes we may need to know who the speaker is; I think I'd pay more attention if I knew I was reading a Bashô haiku, even in a bad translation, rather than a tweet. I'm not a Christian but Jesus' words often seem to have a bit of heft, don't you think.

LP: Well He certainly wasn't in this group, mate.

Doc: Perhaps not but they do say one moment the Buddha, the next the ordinary man.

LP: A bit sexist but that's precisely what I was saying earlier, you don't know who is going to have something to say and what can happen in the flow that isn't just about the individual statement, when there's a conversation, dialogue.

Doc: So where is this taking us?

LP: Us? Do we always have to go somewhere, Doc? Sometimes I just

like to let off steam, float like a butterfly sting like a bee.

Doc: And try to knock me out?

LP: You might thank me for that one day!

$S_n = n/2 (n-1)$

MWYWTI is reluctant to recycle old material but the formula above is such a practical one that it feels compelled to offer it to a new coterie of readers.

In the equation S is the number of possible pairing relationships in any group and n is the number in the group. Thus in a group of 4: $S_4 = 4/2 (4 - 1) = 2 \times 3 = 6$

For a group of 8: $S_8 = 8/2 (8 - 1) = 4 \times 7 = 21$

And so on. This is a geometric progression so as we get into median group territory a group of, for instance, 17 yields 136 pairs, a group of 50: 1225 and a large group of 400, typical of symposia, a phenomenal 79,800.

MWYWTI often thinks about this in groups as part of the complexity and what leads larger groups to be something different, a chess rather than ludo board and perhaps what led Pat de Maré to talk about impersonal friendship, since that can be the only sort possible with these sort of numbers.

Mathematics thus shows helps to show some of the potential richness and variety of transferential and non-transferential fields available in any group. Even in a relatively small group that's a whole bunch of relationships to keep track of. It's impossible but intuition succeeds where reason is overwhelmed; tune in to that living system.

(MWYWTI thanks Kathleen Love for working out the formula).

If We Started With Omnipotence We End With.....

By now you will all know that MWYWTI's pleas in the last column fell on deaf ears and that there will be two respondents on the Foulkes Study

Day. Sadly even the enticing prospect of the lovely Linde can't quite persuade it that the time shouldn't be spent talking together rather than being lectured at yet again.

"We can live without religion and meditation, but we cannot survive without human affection."

The Dalai Lama

Dammit, yesterday they'd run out of pastel de nata on the South Bank.