

# Group-Analytic Contexts

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## Editorial

Not long before moving to Spain in 1999 I was provided with some limited, but very welcome, funding by one of my then employers, a large nationwide counselling and psychotherapy service, to set up a pilot scheme in a single London borough aimed at developing support groups for teachers. Before and during my training as a group psychotherapist I worked as a teacher in both secondary and off-site education, and the absence of such spaces, “in which teachers might be allowed the luxury of talking openly about their work at ‘the chalk face’ and in the wider institution”, was something of which I was very much aware (Zelaskowski, 1997). The culture of supervision, so central to psychotherapy, was what I had in mind, however, it quickly became clear to me that the question of finding the correct terminology was paramount. The original idea was to offer ‘teacher support groups’ – rejected by one head teacher as being “too touchy-feely”. Eventually, this morphed into ‘professional development groups’, a less threatening (according to the responses I received at the time) and loaded term, more in keeping with the culture of ‘continuing professional development’ that schools were required to provide for their staff. And that is the point at which I left London.

Years down the line and I keep noticing, in the zeitgeist of new terminology and trends, in there somewhere with mentalisation, mindfulness et al, a term repeatedly catching my attention: ‘reflective practice’. This begins to feel like the term I was searching for years-ago. This is a short history of a much longer story which ends with an e-mail being sent to Christine Thornton (Convenor of the IGA *Diploma in Reflective Organisational Practice*) inviting her to guest edit an issue of *Contexts* on the theme. One of the cornerstone satisfactions of the role of editor of this publication occurs when people accept (and deliver on) an invitation to write. So, you can imagine how the quality, breadth and depth of the resulting issue, makes me feel. It has been a pleasure to collaborate with Christine on this project. To say that she has delivered would be an understatement. I have learned a great deal from her and some of the innovations she proposed for this issue, I’m sure will stay around. Most importantly of all, she has brought together a range of engaged and engaging practitioners and thinkers who take us right into the cut and thrust of working contexts, which together add up to a current state-of-the-art collection on a theme of great relevance and importance for group analysts: a core of ideas and a praxis applicable across the full range

of public and voluntary sector services.

Finally, I would like to put in a mention for the next 'special' issue of *Contexts* in June. In preparation for the GASi 2017 Symposium in Berlin, I have invited Susanne Vosmer, *Contexts*' Columnist (Quantitative Unease), to be guest editor focusing on the themes of Berlin and German group psychotherapy. Please contact her ([s.vosmer@gmail.com](mailto:s.vosmer@gmail.com)) if you would like to contribute.

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**Peter Zelaskowski**

## Editorial: Special Edition on Reflective Practice in Organisations

Guest Editor: Christine Thornton

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*Reflective Practice and Practical Reflections: Linking Thought and Action in Difficult Places*

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When Donald Schon coined the phrase ‘Reflective Practice’ (1983), I wonder if he realised the scope and value of what he had articulated. Together, these two words focus us on the link between thinking and doing, and their necessary relationship. In a world where there are so many assaults on thinking at all, and so much action that is clearly thought-less, the notion of reflective practice is ground on which to stand, and work, for a better way.

As humans, we seem to be driven to try to ‘make sense’ of the experiences we have. Schon’s original work addressed the individual professional’s internal process (for which Ralph Stacey (2012) has coined the term ‘practical judgment’); group analysis goes further, positing that the individual can *only* be understood in the context of the group –

“‘the mind’ consists of interacting processes between a number of closely linked persons” (Foulkes, 1990, p224).

“We cannot speak about the individual without reference to the group, nor about a human group that does not consist of individuals.....this group situation highlights the internal interaction, transgresses the boundaries of the individual, of what is usually considered internal, intrapsychic, and shows it to be shared by all” (ibid., p230).



Therefore, this sensemaking can only take place *between* people. Group analytic reflective practice is about people thinking and talking *together*, in a shared struggle to make sense.

The process is applied in many ways—here are some examples: group analytic therapeutic groups offer members a space to think together; work with teams, often called ‘reflective practice groups’, offers colleagues and work groups an opportunity to think together; larger groups, such as those sponsored by GASI during the symposia and in other settings, for example recently the Brexit group in London, bring us together in the painful labour of trying to make sense, or at least connections, at the global and political level where these are so desperately needed.

‘Reflective practice’ is an omnibus term for many kinds of activity, but the central group analytic thread is the notion of taking time to think *together*: we enable people to have meaningful conversations with each other. Clearly, we are not the only people in the world who regard this as a good idea, but our discipline has a unique and valuable contribution to make. This came home to me powerfully in the response to my popular book on group and organisational dynamics, from people who had not previously heard of group analysis; there is a hunger for what we have to offer.

I argue in a forthcoming paper in *Group Analysis*, that there are six aspects of group analysis that make our kinds of groups particularly effective at promoting communication within

organisations in our perplexing postmodern world. These are: attention to the individual in the group, which seems to soothe anxiety and enable a better level of contribution; a nuanced understanding of interpersonal communication, including the ways in which it gets subverted; attention to the context of the group and its communications, and therefore a strong link to systems thinking; inherent tolerance of and value for the voicing of multiple perspectives; a higher degree of success in the incorporation/use of difference, through the core group analytic process of exchange; and a flexible, developmental approach to managing anxiety and leadership projections. All these themes can be traced through the contributions to this Special Edition.

Group analytic reflective practice is a challenging endeavour. We are not the central figures that we tend to be in our therapeutic groups, but instead arrive as the stranger, on whom a wider range of projections are likely to be made. It is for this reason that we need a greater degree of flexibility in praxis, and you will find this amply represented in the excellent and varied thinking assembled here.

I know these challenges from my own work, and they are regularly demonstrated in my role as Convenor of the IGA *Diploma in Reflective Organisational Practice*. I am particularly pleased that three graduates from the course, Sarita Bose, Vince Leahy and Abdullah Mia, have contributed to this Special Edition; their voices articulate the dilemmas and value both of this work. For me, it is a celebration of what course members have achieved, usually in very difficult settings. It is no accident that so many of the reflections in this Special Edition are written from challenging settings, such as prisons or services for people who are severely mental ill; the teams they work with can be quite large, so median and large group dynamics also come into play. It is often high-cost, and sometimes high reward work, to create a space in which colleagues can have a meaningful conversation: the contexts in which such conversations are most needed, are those in which it is most difficult to enable them.

This work within organisations has clear links with our work promoting dialogue in the wider world. The skills are not different, as the organisational practitioner needs a fleetness of foot which is also needed in conducting larger groups in any other context. We live in a world deeply divided, with no clear solutions or resolutions for the huge problems we have created: sometimes faith in the process is all we have. In this spirit, I conducted some large dialogue groups in the immediate aftermath of the UK referendum, written up in a previous edition of *Contexts* (September 2016), and am writing this editorial as

the UK Parliament prepares to trigger Article 50 in an atmosphere within which debate is stifled and vilified; as an Irish citizen who has lived in the UK all my adult life, this is a profoundly disturbing time. Here at least, the need in democracies for dialogue has never been clearer. I attended the GASI Brexit large group which Rob White has described for us here, and am proud to be a member of an organisation working to promote international dialogue between professional colleagues. In this spirit too, we hope to take our course *Reflective Practice in Organisations* to a mainland European city next year, working in close partnership with colleagues in that country.

I was very pleased to be invited to guest-edit this Special Edition of *Contexts*, and feel truly honoured by the quality, creativity and range of the contributions our colleagues have made about their reflective practice work. It has also been a great pleasure to work with the regular editor, Peter Zelaskowski, who is a great collaborator; I believe editors and contributors have co-created here a resource of lasting value to all who strive to apply group analysis by conducting reflective practice groups, and indeed to many in the wider world who seek to make sense of their work with organisations.

This notwithstanding, I must acknowledge that the work described here is largely UK-based; so, it is good to have Rob's report, and also Ulla Hausler's and Vivian de Villiers' reflective review of the Athens GASI summer school. Perhaps future editions of *Contexts* can feature applications of group analysis from other parts of the world, such as Marina Mojovic's Reflective Citizenship work in Serbia, and similar initiatives in other countries. As an international organisation we have an opportunity to share our experiences and good practice through *Contexts*.

How we deal with disappointment is an index of maturity and the basis for satisfying work (and indeed life), and so I was very pleased that this theme opens Chris Scanlon's piece "Working with disappointment in difficult places". Chris is concerned with the context of reflective practice work and with the questions this raises for the practitioner about praxis, and what our aims are in these groups. Along the way, he gives us a scholarly account of the history of the notion of reflective practice; and the piece closes with some sound praxis advice.

Cynthia Rogers addresses the importance of median and large groups in organisational work, and proposes the use of Wilke's 'provocation' as a means to help people understand the purpose and value of these groups; from her broad experience of large groups, she offers some useful practical advice for praxis with these groups, in a

helpfully clear writing style.

Ian Simpson makes a heartfelt plea to pay attention to the traumatic and at times abusive contexts of the teams we work with, and raises the question as to whether reflective practice groups might become part of an abusive system. He points to the questions raised by the role of the facilitator as witness to contextual realities, challenging us to consider our stance and highlighting the need for flexibility in praxis.

Linking with the themes of Ian Simpson's piece, Abdullah Mia writes of the dilemmas and challenges facing the internal consultant. Like many another NHS professional, Abdullah was tasked with conducting groups for his immediate colleagues, with a great burden of unconscious expectation. He gives an account which will resonate with many people.

Ewa Wojciechowska raises questions important to many of us 'old hands': what are some of the implications of working with an organisation over many years, and how does it link with our personal and professional journey? Her spare writing style conveys the powerful experiences of the reflective practitioner working with a traumatised team over many years.

Vince Leahy has given us a piece which gives voice to the experiences of team members. Working over several years with a senior leadership team in a Hampshire secondary school, Vince has persuaded four of them, including the Head, to write about the impact and experience of the group and of the individual sessions which supported its work. This piece will encourage anyone wondering if their reflective practice work is worthwhile.

Clare Gerada writes a compelling account of how reflective practice groups are used in a programme to support family doctors in the UK, offering a reference point valuable in maintaining a sense of belonging and identity; highlighting the isolation of many overtaxed doctors, she emphasises the need for preventive action to prevent further tragedies overwhelming burdened professionals and their patients, and the solid value of reflective groups.

Sarita Bose, like Abdullah Mia, is concerned with the dilemmas and double binds facing the internal consultant and leader, both working as a senior professional and conducting reflective practice groups within the same organisation. She gives an account of her personal journey through a traumatised and traumatising organisation, and the recovery, through greater understanding, of a more 'secure' position. This is a perfect cue for Gwen Adshead's piece which follows.

Gwen Adshead highlights the madness and anxiety that bedevil forensic services, charged with keeping the ‘mad and bad’ away from the rest of society. With wit and sanity, she traces the challenges for forensic staff, their need for ‘secure’ minds, and the centrality of boundary issues in the work. Gwen sounds a note of hope: that reflective practice here can offer “appropriate levels of hopefulness”.

Marcus Price brings us a piece tracing two powerful case studies from the same field, which illuminate and are illuminated by Gwen Adshead’s thinkpiece; he writes movingly about staff dragging themselves to the group to explore, rather than avoid, “how terrible they might feel”.

David Wood sets out to trace the science underlying “parallel process” which is variously known in different traditions as the reflection process, isomorphism and refracted countertransference. His erudite piece is peppered with amusing illustrations and links complexity theory, quantum physics and neuroscience with the processes we observe in our groups. It will be helpful to anyone who has ever wished to understand more fully the maths underlying complexity theory.

One of the key challenges in reflective practice work, as with clinical work in some contexts, is persuading organisational leaders and others to commission it in the first place; assembling data about efficacy is important in this. The arrival of Lauren Wilson’s and Elizabeth Ogston’s paper describing their outcome research with psychotherapy patients was timely, both because the research and the paper are needed and valuable in themselves, and because the paper illustrates an evaluation methodology similar to what is needed for organisational reflective practice.

This led us to decide to offer *Contexts* readers, as a companion piece, the evaluation scheme I developed for the members of the *Diploma in Reflective Organisational Practice*. The scheme offers a simple approach to evaluating reflective practice work, centring on 3 questionnaires, one for team members, one for the practitioner, and one for the commissioner.

The pieces in this special edition are eloquent about the struggle involved in learning-to-learn-together. We know from Bion that learning is inherently difficult, constantly requiring us to re-adjust in response to new experiences and data; learning with others raises greater possibilities of shame and pain, but also greater possibilities for profound change rooted in, as Clare Gerada reminds us, a sense of belonging and identity. Put simply, this is our best hope to change our

world for the better.

I believe that this Reflective Practice Special Edition provides rich food for thought, and provokes more questions than it answers – but, following Karl Popper, a better quality of question. If it does that for you, it will have succeeded. I hope you enjoy the papers as much as I have.

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## **President's Foreword**

About a special Contexts issue, the next two events and a challenge I didn't fully meet.

Dear members,

Contexts, GASi's wonderful newsletter, a publication of which we can be proud, has been busy organizing a special issue on "Reflective Practice in Organisations". From schools to industry, from therapy, the summer school, nursing and many other fields. This reflection on one of our main professional activities and settings is a fascinating endeavour. You are invited to read and discuss these highly interesting matters in the present issue.

Our next two events are coming closer. The next Foulkes lecture and study day, which will take place as usual in London, gives a special place to Sylvia Hutchinson, who will discuss modernity and Group Analysis in the deepest possible way. Her respondents will be David Vincent (on Friday) and Kurt Husemann (on Saturday). This yearly event will have a new 'home', the Royal Institute for British Architects, which will be new for us and hopefully fit our needs. The venue is always a difficult issue for our Society and will be surely discussed. In the Foulkes lecture and the Study Day which follows: the mix of theoretical and experiential aspects provide the weekend with its uniqueness. The theory presented by the lecturer, which is one of the most experienced clinicians and teachers of the Group Analytic approach, as well as her respondents, will be 'digested' in small and large Groups providing a group-analytic space to learn and grow.

The other event, our triannual Symposium, is fascinating in a different way. It consists of a large gathering of colleagues who usually approach group therapy and group work both similarly and with considerable variance. Thus, it will be possible to meet the known and unfamiliar and their variations, which we will want to discuss and learn from. We are already very close to our Berlin Symposium. This conference is organized, without doubt, in the best possible Group Analytic way: we work in groups, meet the challenges in committees, in which we have many of our members very involved. Our tasks are to host many hundreds of participants and provide for the best possible platform on which both a significant learning experience and a good time can happen. Besides the small, median and large groups we have keynote speakers, sub-plenaries, presentations and workshops which will satisfy the hunger of most of you. The theme of the Symposium, "Crossing borders", will provide without doubt much professional

interest – with Europe engaged and split on questions of letting refugees in its borders – with millions who are waiting under terrible conditions to come in – it naturally may also turn out to be a political issue. I am thrilled to hear the individual and the collective responses to Brexit, the American elections and extremism inside Europe, which will have an unconscious influence on our lives.

Going one step further: I think the organization of the Symposium itself, because of its international membership, has been consciously and unconsciously coping and dealing with these issues. We have many local and international members who have crossed borders, who have a deep relation to questions of persecution, minorities, democracy and terrorism – all these issues have had an impact on us and our work in committees too.

A last word about the GALA dinner, which perhaps because of the 'condenser phenomenon' is symbolizing a space where significant emotional, political and relational differences meet, not only the "haves" and "have nots". We, the organizers, have tried to solve it the best we could...but it may not really be a solvable question. We very much wanted to find a solution, a suitable but cheaper venue for so many of us, and you can trust that we have thought and discussed this with passion, in the end we are happy we could offer at least 2 prices and about 50 'sponsors' who are paying for those who cannot pay at all. Together with more than 15.000 Euros for bursaries provided by the newly created GASIF (GASi Fund) for those coming from far, or from countries below an average European income – we have done more than ever to bridge some of the economic gaps. Certainly, we need more financial help. So, if someone would like to help – please contact me. I am grateful for all those who have been generous with their donations up to now, and to the many who are helping in the organization of the Symposium.

Last, but not least, I am also coming close to the end of my term, after now almost 6 years of service to GASi. I can gladly say, that with the help of many of my colleagues, most of the tasks and initiatives we took on we could manage. Nothing is perfect, though. I have not succeeded in organizing, in the end, something I wanted – mostly because the burden of these times. Still, I want to write about this because someone may become interested and would like to help organise it in the future. I wanted to organize a net of Virtual Discussion Groups (VDGs). These would make good use of the modern possibilities of Skype and Zoom, in order to combine our international strengths. I have made progressive use of these forms of communication in our management committee (MC), where we meet

every few weeks, in the organization of conferences, etc. I use Zoom to supervise and I have made pilot studies organizing Reading and Discussion Groups. My aim is to bring this to the heart of GASi's international professional services. I believe it would be beneficial to create a network of VDGs, every one convened by someone invested in a special field, which could share information and promote discussion among a small group of interested colleagues and students. They could meet once a month for 90 minutes and learn about a myriad of possible issues: from Group Analysis and gender, conducting groups in hospitals, large groups, supervision, dream groups, etc. etc. I have been convening such a group for an internationally composed small group...and it works! So, this is also something to organise and dream about in our 'learned' society.

**Dr Robi Friedman**

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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 GASi 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 5,000 words long, or between one and ten 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 5,000 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!

Now that Contexts is a digital publication only, the deadlines are different. We are now able to receive your writing up to only a week or so before publication.

- For publication at the end of March: March 15th
- For publication at the end of June: June 15th
- For publication at the end of September: September 15th
- For publication at the end of December: December 15th

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Graduated in Psychology from Aarhus University, Denmark 2000. Graduated as a specialist in Psychotherapy 2009 and in 2012 as a Supervisor. Received a Diploma as Group Analyst from IGA-Aarhus in 2010. Currently working as a psychiatric specialist in a Psychiatric outpatient team that provides group therapy to Personality Disorders. Also, Head Psychologist in the Southern Region of Denmark, and a supervisor at the Group Analytic Training Programme in Aarhus (IGA-Aarhus)

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## **Working with Disappointment in Difficult Places: Group-Analytic perspectives on *Reflective Practice and Team Development (RPTD)* in Organisations**

By Chris Scanlon



*Concerned with the context of reflective practice work and with the questions this raises for the practitioner about praxis, and what our aims are in these groups. Along the way, he gives us a scholarly account of the history of the notion of reflective practice; and the piece closes with some sound praxis advice.*

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### **Practising disappointment?**

This paper draws upon previously published work (Scanlon, 2012; 2017) in which I considered the work undertaken by those of us who chose, or, for other more unconscious reasons, ‘find ourselves’ working with traumatised people. To work with high levels of traumatisation in organisations is characterised by uncomfortably close encounters with terrible madness, unbearable sadness and troubling forms of badness that are at best *too close for comfort* and, at worst, reciprocally frightening. The dynamics at play are not only distressing and potentially traumatising for the individual workers, but are also corrosive of the structures and the cultures of the organisation itself. In such environments, there is *nowhere to run and nowhere to hide* from painful encounters, and so the focus of this article is on supporting staff to work with the frustrations and challenges that inevitably arise from working with difficult people in difficult places.

In an earlier body of work undertaken with my colleague John Adlam (Adlam and Scanlon, 2011; Scanlon and Adlam, 2008, 2011c) we drew upon the life and times of the ancient homeless philosopher Diogenes the Cynic and his trenchant commentary about the inequality and unfairness that he perceived in the world

surrounding him. We described how on one occasion Diogenes was seen begging from a statue of a goddess in the Agora and when asked what he was doing he famously replied that he was ‘practising disappointment’ – which as we noted is a very useful skill both, for our traumatised and traumatising patients, as well as for the professional helpers who would seek to engage them.

In discussing the problem of ‘disappointment’ the moral philosopher, Bonnie Honig (1996), suggests that much professional practice takes place in what she called *dilemmatic space* and in considering this dilemmatic problem from a psychosocial perspective, Ian Craib (1994) similarly suggests that for many practitioners working in the field having to relate to these disappointing/disappointed dynamics is not a choice but a psychosocial, occupational and existential given. So, to continue work with these contexts requires that practitioners are able to tolerate the anxiety born of ‘not knowing’, and to build a systemic and organisational capacity to *be with* the disappointing problems that are an inherent part of working in the dilemmatic space and *carry on* (Bion, 1967, Armstrong, 2005; Hopper, 2003; 2011; Adlam et al, 2012; Scanlon, 2012).

### **Group-analytic Reflections on the *Psychosocially Informed Enabling Environment***

Agazarian (1997) suggests that the basic functional unit of study in any social systems is not the individual, but the *sub-group* and, in this context, I propose that to think about and to manage these disappointments is a shared task, the responsibility for which lies not with the individual, but with *the team*. In other words, the best way to understand the ways in which any of us take up our individual membership of the group is to consider how we relate to others within the various and shifting sub-groups that we co-inhabit within that wider system. To make ‘the group’, rather than individuals, the focus of attention is also to pay due respect to the pervasive, (dis)organising social defences and group dynamics that are inherent in *all* work with difficult people in difficult places (Menzies-Lyth, 1992; Obholzer and Roberts, 1994; Hopper, 2003, 2011; Cooper and Lousada, 2005; Aiyegbusi and Kelly, 2012; Scanlon and Adlam, 2011; 2012, Adlam et al, 2012; Armstrong and Rustin, 2015 *inter alia*).

If we are to stand any chance of managing our-selves effectively in these dilemmatic conversations not only do we have to look after ourselves, but far more importantly, we also have to look after each other. Only then can we learn together the sort of ‘intelligent

kindness’ (Ballatt and Campling, 2010) that will enable us to relate to our patients’ (and colleagues’) suffering in respectful ways, and so help make our social institutions, and organisations less sick places (Adlam *et al*, 2012; Hopper, 2011; Gordon and Kirtchuk, 2008; Aiyegbusi and Clarke, 2008; Campling *et al*, 2004).

Bion discussing the power and potency of effective ‘groupwork’ pointed out that it can have two meanings:

It can refer to the treatment of a number of individuals assembled for special [therapeutic] sessions, or it can refer to a planned endeavour to develop in a group the forces that lead to smoothly running co-operative activity [that are] likely to turn on the acquisition of knowledge and experience of the factors which make for a good group spirit. (Bion 1961:11).

In this context, I propose that a crucial question for us here is to ask to what extent *the culture* of any given organisation is characterised by a ‘group spirit’ that is rooted in, and informed by, this more collaborative understanding about the nature of professional work in dilemmatic spaces. Over the years, a wide range of similar and different team-focussed interventions have been proposed in mental health and social care contexts. However, despite being considered central to the development of these broadly defined ‘enabling environments’ these interventions, though widely practised, are under-researched and so remain relatively poorly understood. The interventions have been given different names – such as *Sensitivity Groups* (e.g. Bramley 1990; Haigh, 2000); *Staff Support Groups* (e.g. Kanas, 1986; Novakovic, 2002; Hartley and Kennard 2009, Carson and Dennison, 2008; Simpson, 2010); *Team Development/ Consultation groups* (e.g. Rifkind, 1995; Carlyle and Evans, 2005; Thorndycraft and McCabe, 2008; Blumenthal *et al* (2011); Balint groups (Balint, 1957; Balint and Balint, 1961), *Interpersonal Dynamics and Multidisciplinary Team Work* (Reiss and Kirtchuk, 2009), to name but a few.

Some terms, like ‘Staff Sensitivity Groups’, have fallen out of currency whilst others, for instance, ‘Staff Support Groups’ persevere. Perhaps this wish for *support* rather than *sensitivity* serves as a defence against the anxiety of recognising the profoundly disappointing dilemmas inherent in the work; or perhaps more prosaically it reflects a collective desire, in these austere times, for staff to be better supported in their work. Either way, the tension

between ‘support’ and a more reflective ‘sensitivity’ raises important professional and ethical questions about the relationship between the work task, the staff team, the would-be staff team consultant, and the wider systems of governance.

Against this background, I propose to undertake a discussion of the nature of professional knowledge and how it is learned and developed in the *dilemmatic space*. The discussion will be framed by a critical review of Donald Schön’s (1971; 1983; 1987) highly influential work on educating the reflective practitioner, and of the ways that I have integrated this work with my own understanding of the role that I am describing as *Reflective Practice Team Development (RPTD)* consultancy.

## **Reflective Practice and the nature of professional knowledge**

In discussing the nature of skilful practice, I have elsewhere made use of Gilbert Ryle’s (1949) distinction between two domains of knowledge that he described as ‘knowing that’ and ‘knowing how’ (Scanlon and Weir, 1997, Scanlon, 2002, 2012; 2017). Ryle described ‘knowing that’ as having more to do with ‘theoretical understanding’, whereas *know-how* involved what Gabbard and Wilkinson (1994) described as the capacity ‘to think one’s own thoughts’. Schön (1983) coined the term ‘knowing-in-action’ to refer to such ‘know how’ and he suggested that the predominant academic and managerial paradigm, which he called the ‘technical-rational’ approach, takes little account of these ways of knowing. Rather, for Schön the technical-rational approach that is characterised by the application of a pre-determined body of *technical* knowledge, embodied in sets of *rational* policies and procedures within which *non-rational* unconscious processes are not considered relevant or important and so are made invisible. Viewed through a psychosocial lens, this systemic over-reliance on these more technical-rational forms of ‘knowing that’ could also be understood to be indications and manifestations of unconscious social defences against anxiety (Menzies-Lyth, 1992; Obholzer and Roberts, 1994; Armstrong and Rustin, 2015).

For example, when a disproportionate emphasis is placed on the rational and intellectual *quantities* of ‘evidence-based practice’ rather than on the affective, relational, reflexive and more *qualitative know how*’ of ‘practice-based evidence’ the effect is often to undermine clinical confidence and so to disempower and de-skill front-line practitioners. In systemic terms, Schön (1971) suggests that this is the case because, in privileging these forms of knowledge, the

organisational powers-that-be imagine what happens at the frontline to be ancillary, subsidiary and peripheral, to their more centralised evidential and/or managerial concerns. This is particularly problematic in the type of environments that we are discussing here because this quasi-rational over-reliance on these defensive ‘technical’ solutions serves to deny the essentially dilemmatic nature of the work, minimise the emotional impact of working with high concentrations of trauma and chaos, and so leave individual practitioners, and their patients, feeling helpless, isolated, vulnerable and misunderstood (Hopper, 2003, 2011; Campling *et al.*, 2004; Gordon and Kirtchuk, 2008; Aiyegbusi and Clarke, 2008; Aiyegbusi and Kelly, 2012; Adlam, 2012).

For Schön (1971) this attempt to re-balance the power relationship between those who imagine themselves to be at the centre of these evidential and managerial discourses, and those who are subject to them is not to deny the importance of ‘managerial functions’, rather the aim is to empower front-line clinicians is so that they can work with those at ‘the centre’ to accomplish what neither can do alone. The implication is that the *Learning Organisation* (Schön, 1971; Argyris and Schön, 1974, 1978; Senge 1990; Stacey, 2003) can only be created if ‘managing the business’ and ‘learning how to learn from experience’ (and from each other), have greater *parity of esteem*, that is rooted in a recognition they are distinct activities, utilising irreducible forms of knowing that need to be developed through different types of conversation in different spaces and places.

Schön (1983; 1987) suggests that this *learning from experience* has two distinct aspects: ‘reflection-*in*-action’, and a lower-order set of skills that he calls ‘reflection-*on*-action’. Reflection-*on*-action, through which practitioners learn skills from re-calling past actions and/or preparing for future action, has an essentially ‘there-and-then’ focus and typically involves the building of a more conscious shared team narrative of the work. To build this reflective capacity within a team it is vital that *all* members of the multi-disciplinary team regularly meet together.

This is the case because patients disclose different aspects of their narratives, and project different aspects of their fragmented and split identities, into different members of the team – *all of which* are important and necessary to understand, in order to formulate a more integrated picture of the patients’ narratives and histories. It is particularly important to enable more junior members, or ancillary staff, to speak because they are closest to the patients, often have the

most intense relationships, and so frequently have ‘the missing pieces’ of the puzzle that are not available to those who are, or are experienced to be, most distant and/or least available to the patients. Clearly, extra sensitivity might be demanded of the RPTD consultant, in order to encourage junior members and ancillary staff to speak, as they are often doing so against a gradient of power that makes it more difficult.

Whilst there is no doubt that encouraging active participation in ‘reflection-on-action’ is necessary for the building of this shared narrative and for co-operative problem solving, it is suggested that for ‘team development’ this approach does not sufficiently take into account the ways in which the systemic social defence mechanisms, sub-grouping and unconscious personal and group dynamics are played out. To be able to reflect-in-action effectively requires a different approach to the task that seeks to make sense of the more unconscious group and systemic dynamics and the ways in which they are transferred from the clinical context into the ‘here-and-now’ of the team reflective space. It is to a more detailed description of this process that I now turn.

### **Reflection-in-action: systems, sub-systems and the parallel process**

In any system of inter-relating there is an isomorphic resonance within and across the different levels and sub-groups of this system (Agazarian, 1997; Stacey, 2003). Within complex systems of care these different levels are represented and displayed as interactions between the managerial, staff team and patient sub-groups as well as in relation to the demands placed upon them by the wider social systems. These sub-groups are, in one way or another, defined by issues of power and influence, rivalry and allegiance, dominance and submission and other group-relational dynamics. The membership of some of these sub-groups is formally defined, for example, in terms of occupational and social grouping such as professional discipline, seniority, gender, age, ethnicity, sexuality, etc. The membership of other sub-groups is more tacit and informal, and are revealed in relation to shared social and personal opinions, attitudes, dis/likes, and the relational and behavioural patterns arising from them.

The situation is further complicated by the fact that, because these roles and positions are always partial and so fluid and shifting so that at any given time a staff member may find him/herself aligned with particular colleagues’ (or patients’) professional, social or personal roles and attitudes and at other times in opposition to them. At one moment, his/her *sympathy* for certain patients’ plights is

mobilised, at another time s/he find him/herself aligned with the wish to judge, blame, punish or vilify (Gabbard and Wilkinson, 1994). The point being that without the triangulation that comes of active participation in the ‘reflective conversation’, all of us are, at different times, susceptible to being *sucked into* any and all of these oversimplistic roles and relationships (Redhl, 1959). In this context, Luft (1982) suggest that a central aim of *learning how to learn from each other* is to provide the opportunity for individual practitioners to give and receive feedback in order to raise awareness about their ‘blind spots’ and to talk about their *valency* for this type of role suction, and so take up their membership of the team in more realistically *empathic* and cohesive ways (Bion, 1961; Armstrong, 2005; Hopper, 2003).

A number of psychoanalytic theorists have suggested a further aspect of these systemic resonances with reference to a clinical and educational application of what has been described as the *parallel process* (Eckstein and Wallerstein, 1958; Casement, 1985 *inter alia*). This way of making sense of how a patient’s historical disturbance comes to be re-enacted in the here-and-now of the clinical and supervisory encounter has long been a central part of sense-making in the Therapeutic Communities tradition (Jones, 1968; Rapaport, 1960; Whitely, 1986; Norton and Dolan, 1994; Shine, 2010 *inter alia*).

To make use of the parallel process in these *therapeutic milieu* is to pay attention to the ways in which patients’ early split-off experiences are projected into the staff are then taken up counter-transferentially by them as part of their *organisation-in-the-mind* (Armstrong, 2005). These unconscious dynamics are then subsequently personified and played out in the *here-and-now* relationships in the clinical and reflective spaces of the *milieu*. In these ways, traumatic experience, which has its roots in other times and places, is brought into the matrix of the RTPD group and becomes part of the lived experience of the staff team – and so becomes available to the type of inquiry that is ‘reflection-in-action’.

The capacity of the team to make use of the parallel process is determined by the extent which the team can be enabled to reflect-in-action about the ways in which patients’ disturbance is unconsciously *imported* into the here-and-now of the RPTD group. When it works well this thinking together takes the form of a reciprocal exchange, through which individual staff members reflect on their reactions to the material presented, and seek to generate hypotheses about what is revealed in the conversation about patients’ unconscious communication, and so are better placed to more consciously *export* their collective reflective learning back into the

therapeutic space. In these ways, the RPTD group is both a 'facilitating environment' and 'transitional space' (Winnicott, 1990), relatively free from the pressures of the *real world* of practice, within which the disappointments and satisfactions of working in the dilemmatic space can be amplified, condensed and more safely explored.

### **Figure/ground of reflection-in-action and reflection-on-action**

A central educational task for the RPTD consultant is, therefore, to optimise an enabling environment within which the conversation can move between the 'figure' and 'ground' of *reflection-on-action* and *reflection-in-action*. In support of this aim, the RPTD consultant may sometimes want to encourage the sort of *reflection-on-action* that would focus on the manifest content in ways that allow the emergent narratives and the rhythms of the clinical encounters to be more closely observed. Alternatively, s/he may want to encourage a more free-floating and associative conversation that could allow the impact of the tacitly contained unconscious material played out in the here-and now of the parallel process to emerge and be explored in the group. For teams who are not used to this way of working, this can be a difficult, demanding, and sometimes disturbing process that takes time, effort, tolerance and patience to be able to make use of. In this context, an important timely challenge for the RPTD consultant is always to seek to work in what Vygotsky (1978) calls 'the zone of proximal development'. That is to say, to work with the team at the closest edge of its comfort zone, in order to ensure effective 'decompression' rather than to provoke too much anxiety by delving too deep too soon.

In my experience, the actual focus of the conversation does not much matter because the primary concern of the consultant is always to make links and bridge these different sub-systems and levels of conversation. For instance, if a team begins by talking about the patients' issues, the task of the RPTD consultant is to make links to the impact and the effect of these issues on their own functioning. Conversely, if they begin by talking about their own anxieties, the task is to help them make links to how this connects to patients' anxieties and/or to the wider dynamic challenges in the organisation-as-a-whole. As discussed above, the key challenge is to be able take up a balanced stance that is sufficiently supportive and sufficiently provocative so that the *group spirit* is characterised by genuine curiosity, active engagement and a willingness to explore.

To paraphrase Foulkes' (1964) dictum that group-analysis is '*analysis of the group, by the group – including the conductor*', I might suggest, in the spirit of literature outlined above, that the relational task of promoting a facilitating *group spirit* might be considered as: '*reflection-in-and-on-action of the team, by the team – including the consultant?*'

## **Balancing 'clinical' and 'managerial' anxieties**

As highlighted above, a further dynamic challenge for the RPTD consultant is how to take a realistically balanced position in relation to the inevitable tensions between 'managerial anxieties' and 'clinical anxieties' (Maher, 2009; Drennan et al, 2014; Simpson, 2016). This is important because as Maher (2009) emphasises, in unstable, or dilemmatic, contexts, the primary need is *always* for sufficient resources, and the effective management of these resources, and no amount of staff support, supervision, sensitivity or consultation can ever be a substitute, a replacement or an apology for its adequacies. In this context, 'management' is not a *centralised* activity that is the responsibility of the designated 'managers', any more than 'clinical practice' is a peripheral activity that is the domain of 'clinicians'. Effective management in the learning organisation is a cooperative activity that requires all stakeholders to have sufficient mutual confidence, to allow each other to take up their respective professional authority in empathic, respectful and collaborative ways (Schön, 1971; 1983; Argyris and Schön, 1974, 1978; Senge 1990; Stacey, 2003).

To do this also requires a capacity to have honest and open conversations about limited resources, and what is 'good enough' in these austere times. Of course, these conversations are always contested, often fraught, and represent a significant dynamic challenge for the RPTD consultant. For instance, if the RPTD consultant is experienced, by 'clinicians', as being over-identified with 'managerial anxieties' s/he may be (realistically) viewed as a 'lackey' in the clinical context. On the other hand, if s/he is, or is seen to be, over-identified with the 'clinical' anxiety, s/he may be (realistically) viewed by managers as *rabble-rousing*.

To ensure clarity of task it is also necessary for the RPTD consultant to have a clear formal contract with the employers and to have regular separate 'brokerage' meetings with the designated manager/commissioners to ensure that an ethical and professional balance can be struck and so all can remain 'on task'. The reality of these dilemmatic tensions also raises important questions about the status of the RPTD Consultants, their seniority and degree of influence

within the system, and about the organisational level at which decisions about the strategic implementation of RPTD interventions are taken – these too are contested and fraught conversations.

### **Concluding remarks**

I hope that it will be clear from the discussion and analysis above that *RPTD* consultancy is a complex and demanding role. However, although the professional knowledge underpinning the development of this role are often described in the literature as ‘psychologically-informed’, in my view, the skills required to undertake this complex psychosocial role do not align with the basic training of any of the traditional defined psychological therapies. Rather, I see the development of the skills of *RPTD* consultancy as requiring a further and advanced, in-depth, post-graduate clinical, educational and managerial understanding of the dynamics of working in the dilemmatic space.

However, notwithstanding the inevitable difficulty and disappointment inherent in the role, the aim of this short article has been to open up further conversations about the ways in which enabling environments can be optimised by helping colleagues doing *essential work* with ‘difficult people in difficult places’ to take up their professional role and their membership of the team in more confident and authoritative ways.

My argument has been that the development of a team-based *intelligent kindness* has less to do with individual staff members developing a *technical competence* but is much more about a readiness to join and actively participate in cooperative reflective conversations in the dilemmatic space. I have suggested that, to do this effectively, requires that some serious clinical, educational, managerial and research questions need to be addressed and I hope that this short article might make some contribution to these discussions.

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## **Provocation in Large Groups: Reflective Practice and Organisational Consultancy**

By Cynthia Rogers

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*Addresses the importance of median and large groups in organisational work, and proposes the use of Wilke's 'provocation' as a means to help people understand the purpose and value of these groups; from her broad experience of large groups, she offers some useful practical advice for praxis with these groups.*

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Median and large groups are an essential tool where an organisational consultant is interested in influencing the organisational culture. Completely unstructured median groups can be intimidating to those unfamiliar with them. This paper suggests that a provocation provides a means of mediating this difficulty, describes why it works and how it is constructed.

Gerhard Wilke (2012) is the master of the provocation, a 20 minute input of ideas followed by a median/large group where the provocateur feels free, but not obliged, to comment. A provocation is particularly useful when an organisation invites a consultation because it is tired, has lost its way and seems unable to respond to the stresses it encounters or where the participants are unfamiliar with one another but share similar concerns. I have written elsewhere about the benefits of open median groups to organisational work and I use both approaches. Rogers, C. (2013)

### **Constructing a provocation.**

Group analysts locate difficulties between people rather than in the individual. In organisational consultancy, this means conceptualising organisational difficulties as interpersonal and constrained by the organisational culture. Any provocation explicitly embodies this way

of thinking, minimising the fear of humiliation and undermining the tendency to scapegoat. Group Analysts take this way of thinking for granted but it is quite breathtakingly new to people used to thinking in terms of where responsibility lies and a blame culture. In constructing a provocation my attention is focussed on - what is the culture? Why is it the way it is? Why is it articulated the way it is? What sustains it?

### **Building the scaffolding.**

As the participants listen to the provocation the early stages of the group matrix forms. The individuals associate in their minds to the ideas, identifying with some and questioning others, without feeling they have to respond immediately. The seeds of differences and commonalities are dropped into the room. Thus, the scaffolding, that participants can use later to exchange ideas, is built up. A good therapeutic alliance is likely if the participants feel understood. This might mean acknowledging both the received wisdom and mentioning issues that are more difficult to voice. Essentially raising issues and thoughts they might connect to, the consultant who can use a simple conceptual frame that is new to the participants and put their concerns into words, might start to look as if they have something to offer. Language can be useful here. Talking about the ‘industrialisation’ of the NHS or ‘decluttering’ their workload, employs a catchy phrase to illuminates their reality and shift the perspective. Confidently challenging the existing negative predictions will also get people’s attention. A useful question to explore is the gap between the declarative statement, what people say they do or were taught to do and the procedural knowledge, which is what actually works and what they do in practice.

### **Creative Chaos.**

Groups work best when operating at an optimum level of creative chaos. This is the point where people think by drawing on their feelings as a result of participating in the group experience. I contend that this can be arrived at whilst also reducing the anxiety levels of the participants. There is a common misconception that raising anxiety spurs people to action. In my experience, it induces caution and withholding.

The provocation is trying to establish a sense of security and flexibility. The consultant can model this by the way they present, not authoritarian and didactic but confident, engaged and clearly thinking

about the people in front of them. Creative chaos thrives when there is just enough structure for people to feel safe. Spelling out the consultant's thinking about the day and why it is a good idea to sit in a median/large group might be helpful. People feel so much better if they think they are in a larger group because it is the appropriate instrument. A median/large group can address interpersonal issues as they operate within the culture of the workplace. It allows focus on the individual, the individual as a member of interconnecting small groups and the individual in their wider context; something that cannot be done back at the office around the water cooler. Equally individuals may be aware of needs or injustices but find it hard to act unless they have authority or it is clearly their responsibility. Going home on time would be an example where there is no guarantee that their colleagues will support them. However, if a median/large group come to an understanding that 'something must be done' there is a greater chance that one or more members will be emboldened to act on their behalf and set an example of going home in a timely fashion.

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## A Reflection on Reflective Practice

By Ian Simpson

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*A heartfelt plea to pay attention to the traumatic and at times abusive contexts of the teams we work with, and raises the question as to whether reflective practice groups might become part of an abusive system. He points to the questions raised by the role of the facilitator as witness to contextual realities, challenging us to consider our stance and*

*highlighting the need for flexibility in praxis.*

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*‘An infallible method of conciliating a tiger is to allow oneself to be devoured’ (Konrad Adenauer)*

As a group analyst with lengthy experience of working in organizational settings in social care I find myself confronted by an ethical dilemma, a sort of crisis of faith. When I consider facilitating reflective practice with staff teams in those settings at the present time, the current context of austerity, reduced resources, target-driven managerial imperatives and threatened job security, which face staff, I wonder if confronting teams with this reality is appropriate or right, particularly if the reflective practice space is kept insulated and separate from the wider organizational, cultural and political context, in which it takes place.

I am sure some of this is the sense of helplessness (projected and my own) that I inevitably pick up when I work with these teams. I find myself saying to them: “It’s not your fault that you are distressed, depressed and feel powerless in your current work setting”. The context in which they are operating is so redolent with survival anxiety for the people they are seeing and for themselves that it is almost impossible to think reflectively or creatively. The same sense is there when I am supervising people doing reflective practice with teams,

when they report how distressed and helpless they often feel leaving their sessions.

The benefits of reflective spaces are evident. Enabling the sharing of thoughts and feelings together can mitigate the isolation, defensiveness and sense of helplessness. Similarly, a shared understanding of the commonality of pain and trauma can alleviate distress and lead to positive action, combatting the sense of powerlessness. Also, I would argue, in times of depleted resources and overwhelming pressures and the anxieties which accompany this, that a space to reflect and think about what this means is even more essential for staff welfare.

However, at times, as convinced as I am about these benefits, I feel weighed down by the process and I find it hard to maintain a positive sense of purpose. The vicarious trauma experienced by staff and facilitators in these settings, is endemic and disabling. It often feels as if the most the facilitator can achieve is to validate and affirm the awfulness of it all and to take away some of the trauma, functioning as some sort of therapeutic dustbin/container.

Reflective practice is acknowledged and valued as a means of improving the working lives of individual team members and collectively with their colleagues. It offers a space for them to share their experiences together, as members of a team. The work is by the team, for the team. It should provide a facilitated space for creative dialogue to support and challenge individual and group thoughts and feelings about the working environment, the wider organizational context and the nature of work undertaken by the team.

Staff groups themselves certainly can be very resistant and reluctant to participate. Anyone who has tried to organize and facilitate reflective spaces in most current social care settings will know how hard it is to maintain regular attendance and will be well versed in the many and various excuses used to avoid attending. There is a self-preserving desire to avoid obviously painful experiences. Facilitating reflective practice groups has never been an easy task, even when there is relative security and a good 'safe-enough' setting, but in the present climate, dominated by what is perceived as a persecutory management culture and the reduction of resources in welfare benefits and funding for the NHS and social care, it is all but impossible. It feels like trying to redecorate the living room when somebody is knocking the house down.

In my view, this highlights the wider boundary issue of whether we should or should not act if we clearly see that some things going on are patently unsafe. Should we do more than facilitate?

Should we come off our professionally neutral stance and address this at another level in the organization or should we actively encourage the staff to do something about it themselves. What is a group analytic position on this dilemma? This is not a question that I find easy to address and I put it out here to raise it as an issue for us as group analysts to consider and think about in our role within the organisations we go into to provide this service. It raises important issues about the role of reflective practice, particularly around boundaries and our areas of remit. These issues are with us anyway, even when conditions of practice are more favourable and accommodating.

However, in the current climate of austerity, what should we do? Do we leave things as they are and allow staff to maintain the pretence that they are doing something professionally fulfilling and enable them to keep turning a blind eye to the awful reality of their working lives or should we encourage them to rebel against the debilitating structure in which they are forced to participate? There is an ethical and political dimension that we cannot ignore. As group analysts, knowing this, should we come off our quasi-Olympian position and say what we really think and if so, where and how should we say it?

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## **Navigating Multiple Relationships within an Organisation**

By Abdullah Mia

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*Linking with the themes of Ian Simpson's piece, he writes of the dilemmas and challenges facing the internal consultant. Like many another NHS professional, he was tasked with conducting groups for his immediate colleagues, with a great burden of unconscious expectation. He gives an account which will resonate with many people.*

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### **Context**

One of the many damaging effects of austerity in the NHS has been the manner in which cuts have affected departments providing care within the mental health field. This has further driven the agenda to ensure that staff are delivering more for less, with limited space to think about the impact this has on the wellbeing of those we work with, alongside or the staff themselves. Simpson (2016) discusses this in further detail regarding the impact of neo-liberal management strategies on the provision of healthcare. A casualty of this drive towards 'evidence based practice' (which is not without its own critique) have been psychotherapy departments, ever increasingly deleted or pushed into oblivion in favour of therapies that are seemingly more effective. The relevance of psychotherapy, and their respective departments is discussed well by Hinshelwood (1994), in particular the unconscious role they play within the institutions they are employed. In the removal of psychotherapy departments, there are often gaps left for those that remain to try to fill, often these are filled with psychologists, however more recently it seems that these too are being dismantled to make way for CBT therapists.

A consequence of this can be that the unspoken and often unacknowledged work that goes towards supporting and managing the containment of anxiety within complex organisations can also get lost.

Therefore the containment that is located in, and provided by a psychotherapy department is then placed within the realms of another, where the importance and relevance of thinking, feeling and containing may not be as valued as doing. My experience has been such, that without a psychotherapy department, the psychology department is asked to undertake a dual role, to be psychologists and to also provide the unconscious function of a psychotherapy department to an organisation, the latter not being explicit. Hinshelwood (1994) describes this as “an everyday activity for psychotherapists” however the complexity of holding multiple roles is not often clearly discussed.

Kenneth Pope (Pope, 2017) writes extensively about the impact of dual and multiple relationships within traditional individual psychological therapies, however considerably less is written about the impact of dual and multiple relationships within either group analysis or reflective practice. As stated earlier, this is seemingly something that is an everyday activity for psychotherapists, however as a Clinical Psychologist my experience facilitating reflective practice groups in a traumatised organisation was increasingly overwhelming as I connected to the trauma of what staff experienced in the reflective practice groups, as a conductor in the group, and also as an employee of the organisation itself.

In facilitating reflective practice groups within an organisation, I am left with the question of how one facilitates reflective practice groups safely, for oneself and the group. My primary source of safety came from within the Reflective Practice in Organisations course, and through the external group supervision this afforded me. It enabled me to understand the possible processes that the organisation, workforce and myself were going through. As I became in touch with the pain and trauma within the group I was facilitating and the organisation in which I was an employee, group supervision held a stronger importance, grounding me. There was also a stronger sense of power, and with this a narcissistic pull. I almost began to believe that I could solve the organisation’s problems through reflective practice itself. This in itself is a fallacy, the idea that reflecting alone will address some of the causes of distress. This premise is predicated on the erroneous belief that the causes of pain and trauma can be located primarily within the organisation, and therefore can also be addressed through the organisation. In fact, it appears that the causes of distress, pain and trauma are located both inside and outside of the organisation. Whilst it is possible to reduce the intensity of this by thinking about how anxiety presents itself, it

becomes an impossible task if some focus is also not placed on the contextual and environmental factors involved in people's lives as employees of the NHS.

### **Pain, trauma and power**

My conflictual experiences and feelings, pain and trauma against a sense of power, were not known to me as I first experienced them. However, in my fear of being unable to contain the pain I was hearing, and to an extent experiencing, I believe I decided to 'escape' both intellectually and as an employee, leaving my post. This is one of the dangers of facilitating reflective practice groups, staff become in touch with their distressing lives, and the trauma they experience on a daily occurrence. This can often lead to a high staff turnover, if appropriate support, planning and management is not put in place to acknowledge and support the discoveries being made.

Working through trauma and pain with patients requires a grounding presence, one that is containing and able to hold the boundaries of the therapeutic space. As with our individual patients, group members in reflective practice groups require a containing space, where boundaries are held and the group is protected from attacks that come from within and without the group. I believe that at times, facilitating a reflective practice group from within requires greater thinking at the early stages as to how one resists boundary infringements, whether these are intentional, or not. It is often assumed in therapy that defences need to be understood prior to any dismantling of them through the group. For me, at the time, and now, it has been immensely useful having external support and supervision. It is also useful to think about what the purpose of the group is, and who it serves. Reflective practice groups, in the current context, can often be sought by managers for different reasons to that of the members of the group itself. It is in the development of the group that these need to be clearly thought about and outlined.

### **The importance of hope**

It occurs to me that there may not be a set of conditions applicable to ensure that reflective practice groups are supportive and productive to all parties involved. The 'solution', if one can call it that, may rely on ensuring that services are able to hold onto hope, as they encounter distress every day, and whilst they also hold onto the distress of their patients, but also their own. Holding this 'depressive position' draws parallels to individual psychoanalytic theory, where the importance for the group would be to hold the emotional complexity of the work

that the group shares. In order to do this, there needs to be an acknowledgement of the emotionally demanding work, and therefore a willingness to acknowledge limitations of the work that is undertaken. In being able to manage these complexities, and ultimately the anxiety that comes with them, facilitators, group members and organisations need to hold onto the hope that someone is listening and cares and understands. How facilitators within traumatised organisations hold onto hope, whilst experiencing their own trauma, and those within the reflective groups they facilitate, requires further thought. It may be that the psychotherapists, whose everyday activity it was, may be best placed to offer insights into how one holds onto hope. I am reminded of a French epigram by Jean-Baptiste Alphonse Karr from 1849, “*plus ça change, plus c'est la même chose*”, roughly translated as: *the more things change, the more they stay the same.*

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## **The Loneliness of the Long Distance Reflective Practitioner**

By Ewa Wojciechowska

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*What are some of the implications of working with an organisation over many years, and how does it link with our personal and professional journey? Conveys the powerful experiences of the reflective practitioner working with a traumatised team over many years.*

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The title came to me out of the blue one day. I say out of the blue but no doubt it was a free association emerging from my experience of the two reflective staff groups I had facilitated that afternoon - where there had been much distress following various management decisions taken earlier that week – in a hospital where I have worked for many years. What follows in this short piece is some brief observations about my own position as a reflective practitioner, both in general and in one specific circumstance.

### **The Hospital**

I have been attached to the hospital for over twenty years: first as a group analyst in its outpatient unit and then (some time after I had left) as an external consultant, organically evolving a line in staff supervision, mediation and consultation. The hospital - small, not for profit - has been struggling for several years now, competing with larger NHS units and having to jump through all the administrative hoops placed in its path by the various Inspectorates - CQC, QED, CTC, as well as NICE.

Its ethos is very similar to the group analytic, and therefore one in which I have felt relatively comfortable. Before that I spent several formative years at the Henderson Hospital in Sutton, Surrey (the first NHS therapeutic community) where I honed my skills in

managing several roles at once, tightrope-walking a similar number of boundaries!

The loneliness I refer to in the title comes about from the nature of the task, which is to be **external** to the organisation and therefore **separate** from it and the groups of which I am a part as the facilitator. I don't **belong** to them, which is a usual feature of group membership and sometimes I envy the staff this very thing that I can't have.

The two groups (both are for individuals with complex mental health needs, one of which is a specialist service recognised for its innovative practice) have a very different atmosphere from each other and I puzzle over what makes the difference.

I am interested in how the relationship I have with this hospital has endured through thick and thin over a very long period of time. There are two schools of thought when it comes to longevity, the first sees real value in continuity with a relationship of breadth and depth. The second is more likely to see a collusive, defensive arrangement. I like to think I'm in the first camp.

## **The Staff Team**

Working with this population, the staff are psychologically assailed from all sides and the very act of speaking about it makes the work setting feel more coherent than is the case. (Because that is what the rules of grammar and syntax require.) It is noteworthy too that the softening language of modern diagnosis obscures the chaos with which staff have to grapple daily. There are at least three reasons why the residential situation and all it entails is extraordinarily difficult. One is the density of disturbance within the patient group; another is that the role distance is less between worker and patient and thirdly, that “the therapeutic hour” never ends.

And just as there is an imperative that staff contain the anxiety of patients, there is an obligation on the organisation to contain the anxieties of staff. That is the rationale for this reflective practice work. So again, there is, in my view, a strong case for allowing long interventions, to develop and sustain the relationship between consultant and staff group.

## **Traumatic Event**

Now I turn to when a patient committed suicide. This happened while the staff were in a session with me. This was the only time, in living memory, that a patient had died: and, of course, it was deeply shocking for everyone, including me. Two immediate consequences of this

were: 1) a refusal of the staff to attend the group or to want to talk about the death; and 2) the necessary investigations which are triggered by such an event (internal and external inquests). I understood that they felt terribly guilty and ashamed that such a thing could happen on their watch and the group was 'blamed' for the death. I was left feeling very lonely during this period of exile.

I offered to conduct a series of special groups for all those involved in the trauma with the aim of working through all of their complex feelings, while they were waiting to attend the inquest.

Reflecting on the value of these sessions afterwards, the members were unanimous in the realisation that they had all 'held on' to their feelings until these groups and had felt they couldn't /shouldn't talk about how they felt.

It is notable that this group had to go 'outside itself' in order to accomplish a particular task which would permit the staff group to get back to its everyday concerns.

After this pivotal point of trauma and subsequent working through, the organisation began to move from a culture of blame to one of inquiry.

## **My position**

The internal world of the Reflective Practice Group exists in a state of flux in relation to its external world, but the group analytic reflective practitioner occupies a lynchpin position in holding, containing and facilitating a transformation of thoughts and feelings in the services of more effective 'relational' therapy and improved staff relationships.

The loneliness of this position is one I am very familiar with. It is neither in or out of the group and it is a place where I feel comfortable and comes naturally to me. I have occupied this place all my life as a member of an immigrant family and a second-generation survivor of WW2. It mirrors the position I know as a translator and being relatively comfortable in speaking two different languages.

The position of the Reflective Practitioner, on the boundary of the group, 'in but not of' is inevitably shaped by our personal experiences, and also shapes our professional style and focus in the groups and beyond. Where our involvement is long-term, the depth of engagement both costs the practitioner a great deal, and creates the possibility of working at a more profound and valuable level.

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## What is Reflective Practice in a Busy School Really Like?

By Vince Leahy

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*Gives voice to the experiences of team members. Working over several years with a senior leadership team in a Hampshire secondary school, he has persuaded four of them, including the Head, to write about the impact and experience of the group and of the individual sessions which supported its work.*

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What exactly is the reality of reflective practice in a fast-moving organisation? The purpose of this article is to hear authentic voices on the effects of reflective practice from people who are school leaders dealing on a day-to-day basis with these issues and, how the process of reflection has affected their management of organisational anxiety, understanding of their group dynamics, and task. Here they speak about their experiences, roles and groups.

Trying to understand where reflective practice, or being a reflective practitioner, fits into working in the world of under-pressure organisations is difficult. The ‘how to’ of bringing reflective practice to leaders and managers in stressed roles, where existence is all too often felt to be – in Thomas Hobbes’ words - **‘solitary, poor, nasty, brutish, and short’**, is not an easy task.

State schools are typical of institutions under attack from many directions. They are constantly the focus of societal anxiety about both the present and future wellbeing of our children and our collective economic survivability – particularly as we enter the uncertain Brexit years ahead. Rarely a day goes by without schools, teachers or the curriculum, being scapegoated for the failures of society to adequately care for the increasingly number of JAMs – ‘just about managing’ families – or cure the ills of our post-modern society.

School leaders, managers, teachers and support staff are expected to work smarter and more successfully with less resources and less support.

### **Working at the school - the history**

My connection with this client-school began when a new head took over 4 years-ago. I had previously coached him at another school when he was a promising aspiring deputy head teacher. He has used, and continues to use, reflective space to examine and understand his feelings, his leadership role and the complex systems he manages. He has used coaching and reflective practice in the school he now leads to develop people, groups and systems when necessary. It has not been a top down systematic HR approach, but a more nuanced application of reflective space, engaging with real issues that are often blocking progress and change, be they unconscious blocks, or Senge's repeated single loop thinking in individuals or departments.

The first two accounts are personal reflections about the feelings and effects of reflective practice in a group context, as well as in individual coaching. The first is from the head and the second a past member of the senior leadership team, now a university lecturer. The third account is from a new head of department just starting to experience coaching around the management and understanding of their department group. The fourth is a more experienced head of department who has been in a similar coaching process for 18 months.

### **One**

Nothing prepares you for headship. It has to be experienced to be understood; so it can be lonely, not in physical terms, but at times mentally and emotionally. The sheer scale and complexity of the role can be overwhelming (if you are minded to make sense of its enormity). When your name appears 'over the door' its symbolism carries great privilege; one which must be carefully and considerately handled. The lives of children and staff depend on my leadership. Heads need space to think and, the one most useful skill I have developed in my role, to create clarity. Gaining clarity through reflecting on complexity means I can make high quality decisions (most of the time!) and so lead our community to its collective goals.

I first experienced reflection and coaching as an Assistant Head, then Vice-principal and on the way to my first headship, four years-ago. It has been a constant in my professional life and one which I now wouldn't be without. I use the term 'coaching' but I really mean 'development'; the work the coach and I do is richer and more

expansive than traditional coaching. Our relationship has developed over the years and is intuitive and instinctive. What this means is when I need space to think about things, I can readily engage in ‘proper’ conversation with him with ease and fluency. There’s always a knotty issue I need to work through, for example, personnel, staff development or working through matters related to the senior team or other groups.

We use metaphors a great deal in our work and I find this impactful. Metaphors support clarity because they allow me a deeper level of thinking and feeling ‘in real terms’. Reflecting on and developing metaphors help me understand ‘what’s really going on’ and uncover deeper issues which are often exacerbating issues. This requires skill and sound judgment and I have found ways through complex issues to realise positive solutions for my school using this method. Over the past four years I have relied on this to enhance my ability to manage difficult situations with positive outcomes. I have come to understand the influence which groups, norming, projection and historical events (the ghosts) have on the life and health of a school. I have come to understand that all actions are a communication and my ability to really see what’s happening is crucial to raising standards across all aspects of the organisation. This means I see depth and gain insight into situations which (most usefully) goes beneath what the job appears to be on the surface. I think it’s called ‘sharpening the saw’; another great metaphor for the work leaders must do on themselves to be at their best for others. I’ve used this work to understand our culture and make deep change; change which is leading to better outcomes for our children and a more fulfilling school for all. For me this is not just a school, this is life.

## **Two**

I was first introduced to reflective practice when I was a fairly new-to-role senior leader in school, although then it was couched under the term ‘team coaching’. Rather reluctantly and sceptically I attended a ‘group’ session wondering whether it was going to resemble therapy and who was going to expose what. In some respects, my initial ‘fears’ were realised and the next two hours passed rather uncomfortably with group members talking in fits and starts, going off on what seemed like tangents followed by long pauses of awkward silence; these were particularly painful to sit through. Subsequent sessions slowly became more palatable and perhaps even productive. I say this confidently now, but at the time it was difficult to decipher. The progress was not always forthcoming and certainly was

not linear or quick.

Over time, as we were ‘held’ by the expert, collaboration, trust and a new knowledge of insights, about what made these close colleagues tick, emerged. Through honest, deep and often challenging discourse we began to explore and examine our own issues and those of the group. During these discussions, although hard to pinpoint exactly how and when, I found my authentic voice. I do remember however that it did take a pinch of courage, along with a growing sense of self-worth, during a discussion topic that I had initiated. With the safety of the group established, I could now articulate my true thoughts and feelings, finding this new awareness of myself and my position in the group. It served to raise my self-awareness to heights I did not know were possible; changing characteristics that I had held since childhood. Coupled with one to one sessions with the expert I further deepened my understanding of self and self within the group dynamic. Questions like: Who am I?; How do I fit?; And what do I bring? became clearer and more distinguishable to me, and my unique identity grew.

Dialogue that centres around oneself can often seem indulgent, perhaps even egotistical, but the facilitated deep introspection that happened during the one to one sessions enabled almost a playing out of feelings, events and situations resulting in a clarity of thought and understanding of self and others that I had never experienced when thinking on my own. This skill is something that grows with practice and has stayed with me long after any coaching sessions. I still benefit from the insights gained and have found them so valuable that I constantly find myself reflecting in the same way that I did in my coaching sessions, only the coach now is me in my own head. One could say my inner voice has been changed and is now assistive rather than destructive.

I believe that this ability to reflect at a level deep enough to challenge oneself is a crucial skill when in any position of leadership. It is both grounding and uplifting and, I believe, important to pass on. I am in a different role now and am convinced that a profound sense of self-awareness has enabled my own development. I am in the process of asking others to challenge themselves to do the same through careful modelling, instruction and support. A process that is often alien, but one that appears to be open to suggestion.

### **Three**

I have had three sessions to date and each one has had a huge impact on me as a Middle Leader, as well as me as a person. I feel that after

reflecting in the session, I share more with the department on a personal level and this has helped to strengthen the relationship in the group.

Each session has made me reflect on my practice and has shown me that the words I choose and even the small actions I take, make a big difference to how I am perceived and this can change the dynamics of a group. They have also helped to clarify the role of the Middle Leader.

The decision to use more compliments in the first person has helped to strengthen the bonds within my department. On one particular occasion, when feeding back on a lesson observation, a member of my department mentioned that it was the first time someone had praised them so highly and personally. They have since become more receptive to advice and I feel this has, in part, improved our relationship. The use of praise was something I regarded as important, but the sessions helped me appreciate the power of the use of the first person when complimenting and giving praise.

In the sessions, we have also looked at the small actions that a Middle Leader takes and its impact on the group. Simple actions like sitting in a different chair to the rest of my members of staff in department meetings, to sitting at the head of the table, can affect the dynamics of the group. Discussion in the sessions have made me reflect on my non-verbal communication, to ensure that I do not isolate myself from my department and that I am seen as more approachable.

I was unaware of the role I had as the Middle Leader, which was brought up when discussing a departmental social event that had been organised. As the Middle Leader, it was still my role to guide conversation and ensure that the conversation remained professional. We talked about the ways to achieve this and the importance of guiding conversation.

Overall, the sessions have helped me a lot to focus on my department and the individuals within the group. Without the sessions, I don't think I would have had the time to do this and crucially would have not spotted potential issues. From identifying a member of staff, who had been drifting away from the department, to realising that another member of staff was ready for more responsibility; the sessions have strengthened the bond within the group.

## **Four**

I have been working through Reflective Practice and Coaching for approximately 18 months, a process which has guided and shaped my

role as Head of a Core Department. It began as a response to the need I had to more fully understand what my job is and has enabled me to gain insights that no amount of reading would have provided.

The initial sessions required me to ‘dig deep’ personally and explore where my thoughts and actions come from; a process that allowed me to understand why I react in certain ways to certain circumstances and types of people. Although it certainly wasn’t counselling, I can see how beginning on such a personal level allowed me to work upwards and outwards, allowing me to gain a clear sense of how the Leader’s position, at the heart of the team, is vital in building a successful, high-performing group.

Each session has been an opportunity to delve into the workings of our department and examine situations that have arisen, playing out scenarios that may or may not happen, and considering actions that will be beneficial for the differing personalities with which I work. The facilitator guides these sessions effectively through his expertise and keen listening, keeping them focused on the issues in hand and allowing me to make the decisions about next steps. Goal setting at the end of the sessions, allows me to keep in mind what we have discussed, and then act accordingly, so I continue to make progress and improve what I do each day, making the process beneficial and purposeful.

Central to coaching has been my understanding of groups: group dynamics and what a leader’s task is within a group. I have a greater insight now into what happens subconsciously to individuals when faced with difficult or surprising situations and how to manage, and at times, initiate more challenging conversations, which I need to be able to do as Head of Department. This, in particular, is an area I have struggled with, but am now able to understand and carry out in a much more effective way. I also tend to spend more time now sitting back and observing my own team’s interactions, both formally and informally, and reflecting on what is happening between them, directing conversations, where necessary, in the most appropriate ways. In addition, I try to keep a much closer check on my own attitude and actions; I have a more developed knowledge of the impact I have on my team as the lead.

A range of different things have changed for me since undertaking this process. On a personal level, it has helped me to develop my confidence in feeling able to do my job well, allowing time to actually acknowledge the achievements of my department. Reflective practice has changed my personal insights; I may not be able to fully fix or alter a situation but I now have the tools to

understand more fully what is going on. The process has helped me to prioritise my day-to-day tasks and develop my over-arching goals and ideas. I have a specific, identified ‘time’ dedicated to thinking about my colleagues and the way we affect each other. This time leads to a renewed sense of vigour to do my job better, every time. I come out of each session with a clear plan of things I want to do with my team that I feel will bring positive results, something I believe is demonstrated to them in a positive way due to the enthusiasm fostered within the session. Finally, I now have a greater sense of empathy for the senior managers that I work with. There is more understanding of their actions and I feel relationships with them have improved because of this process.

Reflective practice, for me, is now an essential part of my leadership toolkit. It began, simply for me, as an opportunity to spend time thinking and discussing my department. However, it has evolved into a part of my day on which I am unwilling to compromise and to which look forward. I can view my colleagues in a different, more professional, detached way and focus on what the real issues may be, rather than on how the surface-level day-to-day concerns seem to be playing out. I have shifted my own definition of what an effective Leader is and believe that I have improved my own professional manner due to this process. I will continue to take the time to be more reflective throughout my career, thanks to having gone on this journey and acknowledging the advantages it has given me.

### **The question**

To return to the original question – where does reflective practice fit? I have no definitive answer to that I’m afraid. My experience is whenever the opportunity arises.....use it. The principles of group analytics and reflection can be applied equally to working with senior leadership team development, as well as vicariously with middle leaders and heads of department in a one-to-one ‘coaching’ process. Or frequently, what I call ‘guerrilla reflection’ within informal conversations with individuals...‘I wonder what they feel about that then?’....type comments. It is about being flexible and creative in the application of the art of group analysis within the fabric of the institution, applying it pragmatically within the complexity of day to day management issues, artfully holding and containing a reflective space within a pressured timetabled day and at the organisation’s rhythm; facilitating the complex process of making the felt and unknown more consciously known and expressed.

Nature abhors a vacuum, so do organisations, which is why

institutional anxiety is so often filled with manic actionism. Reflective practice can be squeezed into the gaps in organisational life and can help bring knowledge and change. It is not easy or straightforward, in my experience, but it can be done.

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## **Restoring Connections Through Groups**

By Clare Gerada

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*How reflective practice groups are used in a programme to support family doctors in the UK, offering a reference point in maintaining a sense of belonging and identity; highlighting the isolation of many overtaxed doctors, she emphasises the need for action to prevent further tragedies overwhelming burdened professionals and their patients.*

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### **Practitioner Health Programme**

For the last decade, I have been the medical director of a service which provides care to doctors and dentists with mental health problems. The service is called the Practitioner Health Programme (PHP) ([www.php.nhs.uk](http://www.php.nhs.uk)) and whilst initially was for London doctors only, has, since January 2017, been expanded to include all 55,000 GPs across England, meaning that around 85,000 doctors can now access this confidential service. The service was established following the suicide of a young psychiatrist, who, before she killed herself, also killed her young baby. The subsequent inquiry highlighted the barriers (real and imagined) which prevent doctors seeking the very help they offer to their patients. Whilst there are many organisational, emotional and professional reasons why doctors do not present for care (see review Brooks et al 2011)<sup>1</sup>, the authors experience is that, for doctors, a significant barrier is that of fear and shame of exposing themselves as being mentally unwell. There is both a professional and personal stigma to this, as having a mental illness essentially excludes them from their group of belonging (medicine), as the unwritten rule

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<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pubmed/21275504>

of membership of this group is that they do not become unwell. PHP provides a range of treatments from assessment and case management, through to prescribing, alcohol and drug community detoxification and in-patient rehabilitation treatment.

Whilst PHP is aimed at those doctors who become mentally unwell, I believe that it is important that **all** doctors are supported to stay well and have the opportunity to learn and develop the techniques to maintain their own wellbeing and have the time and space to do this. There is evidence that peer support groups, including Balint groups, reflective practice groups, action learning sets, ‘young’ practitioner groups<sup>2</sup> and other interventions, where doctors (and other staff) come together, improves morale, reduces burn out and contributes towards lifelong learning. Currently there is little time in the working day of GPs for them to come together for periods of reflection, peer support or peer learning. To this effect, groups are an integral part of what is offered by PHP to doctors, “from prevention to through to treatment.” The groups available vary: from therapy groups, reflective practice groups, open access support groups and specific groups for doctors with addiction and for those who have been suspended or for trainees. There are also groups offering different modalities of treatment, for example: groups run on group analytic lines; large groups; Balint-like reflective practice groups and time limited and problem specific groups. The number of group members vary from small to large; from one-off gatherings to groups now running for years.

## **Healing doctors through groups**

PHP’s experience of treating doctors in the matrix in which they belong is that it helps them engage in the patient role. An overwhelming theme permeating doctors’ groups is the reassurance of knowing that they are not alone; the therapy group providing a mirror

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<sup>2</sup> Brooks N, Barr J. Evaluation of protected learning time in a primary care trust. *Quality in Primary Care* [Internet]. 2004 2015 May 22; 12(1). Available from:

<http://www.ingentaconnect.com/content/imedpub/qpc/2004/00000012/00000001/art00006>.

Wen LS, Baca JT, O'Malley P, Bhatia K, Peak D, Kimo Takayesu J. (2013) Implementation of small-group reflection rounds at an emergency medicine residency program. *CJEM*. May 1;15(3):175-7.

to gain relief from the experience of others. Rouchy talks of ‘belonging-groups’ and the fundamental human need to be part of a group. The group of primary belonging for doctors is their work (Medicine), which encapsulates their sense of self (Rouchy, 1995)<sup>3</sup>. Once this has been destroyed (and for some doctors this can be total), groups of secondary belonging, such as the therapy group, become crucial for mental health survival<sup>4</sup> (Gerada, 2016).

Despite initial reluctance – once engaged, doctors are good at using groups to effect therapeutic change and have remarkably good outcomes. Given the shadow side of medicine where shameful projections are thrown at doctors who express vulnerability, during the assessment stages group members often express anxiety about being humiliated or judged by colleagues in the group setting. These fears are always allayed once members identify with their shared fears and struggles. The groups have been successful in breaking the isolation doctors feel at all levels or specialties in medicine, normalizing our most basic human need for support. Allowing professional carers to make an attachment to a group validates their caring identity, which paradoxically allows them to let it go, and seek care for themselves.

## **Preventing burn out**

The future vision of the practitioner health service is ensuring that all general practitioners across England have access to reflective practice or supportive facilitated group spaces. This is important as the spaces for doctors to come together, in their groups of belonging, have, due to work and fiscal pressures, largely disappeared in modern day working practice. Yet these spaces are vital in creating the connections which allow doctors to face distress, disease and disability on a daily basis and in allowing doctors the safe space to drop their mask of empathy. Together with the Institute of Group Analysis and the Balint Society, programmes aimed at providing reflective spaces have been piloted. The first of these was in York, and involved around 30 general

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<sup>3</sup> Rouchy JC. (1995) Identification and groups of belonging. *Group Analysis*, **28(2)**: 129–141.

<sup>4</sup> Gerada, C. (2016) Healing Doctors Through Groups. Creating Time to Reflect Together. *Br J Gen Pract*; DOI: 10.3399/bjgp16X687469

practitioners at a day-long “preventing burn out” event. It entailed large, small and individual work, reflecting the “I”, “We” and “Thou” paradigm created to address burn out. Briefly, this focuses on addressing three main areas:

- 1) What can “I” do? What can I do in my own practice to prevent burn out or improve personal resilience;
- 2) What can “We” do? What this addresses is what can we, as teams or groups do to improve our collective well-being;
- 3) What can “They” do? The ‘they’ being policy makers who create the environment in which we work and hence, how can we influence their processes.

The participants were encouraged to create their own personal and team action plan and to use group work in the future to help sustain their well-being. It is the expectation that within the next five years **all** GPs and GP trainees would have access to reflective practice in groups. These would be, at the very minimum, 90 minute Balint or reflective practice groups every month. This a bold ambition as few GPs currently meet.

Medicine is a relational activity – involving others. Creating spaces for carers to come together to share their experiences will help prevent burn out, restore morale and ultimately improve patient outcomes. Doctors-groups provide a secure base allowing (re) connections to happen. Anchoring the group in one major dimension allows them to appreciate their ‘self’ in the safety of encounters with ‘sameness’ and, over the course of the group’s life, the members grow psychologically through this experience and learn to be patients without the fear of being ostracized by their (well) peers, or others, in taking on this role.

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First female Chair of the Royal College of General Practitioners in 50 years. Studied medicine at University College London, qualifying in 1982. Trained in medicine, then psychiatry and then became a general practitioner in South London. She represented the Department of Health (England) advising the Maltese Government on their drug policy.

Clare has held a number of local and national leadership positions, including Director of Primary Care for the National Clinical Governance Team and Senior Medical Advisor to the Department of Health. In 2008, she won the contract to run the Practitioner Health Programme ([www.php.nhs.uk](http://www.php.nhs.uk)), and in 2017 General Practitioner Health Service, both of which are pioneering programmes providing confidential services to doctors and dentists with mental health or addiction problems.

Clare has published a number of academic papers, articles, books and chapters, the most recent, in 2011 on gambling and her first, in 1986 on periodic psychosis and the menstrual cycle. In-between she has published papers on wide ranging topics such as smoking and psychosis: random drug testing in schools and practitioner-health.

Awarded an honorary Fellowship of Royal College of Physicians in 2008. Clare was awarded an MBE in the Millennium Birthday Honours for services to medicine and substance misuse. Clare is married to a psychiatrist and has two sons. Re-gained her Maltese citizenship in 2017.

## **Reflections on being a senior nurse and a reflective practice group conductor of nursing groups in the same traumatised and traumatising organisation**

By Sarita Bose

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*The dilemmas and double binds facing the internal consultant and leader, both working as a senior professional and conducting RP groups within the same organisation. Gives an account of her personal journey through a traumatised and traumatising organisation, and the recovery, through greater understanding, of a more 'secure' position.*

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### **Introduction**

Having recently completed a qualifying training in Reflective Practices in Organisations (RPiO) at the Institute of Group Analysis (IGA), this article aims to offer some reflections on how the training has helped me better understand the complexity of being a conductor of multi-disciplinary reflective practice groups (RPGs) in a forensic mental health service (FMHS), as well as being a nurse employed within the same traumatised and traumatising organisation.

I have worked in the same Forensic Mental Health Service (FMHS) for 21 years to date in various (forensic) mental health nursing roles and have been conducting multi-disciplinary RPGs for the last five years. They are a once weekly meeting for all staff making up the multi-disciplinary clinical team (MDT) working on an inpatient ward in a FMHS. The nature of the team's work is to provide continuous assessment and treatment for mental disorder and reduce risk to others in the context of the criminal justice system. The patients are all at different stages in their personal journey of recovery. Teams are comprised of a psychiatrist, transient junior doctors on rotational placements, psychologist, occupational therapist, social worker,

mental health nurses, medical and nursing students on placement.

I have utilised and valued all forms of reflective practices, such as group and individual clinical supervision and RPGs, throughout my career and understand reflecting on my own practice to be a vital, ethical and core clinical contribution I can make to patient safety, when working with such highly vulnerable people.

I painfully recall how distressed I felt at work when I began on this training. I felt confused and had lost my way in my overall professional nursing, leadership and RPG conductor roles. Suffice to say, I had endured multiple losses of important colleagues with whom I had built strong professional attachments and alliances, my role in the hospital had insidiously changed (a systemic and economic issue with no one person responsible for this), the leadership style of the organisation had profoundly changed, a new hospital was being erected and at the same time the senior management team were tasked with downsizing the current organisation and a whole department dedicated to reflective practices had been systematically dismantled. I frequently used my RPG supervision group, shared with other facilitators of RPGs in the hospital, to talk about my feelings of guilt, powerlessness, fear, incompetence and anxiety in the conductor role.

As a conductor in my RPGs, I was bearing witness to the thoughts and powerfully experiencing the feelings of an increasingly traumatised nursing work force, whilst grappling with these feelings myself. Containing my own feelings was becoming increasingly difficult and I often worried I was colluding and had become enmeshed and over-identified with the nursing team. These feelings were exacerbated by the regular absence of multi-disciplinary team (MDT) members (doctors, social workers, occupational therapists, psychologists), often leaving me to conduct multi-disciplinary RPGs with a group of ward based nurses, some of whom I have worked with over the years. Maintaining an objective perspective to reflect-in-action (Schon, 1983), became increasingly challenging as I was losing sight of the boundaries of my role.

### **Some key learning**

The training offered a rich and diverse examination of group dynamics and concepts from a range of theoretical perspectives including: psychoanalysis (Foulkes, 1964 & Bion 1961, Nitsun 1996), organizational learning, dynamics and development (Cheung-Judge, & Holbeche, 2011; Argyris, 1991), coaching (Thornton, 2010), tools for working with teams and groups (Kolb, Osland & Rubin, 1995); interpersonal dynamics (Yalom, 1995); large group theory (Kreeger,

1975)

### **The primary task of organisations**

Large hierarchical organisations, such as FMHS, are usually structured into operational sub-groups (teams), to collectively contribute to the achievement of the primary task<sup>1</sup> for which the organisation was created. Each, team is led by a manager who is expected to achieve their teams primary task while co-ordinating, cooperating, collaborating and communicating, with other teams and departments (internal and external to the organisation-as-a-whole), efficiently and productively enough to achieve the organisation's primary task. The primary task of a FMHS is essentially public protection achieved through the organised delivery of excellent quality, evidenced-based care and treatment for mentally disordered offenders detained under the Mental Health Act 1983 (as amended 2007). In order to achieve this task the FMHS's seek to provide and environment characterised by the attainment and maintenance of physical and emotional safety in order to support patients' mental health and offender recovery and risk reduction within secure conditions.

Anxiety and feeling threatened and/or rejected are all forms of psychological injury that employees can expect to experience when working in teams in organisations. These common and anticipated feelings however are exacerbated when changes in organisations occur and the leaders are usually tasked with driving through the changes. *“When you are with people, as events unfold, you experience the excitement and anxiety, the elation and terror, the self-belief and self-doubt of leading and following”* (Binney, Wilke, & Williams, 2009: p3).

### **Work-related trauma in organisations**

For most of my career regular good quality supervision has been vital to my survival in a working environment that had often been described as potentially toxic and hostile to thinking. However, in recent years the working environment has changed. While change is an inevitability in life, Hopper (2012) suggests that traumatic symptomology and psychotic anxieties in changing social systems are derived from the development of an excessive mismatch in the

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<sup>1</sup> The primary task refers to the task that needs to be completed to ensure an organisation's survival (Rice 1963).

perception of the primary task. Lawrence (1977) labelled the official task of an organisation as the '*normative primary task*'; what employees at all levels of the organisation believe they are doing as the '*existential primary task*'; and what employees are objectively seen to be actually doing as the '*phenomenal primary task*'. I had witnessed in RPGs the confusion in the team that has been created by the misleading use of the new rhetoric of words such as performance monitoring, key performance indicators, targets, audits, and so on. I began to recognise my own feelings of grief were caused by the sense of loss of the practices and values that were instilled in me at the beginning of my career. Wilke (2012) also argues that when employees are overburdened by excessive demands on their capabilities with insufficient resource to achieve them over time, it can push staff beyond their internal and external resources to cope. When this happens over time this creates a cumulative work specific traumatized response in staff (Wilke, 2012).

### **Containment and holding**

The term containment can refer to the concept of a boundary, limit, barrier or perimeters that demarcate an inside and outside, for example skin or a bucket. Containing can also be used to mean making safe the internal of external contents, for example containing a fire. Finally, the term can refer to Bion's (1962b) psychological concept of 'container/ contained'. Bion's theory was developed from Melanie Klein's (Klein, 1997) conceptualization of *projective identification*, a primitive form of unconscious communication (in infancy) and a psychological defence mechanism (throughout life) we revert to using when we are unable to articulate intolerable, unbearable, distressing feelings. Klein argued that this primitive unconscious defensive mechanism was not simply to help the infant to evacuate unwanted and intolerable aspects of experience and of self, but crucially, it was necessary for the infant to project those feelings *into* the mother (primary carer/giver), in an attempt to attack or control her. How this experience is then processed and managed by the mother, over time and many repetitions, will contribute significantly to the infant's healthy mental and emotional development.

Open-systems theory (De Board 1978) argues that each manager's essential function, in this organisational structure, is to contain their own team, while also communicating with the teams and departments that make up the organisation-as-a-whole. Consequently, in this structure, each sub-group shares a degree of dependency on all other sub-groups in the effective achievement of the organisation-as-

a-whole's primary task. For managers getting the balance between firmness and flexibility of boundaries is challenging and complex, as it requires constant monitoring of the flow of information, resources and anxieties across the boundary of the sub-group. The boundaries of each sub-group need to be porous enough to enable a two-way flow, which supports the survival of their own team and the organisation-as-a-whole, as the managers of teams and departments need to be able to be aware of issues and conditions inside and outside their own sub-group.

When change in organisations occurs too frequently and too rapidly this can seriously impede the flow of information and resources between individuals, teams, and departments. Annihilatory anxieties, fear of the unknown and consequent resistances to change are heightened, adding to those inherent in the primary task of a FMHS and our own primitive anxieties. Defensive practices can render managers and leaders' boundary management inflexible or too rigid. This counterproductively isolates those inside the sub-group from other sub-groups and the organisation-as-a-whole. Consequently, the psychological containment of the anxiety that flows in and between social systems becomes exponentially complex.

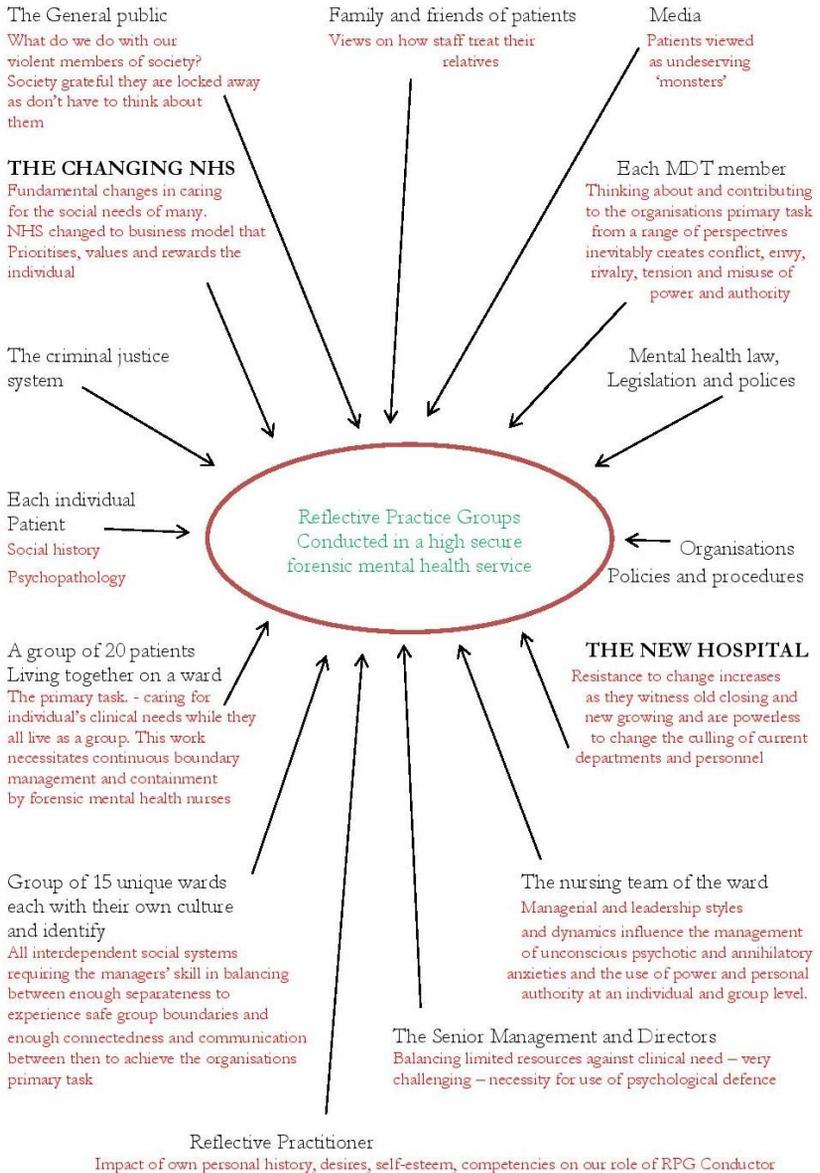
### **Multi-layered perspective**

Looking through a wide-angle lens, so to speak, the RPGs, in this FMHS function in the context of a multitude of forces, pressures, expectations, anxieties and influences, see Figure 1, below.

Societal level –The threat of public enquiries, such as Francis Report (Mid. Staffs, 2013) and the Fallon inquiry (Fallon, et al, 1999) highlights the harmful impact to individuals, groups and society, when personal and professional boundary violations occur. Consequently, this places enormous pressure on organisations to 'perform' well.

(NHS) level - The changes in management practices, leadership style and tools towards achieving maximum profit to ensure the NHS's economic survival, in an increasingly competitive market, have rendered all levels of role holder excessively preoccupied with annihilatory anxieties of redundancy, job loss, and hospital closure, and possible privatisation of the NHS. This dynamic considerably contributes to the development of traumatised and traumatising frontline health care employees. When such organisational annihilation anxieties are experienced to be a threat of losing one's job or professional identity, these fears have the potential to reactivate

**Figure 1: Diverse range of influences upon mental health care professionals working in FMHS**



previously experienced childhood anniliatory anxieties. This point is crucial as it helps me understand better the necessity of RPGs and other forms of reflective practices in health care services in modern times, as when employees are overwhelmed by a combination of organisational and earlier personal annihilatory anxieties this can significantly diminish the employees' capacity to contain their patient's fears of annihilation, which can have harmful consequences.

FMHS level – When people retreat from the organisational, task and role boundaries by using social defences, this can negate their use of personal and role power and avoids conflict on the boundary. When people feel inherently bad, they can be reluctant to use their power in the achievement of the primary task or anxiety reduction. They may worry that they will not sufficiently contain their aggressive impulses. Hirschhorn (1988) highlighted that *“aggression and power conjure up an imagined world where people persecute others”* (p36). Feelings can be profoundly challenging to disentangle when imagined persecution and the real (or transference- countertransference unconscious) persecution experienced from patients resonate in staff, making limit setting, containment and thinking even more challenging to maintain.

Individual level – The patients are often very vulnerable, mentally unstable and violent to others and themselves. They may be unable to contain their conscious and unconscious phantasies and emotions of fear, rage, anxiety, dependence and vulnerability. They often exhibit behaviors that repel, frighten and reject offers of help and support. Patients often feel out of control of their minds and bodies and are confused by their own behavior. Often, in childhood, the boundary the skin provides has been repeated violated either physically or from psychic intrusion, which in turn catastrophically impedes the development of their intapsychic and interpersonal boundary management. They are frequently stuck in a repetitive cycle of re-enacting unprocessed childhood traumas. Most powerfully and significantly, forensic patients have come to experience a nurse's (or other mental health professional) gestures of 'caring' as equivalent to seduction, cruelty, domination and ultimately as abusive care, due to often cumulative trauma, abuses and inconsistencies of care excessively experienced in childhood.

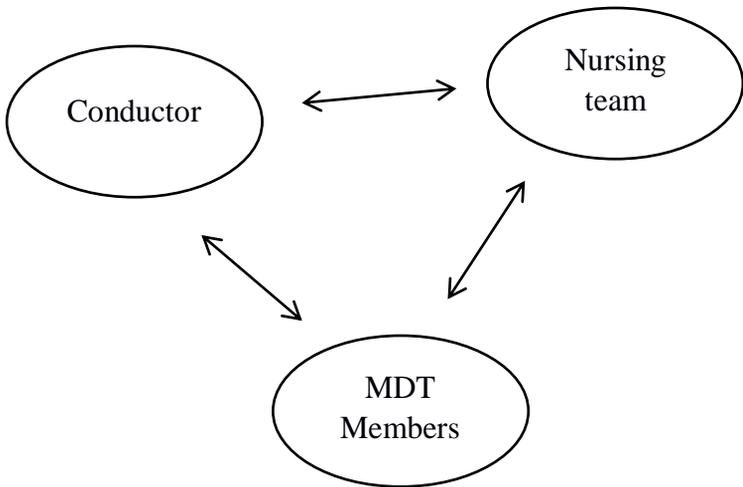
The multi-layered perspective has vitally contributed to my widening understanding of how work related anxieties dynamically flow up and down hierarchical structures in organizations and between

individuals and combinations of sub-groups.

### **Triadic and dyadic communication**

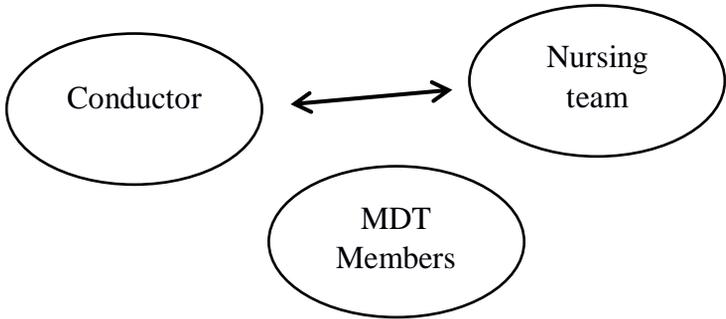
I struggled with the absence of the multi-disciplinary team members. Figure 2 (a+b) shows the triadic nature of communication in MDT reflective groups, which in and of itself offers a reflective function. (For example, when the Conductor is conversing with a nurse this facilitates the MDT members to reflect of what is being said, when a nurse is conversing with a MDT member this enables the Conductor to reflect on what is being said).

Figure 2a



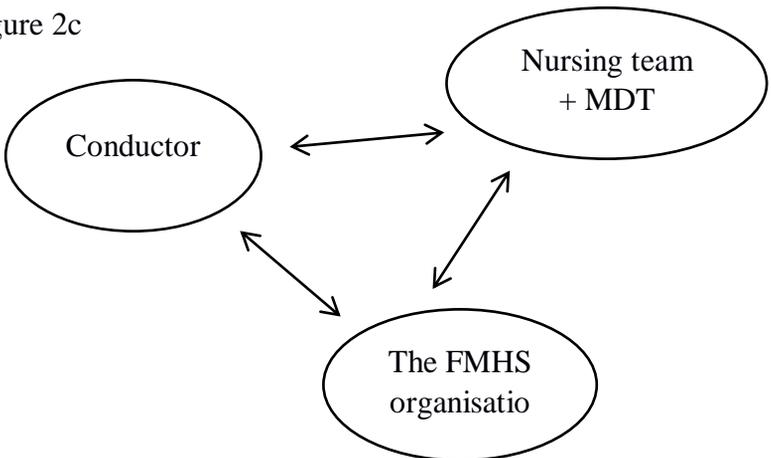
When the MDT members are absent this collapses the interpersonal dynamic down into a dyadic communication, from experience this has the potential to intensify feelings, complicate the interpretation of the counter-transference feelings and deplete the capacity to reflect-in-action (Schon, 1983).

Figure 2b



On reflection, following the training, this essential triangulation of communication has been transferred from a concrete representation of three types of groupings into a more internalised understanding of my role as a Conductor in such an organisation. A Conductor is being employed by the organisation and is tasked to support the workforce to learn from their clinical practices, to improve efficiency; skills and competency, all in the service of achieving the primary task of the organisation. By better holding in mind my connection to the organisation this has helped me resist the emotional pull to collude with the nursing team against the ‘bad’ organisation.

Figure 2c



## Reflections

The *Diploma in Reflective Organisational Practice* training at the IGA quickly became a place in which I felt safe enough to allow myself to unravel a little and put my work related chronic, cumulative state of distress into words. Arguably my unconscious needs, fears and anxieties motivated me to apply! The different theoretical strands of learning including work related trauma, the primary task, containment, multi-layered perspective, all contributed to clarifying my role as a conductor of RPGs and, as a by-product, my role as a senior nurse.

The experiential components of the training helped me reflect on my social defence to paranoid and annihilatory anxieties in a toxic work environment which had been to retreat to the safety of providing psychological treatments in direct patient care and support of nurses through teaching and supervision intervention. This was in the service of minimising my exposure to feelings of helplessness, rage, fear, disbelief, confusion and frustrations instantly felt when engaging with the leadership style, organisational politics and changing values of the organisation. However, over time I became aware that my own defences actually contributed to the feelings of powerlessness and guilt. I eventually recognised that this social defence can also occur in my RPG group members. As Hirschhorn (1988) stated “*A group dominated by its own social defences retreats from the boundary it shares with its environment into its collective fantasies and delusions*” (p10). The Conductor’s role, therefore, is to help the team reconnect with the anxieties of the organisation and to minimise retreat into collective fantasies that, in a forensic environment, can quickly become toxic and dangerous. This only reinforces the importance of RPG conductor’s regular use of a reflective supervisory space in which to share and examine their own feelings and reactions to the organisation and/ or the RPG contents.

The multi-layered perspective has helped me better understand how the frontline workforce are caught in the middle of the patients’ and the organisational leaders’ actions which are consciously and unconsciously motivated to cope with and rid themselves of intense and often overwhelming annihilatory anxieties and fears. My thinking has opened out from the individual, to the group, to the organisation, and society perspective. Consequently, I feel more empathic towards the senior leadership of the organisation now as I can understand and hold in mind their place in a multi-layered system.

As a Conductor offering a containing safe learning environment involves my active attention to the feelings of the

individuals and group-as-a-whole, rather than offering platitudes, mundane reassurances, or resorting to action. As I share with group members my understanding of their feeling states as they are presented, hopefully this conveys that their feelings are not too powerful for me; through repeated projective and introjective processes they learn that *they* can cope with how they feel. I have developed a more robust capacity to ‘stay with’, rather than suppress, the person or group in times of distress, and facilitate discussion of the behaviours, thoughts and feelings causing the distress. I have a new-found appreciation for the necessity of consistently and non-judgementally setting limits and maintaining interpersonal and intrapsychic boundaries.

## **Conclusion**

This training has sufficiently and vitally validated and contained my disturbing feelings and has expanded theoretical frameworks I can draw upon to make more meaning and sense of chaos, fears and anxieties that I am vulnerable to experience and I will continue to witness in others in my on-going role as Conductor. I am more able to focus on the MDT members’ issues and concerns rather than being pre-occupied with how I feel. The acceptance of the inevitability of change and having space to grieve the loss I felt has enabled me to begin to think creatively about how to adapt to the political and socioeconomic changes that lay ahead.

In an ideal world, there would be sufficient financial resource to provide external supervision for the staff of a FMHS, as my experiences of reflecting on my own feelings with staff outside my organisation has taught me the value of alternative objective perspectives. However, in a phase of this FMHS’s life which is experiencing cumulative and multiple changes currently, and in the absence of such financial resource, my FMHS offers in-house RPGs. The best I can do in this situation is to minimise any other types of professional nursing contact with the RPG team members in my working week, as practically this limits the potential for more boundary issues to manage in the role of conductor. Also, I can keep regularly using my supervision spaces to reflect on my feelings and responses as this attends to the maintenance of intrapsychic boundary management. Finally, I can continue to highlight, to all hierarchical layers of the organisation the fundamental importance of reflective practices and the vital contribution it makes to patient safety and to the achievement of the FMHS’s primary task, while appreciating the primary task of individuals and groups in the organisation might be different to mine.

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## **Sarita Bose**

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## **Making Minds More Secure in Forensic Settings: Challenges for Reflective Practice.**

By Gwen Adshead

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*Highlights the madness and anxiety that bedevil forensic services, charged with keeping the ‘mad and bad’ away from the rest of society. Traces the challenges for forensic staff, their need for ‘secure’ minds, and the centrality of boundary issues in the work. Believes RP here can offer “appropriate levels of hopefulness”.*

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In this short piece, I offer some thoughts about reflective practice in forensic settings, and the challenges associated with this. It must be said at the start that the increasing development of reflective practice in forensic services is welcome, and we can be both glad and grateful to those colleagues who have worked hard to make it happen. It is no mean achievement to get these complex institutions and organisations to accept that the work is emotionally demanding for staff; and that thinking about these demands is helpful, not harmful. It is also no small thing, that forensic practitioners appear to feel empowered to explore emotions, not avoid them.

However, initiating, delivering and engaging in reflective practice remains challenging, and I think it is worth rehearsing why that is. As always when considering organisational psychodynamics, it is vital to consider the primary task of the organisation. For forensic services, this task is complex and multi-dimensional. Forensic services are not only physical containers of people with complex psychopathology who have caused great fear to others; they are also symbolic containers of the community’s fear of madness and destructiveness. They act as massive projector screens onto which the human capacity for cruelty is displayed, enhanced and wondered at, in almost entertaining ways: I am thinking here of the way the tabloid

press write about Broadmoor and the ‘monsters’ who live there.

So, forensic services provide long stay residential secure care for people who are feared, admired, envied and vilified in equal measure. The staff face an extraordinary psychological challenge; especially those who work on the wards and thus effectively ‘live’ with the residents for hours, days, weeks, months...years. These ward staff must try and offer a relatively healthy mind to patients whose minds are not healthy; they must manage their own fear and loathing and envy and distress, without taking it out on the patients, or going mad themselves.

This task is hard, and it is not surprising that people fail in it. The repeated public inquiries into forensic institutions are an indication of just how hard it is; and a broader perspective on the Ashworth inquiries indicates the complexity of the problem. The first Ashworth Inquiry raised concerns about physical abuse of patients by staff; punitive attitudes were identified as a problem, so ‘bad’ staff were sacked, and new policies were written that gave patients more freedom and autonomy, for example having access to telephone calls. Five years later, the second Ashworth Inquiry found that staff were colluding with patients, allowing them too much freedom; ‘bad’ staff were sacked, and new policies were written that restricted patient choice and autonomy, for example, stopping them having unmonitored telephone calls. One can only wonder if and when a third Ashworth Inquiry may occur.

The Ashworth Inquiries demonstrate the relational dynamic within which all staff-patient relationships will place themselves. Staff and patients, individually and in groups, will place themselves somewhere on a spectrum between abusive control and mindless collusion. The aim of reflective practice is to help staff think about the relational process as a constant dynamic that is the essence of forensic care. Further, we need to help all staff think about how life at home and in larger social events can also influence the dynamic; for example, there is some evidence that staff who engage in sexual boundary violating relationships with forensic patients are usually under some sort of emotional stress at home, and seem to be seeking solace at work. In doing so, of course, they blind their professional ‘eyes’ so as not to see the danger they are in.

Discussions of boundaries, boundary crossings and violations are the stuff of reflective practice, because a boundary structures a container, and gives it shape and function. Those of us delivering reflective practice need to be mindful of the emotional demands of the work staff do in forensic settings; and how their work

can make them feel 'insecure'. A reflective practice space can be a group to which staff can attach, and then use as a secure base to explore the emotional challenges: the fear, the disgust, the excitement, and the disappointments. I suggest that it is also important for reflective practice spaces to be places where people can explore appropriate levels of hopefulness; the fact that such spaces now exist (and courses like the IGA's) indicates a hope and belief that minds can change minds.



When I first came to work in long stay secure care, there was a sign on the door of the staff canteen, which stated: 'This building is alarmed'. I thought then that this was a (literally) concrete description of a real problem in forensic work; that services were physically alarmed but without a psychological solution. Fright without solution leads to disorganisation of minds, and disorganisation of mind leads to madness and outbursts of mindless violence. Reflective practice offers an opportunity for the minds of the professionals, who use it, to become a bit less mad and a bit more secure.

### **Gwen Adshead**

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## Forming a Picture

By Marcus Price

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*A piece tracing two powerful case studies of RP groups in Medium Secure Units; he writes about staff dragging themselves to the group to explore, rather than avoid, “how terrible they might feel”.*

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### Introduction

The reflective practice group can also be known as a staff support group (Hartley & Kennard 2009) and in the forensic setting the need for staff support should be a priority. Many of the patients in a medium secure hospital have highly disturbed backgrounds and more vulnerable patients can sometimes transfer their disturbances by violent or covert maliciousness into their current environment, onto fellow patients and those who are paid to help them. The common failure and abuse by commission or omission by their previous care takers has often laid chaotic foundations undermining a capacity to trust in authority figures. The staff group cast in such a position often experience themselves as undermined, distraught, devalued and sometimes overwhelmed and confused by feelings. They need places of support as well as reflection as they can be the recipients of transferred revenge and particularly where there is a lack of a clear treatment strategy staff can easily be drawn into unhelpful enactments.

The potential therefore for aggressive acting-out can be exacerbated when teams find themselves retreating into defensive practices for a sense of their own survival rather than from a more sophisticated understanding of their patients’ needs balanced with the requirements of their employers. The focus of a reflective practice group is always to help teams remain available to their primary task. My approach is group analytic in that I consider myself part of the

group and am usually non-directive allowing issues to emerge from group members. I am also informed by psychotherapy supervision which recognises parallel process (Hughes and Pengelly 1997; Wiener et al 2003). Therefore, what happens in the reflective practice group resonates with or mirrors at

different levels aspects of what may be happening on the wards. To describe the group process, I refer to two groups. Group example 1 describes the process of a reflective practice group for a male acute ward. Group example 2 describes the reflective practice group for a female challenging behaviour ward. Both these examples represent themes rather than being factual descriptions.

### **The function of reflective practice group in an MSU**

The reflective practice group is aimed at helping teams develop ideas in the complex task of aiding the progress of mentally ill offenders. As health professionals, we believe that we cannot rest on the presumptuousness of our qualifications and that to help our patients entails a day to day struggle examining both our own and our patients, defences, motives, ways of being and relating. We accept that this difficult struggle is always work in progress and acknowledge that a strong team is one that can face its own vulnerabilities as much as this is required of our patients.

The reflective practice group is a place for teams to regularly separate from the ward environment and consider their collective responses to patients, one another and the institutional dynamics. This aids a cohesive team approach and also throws light upon the way patients are thought about, understood and responded to. The group encourages open and non-judgemental discussion and therefore values safe and transparent practice. The group is democratic acknowledging the value of each team member, this differentiates reflective practice groups from case presentations where one or two experts might be giving their opinion. It is important in forensic settings that staff members remain motivated to help patients mentalise and reflect rather than to act on their feeling states. Becoming more conscious of actions can sometimes be an arduous and painful process.

The everyday histories of our communities are important, staff and patients come and go some remembered some forgotten. Within the process of a reflective practice group I try to consider who we might be as individuals, the history of our relationships and of how individual staff might be experienced by their patients. I am also interested in how we can we learn from our experiences and give each other recognition and value. Reflective practice groups represent a

way of remembering beyond the confines of computer records or ward round notes that normally focus entirely on the patient. Whilst a ward round record might contain a list of staff present, beyond designation there is little reflection on who these people are or how they relate to one another. Disturbance may be identified within a patient group which might be referenced to the individual histories of those patients but little reference is made of what might be happening in the dynamics of the current team charged with their care. This is the gaping hole which psychodynamic reflection seeks to understand.

### **Group example 1**

A man who in the throes of a psychotic episode after being abandoned by his wife was reported to have fatally stabbed his next-door neighbour over an argument about a broken fence. The perpetrator of the crime may well be full of remorse, settled on the MSU and compliant with his medication, attends every rehabilitation group, behaves as a model patient and rarely if ever breaks the rules, even endearing himself to the ward staff to the point they almost feel they have recruited an excellent volunteer member of the team. Some members of staff might then start to air their suspicions about this rather endearing patient perhaps suggesting they don't trust him or they find him odd or switched off.

In the weekly ward reflective practice group a discussion ensues and members of the group share their misgivings about how genuine the patient is behaving. There are some differences of opinion and gradually the team starts to focus on the horror of his crime and wonder how this patient manages to live with himself and some suggest his behaviour is smug, even creepy. Several weeks down the line it is reported that the patient has become unwell again and following a violent outburst he had swung at another patient with a snooker cue and ranted abuse at staff members. His medication had been adjusted and the occupational therapist reported spending an hour in conversation with the patient who had been crying and expressing wishes to die.

In the following reflective practice group some time was spent discussing the patient. Some members of the team expressed remorse, "He had been doing so well and it's so horrible to see him so upset." Another sub-group was annoyed with him claiming that he was putting it all on as he now wanted to stay on the ward because he's never had it so good and he's got nothing to go home to. A third section of the group felt at last he was expressing something genuine and he was beginning to be safe enough to show how he was feeling

underneath. One member of the group had felt afraid at his threats, two members then abruptly left to attend important duties that had suddenly come to mind. These reactions were no longer private and coalesced to form a picture of the patient's emotional disposition and enabled some communal validation of feeling states.

A basic principle behind reflective practice groups is to form such collective pictures and this is achieved by staff feeling safe enough to express their ideas and counter reactions to their patients. It helps to be in a regular space off the ward in order to achieve a physical as well as an emotional separation from the patient area. Represented in this group was the emotional resonance of aspects of the patient's psyche transposed onto the psyches of the staff team, remorse, anger, fear, a desire to be known and well regarded, a desire to run away and confusion or not knowing whether his feelings were genuine or not. Without such conveyance of an emotional history a patient could be thought of almost entirely intellectually or as a set of historical facts and therefore limiting the possibilities of empathy or genuine understanding.

Given that there were nineteen patients on the ward all with their own idiosyncratic presentations, one might be curious as to why the team chose to discuss this particular patient. Perhaps the patient represented something important about the dynamics of the team for which he was unconsciously selected to represent. Recently the team had been given two days training on how to negotiate new computer software which had created some confusion and apprehension, additionally managers had recently bemoaned the nurses poor care planning which had been highlighted by a Care Quality Commission(CQC) inspection. Some of the team had felt undervalued and were angry expressing a desire to leave and in the reflective practice group there was a tentative sense of shame, anger and mistrust of the managers as well as fear. There had also been rumours of redundancies.

Through the process of reflective practice the dynamic interplay of staff and the patient's emotional lives were beginning to become manifest and a more conscious picture was emerging. With a slackening of tension (familiarity and safety of the reflective practice group space) the team were demonstrating feelings in a reciprocal process with a patient who had hitherto been difficult to read or to be known. This was contingent upon the capacity of the team to go through the uneasy process of risking relating to one another in a reflective group and in so doing become more aware of the mirroring of emotional process between patient and staff.

## Group example 2

Patients on a female challenging behaviour ward were exhibiting an extreme and disturbing escalation in self-harming behaviour. Several patients were regularly finding themselves admitted to the local accident and emergency department two of whom had needed surgery to remove objects they consumed not just by mouth. There was growing anxiety amongst the staff and already one enquiry was underway over the death of a long-term inpatient.

An external consultant psychoanalyst and myself were invited to run a reflective practice group. The group was well attended by the whole team and it became clear that the team were overburdened by their experiences. One health care assistant described how she had felt paralysed after a shift having sat in her car outside the building and unable to drive home. As the discussions unfolded there seemed to be an atmosphere of regression, that is to say patients were described as having an insatiable greed for the staff's attention and often staff felt repugnance and disgust at the blood-letting. It was draining the emotional and spiritual resources of the team and engendering a sense of hopelessness and failure. As one doctor put it, "I have a clutch of demanding babies who are impossible to look after". The ward environment was like the imagined reconstitution of the disturbed environment to which some of the patients had been subjected in their childhoods. It would not be surprising to those familiar with such environments that some of our patients were victims of childhood sexual abuse. I will not comment on individual patients but will elaborate on the issue of a new staff nurse as one part of this complicated picture.

Before I had met the new staff nurse a colleague of mine had made a rather boisterous remark about her good looks. I commented on this to another male colleague in peer supervision who replied with a chuckle, "Stay away from her Marcus she'll eat you alive." It seemed the new staff nurse had turned the heads of the male staff. I have noted that it is not uncommon within the institution for members passing through, temporary staff, for example those students who might be training in psychology to be the subject of similar projections. These are the people who can represent the life, the hopefulness and sometimes the sexiness in stark contrast to the excruciating deathliness and de-sexualised presence of those whose lives can seem futureless and ruined. The fresh-faced new comers are the bright passing comets destined for greater things, the longed-for rescuers, the recipients of a projected desire for deep unconscious bliss, and from this can transpire a sort of desirous fantasy of being held in union with

a perfect mother. This has similarities with what psychoanalysts refer to as 'erotic transference' at times when patients appear to fall in love with their therapists. It can become manifest in very particular ways and in the group context is all the more complex and less easy to tease out and identify not least due to the feelings of shame that staff can feel when the feelings are uncovered.

The new staff nurse was intelligent and energetic although relatively inexperienced with this patient group. In the reflective practice group, she described spending a good deal of time consulting to the patients, in fact up to two hours with one patient who was in distress. The group seemed to be excited even hypersexual and as staff began to talk about sex including heterosexual and lesbian relationships that were transpiring in the community between patients. There had been a culture of staff benignly hugging patients which had been accepted as the norm on this ward but not particularly spoken about. In this pressing need to redefine boundaries and talk about sexuality the new staff nurse was quick to adjust the time she spent with her patients. Through the reflective practice discussion there had been a raised level of consciousness.

We began to explore the different meanings of self-harm, some of which were in the context of a background of sexual abuse. It is well documented that survivors of sexual abuse may seem to re-enact their abusive scenes (Davis and Frawley 2005, Herman 2001). One patient had been physically restrained as she tried to slice her arms with a razor blade, despite the best intentions of the staff involved, some of them had felt abusive as though their actions were reminiscent of rape. Staff need to be alert at how they may be at different times cast into such a scene and at certain moments come to represent for their patients, by feelings transferred from the past events, an abuser who can be both exciting and terrifying. At times the excitement and fear became pervasive in the group, for example, at one session members started whispering as though patients were listening at the door. On another occasion, having just physically restrained a cutting patient, several members entered the group midway, one of whom had swathes of blood smeared over her blouse and breasts. It almost felt like some primitive ritual had surfaced, such as the orgiastic, cult like and maniacal Bacchanal<sup>2</sup> of ancient Rome, in which states of drunken euphoria were reached and animals torn

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<sup>2</sup> **Bacchus** is the Roman name for Dionysus, the god of wine and intoxication.

apart with bare hands, the raw flesh of the victims often eaten.

The team was in the process of forming symbolic pictures from the emotional resonance of their patient's actual experiences. It also became clear that some of the patients had been abused by their own families or had had complicit mothers and this undermined their capacity to trust in any subsequent care-taker or authority figure. They were now thinking beyond the suicidality of their patients and were forming a more complex picture. Fiona Gardner (2001) describes the 'encaptive conflict' whereby commonly women who self-harm have an internalised engulfing mother from whom it feels both desirable and yet impossible to break free. Gardener presents her idea as a specific form of Glasser's (1992) 'core complex' a universal psychic process which involves the early fantasy of fusion with mother leading to annihilation anxiety for which we all find solutions. The inner mother crosses all boundaries as she is both reviled and needed. This is compounded by later trauma such as sexual abuse or other violence. Self-attacks become an attempted solution as in fantasy the body becomes disconnected from the self (for elaboration See Gardner 2001 ch.3). The warning words of my colleague, "She will eat you alive Marcus" expressed a certain quality to which the new nurse's patients might react exacerbating or even triggering an encaptive conflict. Such internal conflicts were likely to be enmeshed with feelings of abandonment and rejection at the departure of familiar members of staff. Cutting can be a way of dealing with such distress and can be seen as a form of masturbation or self-soothing and in addictive fashion an aid to dissociative mind states.

Whilst nursing and psychiatric ritualism remained the unconscious face of enactments, the reflective practice discussions were also enabling the staff to explore their own feeling states and with increased awareness begin to disentangle themselves from these. Boundaries were redefined and the team felt less ad-hoc in its interventions and ways of confronting the patients with their behaviour. For example, they described how the weekly ward community group had become less a discussion about concrete issues such as missing tea-spoons and more about feeling states and ways of dealing with emotions. Some of the patients found ways to sublimate their feelings as they were provided opportunities for studying dance, media and film at local colleges and other projects provided by the occupational health team and one woman was referred for individual psychoanalytic psychotherapy. There were also more reports of staff being attacked and patients getting into fights with one another as the internal conflicts became more outwardly expressed and the team

entered a new phase of reflection.

## **Conclusion**

As I have attempted to illustrate, when staff enter a reflective practice space they are daring to think about their own emotional reactions, which is likely to challenge everyday practice. The MSU staff group has a long history of high level consultative support from the Portman clinic and they are therefore receptive to and seem to value analytically informed perspectives. I am aware at times members have dragged themselves to the group when it's been so tempting to hunker down and bury themselves in computer work or anything else that can distract them from how terrible they might feel. How tempting it is to become intoxicated mirroring the encaptive conflict or the common drug escapism rife in our patient group.

Psychodynamic/group analytic style reflective practice groups can help confront some of the demanding feeling states engendered by this difficult patient group so that hopefully staff can feel less alone, less prone to burn-out and therefore remain available to their patients. I argue that the value of considering emotional life is also necessary to keep the work tolerable and minimise risk. Also, the presentation of more easily quantifiable information as might be gathered at CQC inspections is no substitute for receptivity to and understanding deeper issues and everyday underlying tensions and the unconscious ritualism into which teams can retreat.

Staff on the male ward, deflated by the CQC report, fearing punishment from authority and hitherto alone with these feeling states, began to validate them and recognise aspect of their patients' distress. Staff on the female ward managed to become more sensitised to ways in which they may find themselves seduced into dangerous re-enactments of traumatic scenes. The strength of both teams lay in the capacity of staff to relate and in so doing become vulnerable with one another and to survive the consequent feelings of shame, disgust, rage etc. Robust boundaries can therefore be more thoughtful and engaging and less cold, rejecting and punishing or conversely oblique or chaotic.

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## **Complex Reflections or Reflecting on Complexity**

Illustrated Notes on the Concept of “Parallel Process” in Group Analysis

By David Wood

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*Traces the science underlying “parallel process” which is variously known in different traditions as the reflection process, isomorphism and refracted countertransference. Links complexity theory, quantum physics and neuroscience with the processes we observe in our groups.*

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### **1 Introduction**

1.1 The concept of “Parallel Process” within group analytic discourse, is used particularly, but not exclusively in relation to supervision and reflective practice, and is often invoked to “explain” phenomena in ways that suggest that it, as a concept, can be taken as given. But what does such an invocation mean? What is “parallel” about the process, and if it is, indeed, “parallel”, how does this come to be and why?

1.2 These notes are a condensed and highly abbreviated version of a lecture given on the IGA Reflective Practice Course, attempting to explore this question. It is theoretical rather than clinical.

### **2 The development of the concept of Parallel Process**

2.1 Although mostly used within the context of group-analytic supervision, the term “parallel process” refers to processes that are ubiquitous.

2.2 It is usually used to refer to an observation that a pattern of relationships, process and communication in a particular group,

system A, is analogous to, congruent with, or similar to, a pattern of relationships, process and communication in another group, system B. For example, system A may be a supervision group in which one person is reacting to another in a particular way, and a third will point out that they are reacting in ways which seem to be very similar to the ways that members of a therapy group, system B, are reacting to each other in the piece of clinical work that is being brought to supervision. This observation enhances the understanding of the processes occurring in the group being brought for supervision. But what is not usually explored is *how* this comes to pass – why should there be a congruity between the two systems, and what is the validity of the conclusions being drawn from this observed congruity? How does the structure and process of one system come to be reflected in the other?

2.3 Following the origins of psychoanalysis in a one-body psychology in which instincts or drives sought their satisfaction but were inhibited or blocked, and the analyst strove to remain a remote, inscrutable and emotionally detached observer, analysts came to note that processes taking place *within* each individual patient became reflected in the relationship between patient and analyst (theorised as *transference* and later, *counter-transference*), and then observed that these processes were also reflected in the relationship between analyst and supervisor (e.g. McNeill & Worthen, 1989). These slowly emerging concepts eventually enabled psychoanalysts to begin to think in terms of two-person dyadic relationships, and to develop what we would now recognise as a relational perspective (Mitchell, 1988, 2000; Mitchell & Aron, 1999), in which both participants were responsible for the construction of the transference/countertransference relationship. Foulkes (Foulkes, 1984; Foulkes & Anthony, 1957) and his colleagues extended the development from dyads to groups. But although such *relational fields* were *described*, the necessary theoretical framework to fully explain them did not yet exist.

2.4 The physicists of the nineteenth and twentieth centuries developed the notion of “field” to help them explain the phenomenon of “action over distance”. Up until the time of Descartes it was assumed that a body “could not act where it was not present” (McMullin, 2002). But this principle rubbed up against several objections: e.g, how did the moon influence the tides, how did a magnet influence a piece of iron, or how did the planets maintain their orbit without some sort of invisible attraction? Building on Kepler, Newton (Fig. 1) developed his laws of Motion and Gravity that provided a mathematical description of the forces acting on the planets, accurate enough to enable Verrier and others to predict the

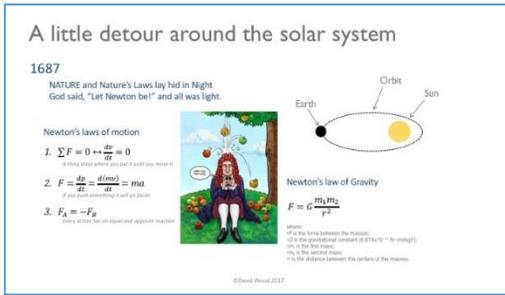


Fig. 1

existence of Neptune from irregularities in the orbit of Uranus (Fig. 2), but which still could not explain the nature of the Gravitational Force itself.

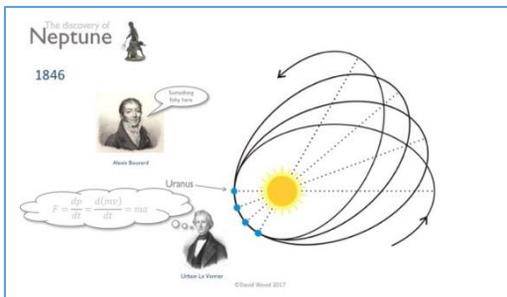


Fig. 2

2.5 In 1852 Faraday for the first time formally introduced the notion of a magnetic field, a field of force surrounding a magnet which was responsible for continuous action over distance on magnetic objects placed within it, and shortly after, Maxwell published his electro-magnetic field equations which not only described the behaviour but explained it by positing the existence of a field containing not matter but energy. Einstein followed with his General and Special theories of Relativity, which included his Gravitational Field Equations (Fig. 3), which paved the way for wave-particle

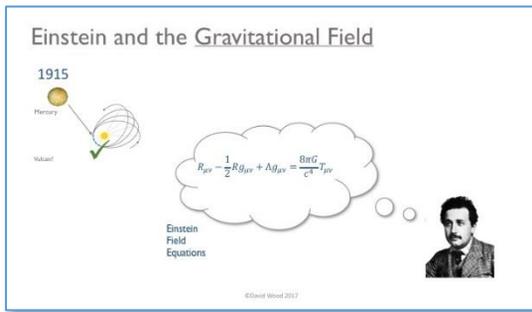


Fig. 3

duality and Quantum Field Theory. In Physics, a field is defined as a physical quantity that has a value for each point in space and time<sup>1</sup>.

2.6 The concept of “field” spread to other disciplines, with Foulkes bringing it to Psychoanalysis and Group Analysis with his notion of the Group Matrix. However, the search for a truly explanatory “field” theory in Group Analysis continues (See Tubert-Oklander, 2016).

### 3 Problems with the concept of Parallel Process

3.1 Foulkes (Foulkes, 1984), was aware that the relationship between the group-as-a-whole and the conductor reflected relationships between individual members of the group and their wider contexts and that these processes were in turn reflected in the

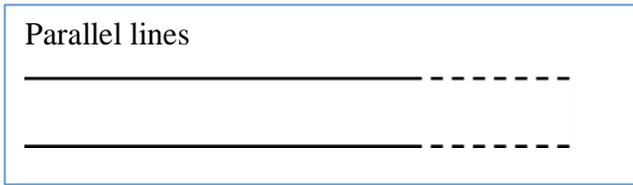
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<sup>1</sup> There are several different types of physical field; for example, Gravity, Electro-Magnetism, the Strong and Weak Nuclear fields and so on.

supervisory group ((Plant & Smith, 2009)), and used the term “parallel process”.

3.2 Others have referred to resonance (e.g: Foulkes, 1984, 1990, 2012; Foulkes & Anthony, 1957), mirroring (e.g: Pines, 1982), and equivalence (e.g: Hopper, 2007a), all concepts drawn from other scientific discourses; acoustics, optics, and geometry respectively.

3.3 None of these terms is adequate. Although we might have some idea what we mean when using the term parallel to describe the way processes in one system of interest are reflected in processes in another, geometrically the term parallel refers to two lines which, if



*Fig. 4*

extended to infinity, will never meet (Fig. 4). Similarly, in cosmology, the notion of “parallel universes” implies the existence of other universes which cannot interact with our own. This is hardly what is meant when applying the term to the supervisory process, as it suggests a disconnection between supervisor and supervisee which is the opposite of what is meant.

3.4 Resonance, a concept originating in acoustics, referred to the way in which sound waves from one source induce vibration in an object at its natural or resonant frequency. But acoustic resonance implies a transmission of energy from one entity to another, and that the behaviour of the resonating object has been induced by the energy transmitted by the originating object, albeit that the resulting behaviour is determined by a structural property of the resonating object, its resonant frequency. This is not applicable to human groups as, in this context, it is information being communicated, not energy.

3.5 Equivalence (Hopper, 2007a, 2007b) is a definite improvement, as it connotes the similarity of structure, or shape, or feel of an experience, which is what we are grasping for. It is defined as the condition of being equal in value, worth, function, etc. The term derives from a conjunction of equality and valency; that two (or more) entities share identical (or similar) structural properties, particularly in terms of their power relations. But it does not quite

account for the connectedness between different scales of complexity that is needed.

3.6 The mechanism for parallel process has been assumed to be a complex mixture of projective and introjective identification within transference/counter-transference relationships. Phantasy is projected out and the external world is taken in.

3.7 Psychoanalysis has broadly developed the view that internal representations of external objects become elaborated in the mind as a result of experience of the world, whereas (unconscious) phantasies are “the mental representations of those somatic events that comprise the instincts” (Hinshelwood, 1989, p 32). However, this Cartesian theory does not explain how these representations are realised in physical systems. To understand this, we need to turn to modern neuroscience.

## 4 Neural “computation” and the generation of “internal representations”

4.1 Human brains have taken more than 3.5 billion years to evolve. Early single celled organisms evolved the capacity to swim towards energy sources or away from toxins without having a nervous system by sensing chemical gradients in their environment; chemical receptors in their cell walls triggered cascades of chemical reactions within the cell, eventually activating flagellae to move them either towards or away from the stimulus. Delays in the cascade of chemical reactions mediating these responses functioned as a primitive memory.

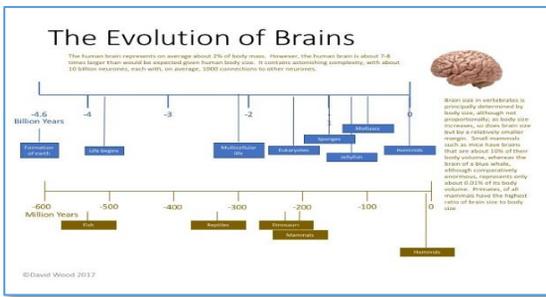
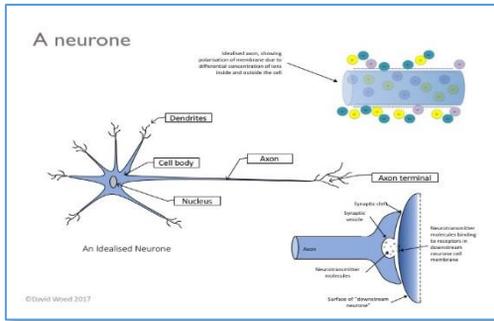


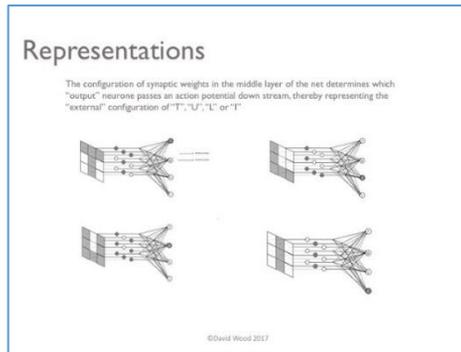
Fig. 5

4.2 Multi-cellular organisms evolved nervous systems (Fig. 5)



*Fig. 6*

composed of specialised cells (neurons, Fig. 6) organised in networks, with the capacity to register complex representations of the external world. Patterns of synaptic weights in networks constrain the activity of a network such that a specific output, by its association with



*Fig. 7*

a specific input, can be said to represent the stimulus (Fig. 7).

4.3 Thus, a representation is realised within a nervous system as a specific physical structure of a plastic neural network that develops over time, with the following consequences:

- i. Simple representations can be put together to form more complex ones
- i. Representations can be nested hierarchically

- ii. Representations created through recursive networks can themselves become recursively elaborated, to form representations of representations (Fig. 8).

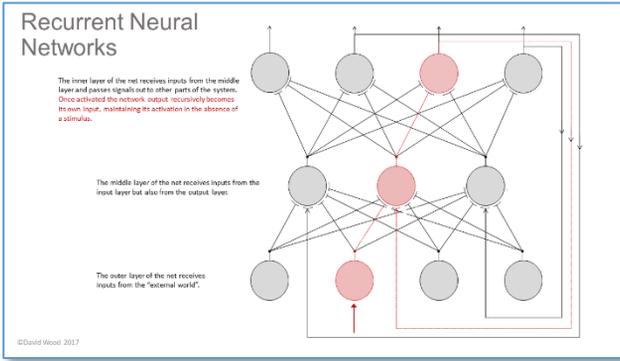


Fig. 8

- iii. Such meta-representations allow an organism to generate symbolic models of the environment, and to use these models in planning future activity in the absence of the original external situation.
- iv. Further recursive elaboration gives rise to the development of “strange loops” (Hofstadter, 2008) and the origin of self-awareness and consciousness.

## 5 The problem with representations

5.1 Until the 1960s, human beings were the only known model of an executive agent, but then rapid developments in computing showed that an executive routine within a stored program computer could “select, store, recover, combine output and generally manipulate information”. In other words, computer programs had much in common with theories of cognition (Neisser (1967), p8, quoted in Boden (2006), p359).

5.2 Classical cognitive science was founded “on the idea that mind is a digital computer and that thinking is computation.” (A. Chemero, 2000, p 1), and, consequently, that the “mind” doing the computing resides within an individual brain. But this approach has recently come under scrutiny following growing dissatisfaction with the computational model of cognition (A. Chemero, 2000, 2011; Clark, 1997), and at the same time, a dissatisfaction with the idea that

cognition is a property of a central nervous system, rather than something that takes place, not only within the organism as a whole (embodied) but within the coupled system of organism-environment (Radical Embodied or Extended-Phenomenological Cognition).

5.3 From the particular perspective of extended cognitive science, although bacteria could be thought to “compute” the required direction of motion to enhance survival by comparing concentrations of particular molecules with those a moment later through cascades of biochemical reactions, differentially increasing the rate of movement in their flagellae on different parts of their surfaces and as a result moving in one direction as opposed to another, a bacterium actually does not “compute” anything in the common sense understanding of the word; what it does is become coupled with its environment so that changes in the environment produce changes in the internal structure of the organism in reliable and predictable ways. Mechanisms that couple an organism with its environment in ways that enhance survival become conserved by natural selection.

5.4 Following Maturana (H. Maturana, 2002; Humberto R Maturana, 1978; Humberto R Maturana & Varela, 1980; Humberto R. Maturana & Varela, 1987), we can assert that:

- i. Behaviour is determined by the structure of a system (structure determinism).
- ii. The structure of an architecturally plastic nervous system is determined by experience (its previous interaction with itself, the body and the world)
- iii. Structure developed over phylogeny determines behaviour that is labelled “instinctual”, and which is thus motivated by “phantasy”.
- iv. Structure developed over ontogeny determines behaviour that is labelled “learned”, and which is thus motivated by “representations”.
- v. In their actual realization, both modes of behavior are equally determined in the present by the structure of the nervous system, and that, in this respect, they are indistinguishable. The distinction between learned and instinctive behaviors lies exclusively in the history of the establishment of the structures responsible for them.
- vi. “When two or more organisms interact recursively as structurally plastic systems, [...] the result is mutual ontogenic structural coupling” (Humberto R Maturana, 1978, p25).

## 6 Cognitive systems as closed systems (extended cognition)

6.1 A system can be defined as: a set of elements in mutual interaction. The central tenets of systems theory (Bertalanffy, 1973) have been summarised (Commoner, 1971) as:

- i. Everything is connected to everything else.
- ii. Everything must go somewhere.
- iii. Nature knows best.
- iv. There is no such thing as a free lunch<sup>2</sup>.

6.2 Maturana considered that nervous systems, by definition, are dynamically closed; that is, even though they are thermodynamically open (that is, they use energy taken from their environments to maintain their activity), with respect to their dynamics of states they are closed systems.

6.3 Crucially, from this perspective, nervous systems do not have “input or output surfaces as features of [their] organization”. For Maturana, inside and outside the system “exist only for the observer who beholds it, not for the system” (Humberto R Maturana, 1978, p18),

6.4 Hence, nervous systems are dynamically closed because what an observer might describe as input (receptor or sensory) or output (effector or motor) surfaces are connected by the environment (in which the observer stands), which effectively closes the system. It is not possible to construct a nervous system in which the output surfaces (as described by an observer) are not connected to the input surfaces (as described by an observer) by the medium in which such a system exists (and in which the observer also exists). Thus any “output” of the system will have some effect on the “input” (however small) meaning that not only is input connected to output but output is connected to input, and the system becomes dynamically closed.

## 7 “Coupled” systems

7.1 The state of a system can be measured using as many parameters as an observer chooses. For instance, Blackwell (2015) explored the interactions of members of a group considering 6

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<sup>2</sup> Strictly speaking, Commoner was referring to Ecology when he came up with this neat aphorism, but Ecology is nothing if it is not a Systems Theory and therefore I feel justified in using it here.

parameters which he came to see as dimensions of a group matrix: political, cultural, interpersonal, intrapsychic, religious, and economic. Let us use these as an example, so constructing a 6-dimensional matrix

7.2 Let us label these variables p, c, l, h, r, and e.

7.3 Taken together these variables represent the state of a member of the group A, as a dynamical system in 6 dimensions, and we write this as  $x_A$ , a point in a 6-dimensional space. So:

$$x_A = [A_p \ A_c \ A_l \ A_h \ A_r \ A_e]$$

7.4 The composite change in these “internal” variables can be represented by the differential equation:  $\frac{dx_A}{dt} = A(x_A)$

7.5 We also have a group of variables  $x_B$  that represent the state of another member B. So:

$$x_B = [B_p \ B_c \ B_l \ B_h \ B_r \ B_e]$$

7.6 The composite change in these “internal” variables can be represented by the differential equation:

$$\frac{dx_B}{dt} = B(x_B)$$

7.7 We can repeat this with all members of the group.

$$x_A, x_B, x_C, \dots$$

7.8 But we also know that these systems, A, B, ... are not independent. As the group members interact they will to varying degrees affect each other along these different dimensions.

7.9 The way the behaviour of B affects A is represented in the function

$$S(x_B)$$

(the S is chosen to represent the “Sensorium” - the sensory system or “inputs”), and the way that B is affected by A is represented in the function

$$M(x_A)$$

(the M is chosen to represent the “Motorium” - the motor system or “outputs”). In this example, both the labels “S” and “M” are selected from the perspective of A; they might just as easily be the other way round.

7.10 So, because the change in A also depends on the change in B, we need to rewrite the function representing the state of A as:

$$\frac{dx_A}{dt} = A(x_A; S(x_B))$$

7.11 And similarly, because the change in B also depends on the change in A, we need to rewrite the function representing the state of B as:

$$\frac{dx_B}{dt} = B(x_B; M(x_A))$$

7.12 So, simultaneously A will also change depending on the interaction between its current state AND B's current state, and B's state will change depending on the interaction between its current state AND the state of A.

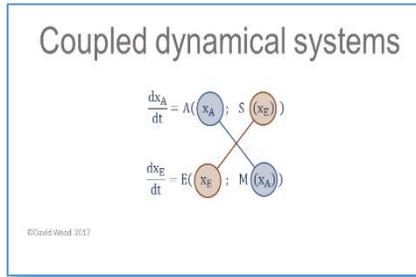


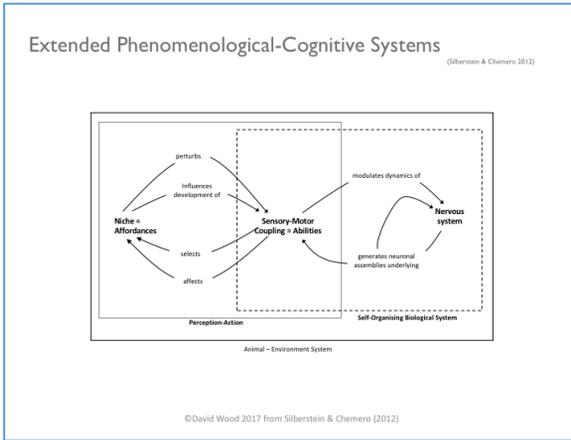
Fig. 9

7.13  $S(x_B)$  and  $M(x_A)$  become coupling functions (Fig. 9) that link these two members of the group together. Similar coupling functions can be written between each group member and all the others so that the group-as-a-whole becomes the environment  $x_E$  of each member; the group and its members becomes one coupled non-linear dynamical system (T. Chemero & Silberstein, 2007).

7.14 As Chemero & Silberstein (2007) put it:

"When the constituents of a system are highly coherent, integrated, and correlated such that their behaviour is a non-linear function of one another, the system cannot be treated as a collection of uncoupled individual parts. Thus, if brain, body, and environment are non-linearly coupled, their activity cannot be ultimately explained by

decomposing them into subsystems or into system and background. They are one extended system."(p39 – my emphasis) (Fig. 10)



*Fig. 10*

7.15 This organization of the nervous system has several fundamental consequences:

- i. Human agents as cognitive systems are not confined to existence within the human skull, but are not only embodied (one can make no conceptual or functional distinction between brain/mind and body) but also extended (functionally coupled with their environment, which includes other human agents).
- ii. Although useful, the concepts of projection and introjection, projective and introjective identification only have meaning as heuristic devices<sup>3</sup>; as there is no dynamically meaningful “inside” or “outside” of a nervous system there is no “inside” to project from or “outside” to project into.

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<sup>3</sup> I am not arguing for the abandonment of this terminology; just as physicists can still send astronauts to the moon using only Newtonian mechanics (without the need for Einstein’s Field Equations), so classical psychoanalytic terminology has its uses.

7.16 Thus, at any specified moment, there is no functional difference between behaviour “determined” by phantasy and behaviour “determined” by experience; the only difference lies in the mind of an observer. Projection cannot be privileged over introjection. Behaviour is determined by the structure of the nervous system at that moment as a system structurally coupled with its environment.

7.17 From a group analytical perspective, we are now returning to the position that “radical Foulkes” (Dalal, 1998) had reached without the benefit of these later developments in cognitive science. We can see that Foulkes’ dictum that the individual is a nodal point within a network of interactions is supported by contemporary thinking in cognition: “brain–body–world are dynamically coupled and thus mental states and cognitive functions might be viewed as extending spatiotemporally beyond the skin of the organism.” (Silberstein & Chemero, 2012, p37).

7.18 If we are going to take the group seriously, as Dalal (1998) insists we should, we need a term for the phenomena adumbrated by “parallel process” that better reflects the nature of groups as systems, and in the context of supervision or reflective practice, groups as nested systems – systems that themselves form elements of other systems in a recursive fashion and which exist within a complex relational field - which together constitute a non-linear dynamical system.

7.19 A more useful and more accurate terminology is therefore one derived from the study of complex non-linear dynamical systems; fractal self-similarity (Gleick, 1987; Stewart, 1989).

## 8 Properties of Non-linear Dynamical Systems

8.1 Behaviour can be defined as change of state over time. When an observer tracks the behaviour of a system, the observer is tracking

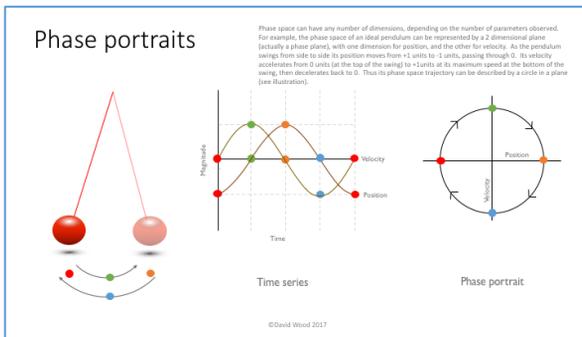
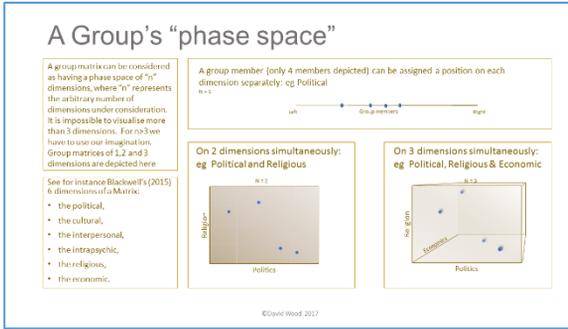


Fig. 11

the trajectory of the changes of state of the system.

8.2 “Phase space” (Fig. 11) is a theoretical n-dimensional space which describes all possible states of a system; any point in the space represents a possible state. For an example see the illustration (Fig. **12**). the path traced by the actual evolving behaviour of the system is known as its phase space trajectory.



*Fig. 12*

8.3 As a dynamical system (in the physical world) evolves, it tends to settle into a regular pattern of behaviour. The mathematical description of this pattern is known as the attractor of the system (Fig. 13).

8.4 Attractors come in several types: they may be:

- i. Point Attractors (such as those in a system which evolves into a resting state, such as a simple damped pendulum), or
- ii. Limit Cycles (such as those in systems that reach a steady state of regularly repeating patterns, such as a pendulum in a clock which continues to swing for as long as energy is put into the system), or
- iii. Strange (see below).

## 9 Strange attractors

9.1 As systems increase in complexity, so does the complexity of their attractors. Originally, it was difficult to understand how apparently deterministic systems could behave in apparently random ways. Many complex non-linear dynamic systems show sensitivity to initial conditions; that is, small differences in initial conditions can lead to wide differences in outcome. It became clear that these

deterministic systems were not behaving in random ways, but were unpredictable; unpredictable because prediction is the activity of an observer and any observer is limited in their capacity to calculate

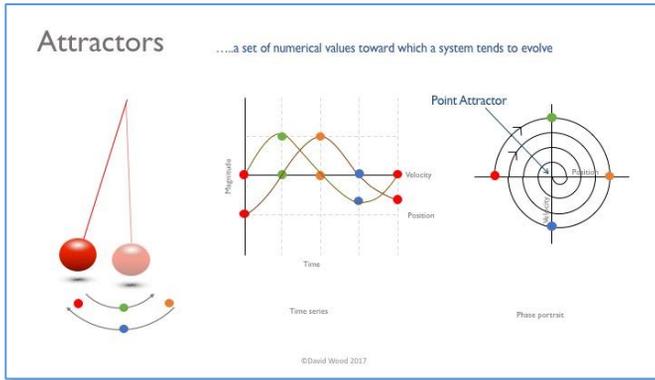


Fig. 13

future trajectories with sufficient accuracy.

9.2 The attractors of such systems are labelled Strange Attractors.

Properties of strange attractors include:

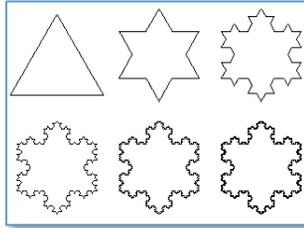
- i. it is impossible to predict with certainty where on the attractor the state of the system will be at any specified time;
- ii. two points that lie close to each other at any moment may be arbitrarily far apart from each other at a subsequent time;
- iii. trajectories never repeat exactly – they are non-periodic;
- iv. Fractal self-similarity.

## 10 The fractal properties of strange attractors

10.1 The behaviour of systems whose trajectories lie on strange attractors is described as “chaotic”; it is deterministic but not predictable. Strange attractors are fractal.

10.2 Mandelbrot (1980), introduced the term fractal as a contraction of the words fractional dimension, applied to a mathematical concept involving sets of objects that exhibit repeating patterns at every scale, and whose dimensions are thus not integers.

10.3 To apprehend this idea more easily, imagine measuring the length of a piece of string with a tape measure. To do so, one puts the tape against the string and reads the length off the marks on the measure. Any fold in the string must be matched by a fold in the tape measure. However, if the piece of string were fractal, one could never put the tape against the string completely because however much one folds the measure, more folding would be required because of the repeating patterns – the length would be infinite. This is illustrated by



*Fig. 14*

a simple fractal object, the “Koch” snowflake (Addison, 1997), (Fig. 14) – each straight line is divided into 3 and an equilateral triangle placed on the middle third. The process is repeated ad infinitum. It has a finite area bounded by an infinitely long line.

10.4 The fractal property of “self-similarity” implies that the object looks roughly the same when viewed either close up or from far away. A common example is that of a coastline, which looks roughly similar when viewed from space, as it does when viewed from an aeroplane, from the top of a cliff or from the beach. Another is the now familiar Mandelbrot set (Douady, Hubbard, & Lavaurs, 1984) (Fig. 15).

10.5 An important aspect of this is that nowhere in the definition of these fractal properties is there the idea that the structure of the system at one scale determines, or is determined by, the structure at another scale; the determinism is a property of the system as a whole.

10.6 The behavioural trajectories of complex non-linear recursive systems have fractal properties which involve self-similarity; they will be similar when viewed at different scales.

## **11 Conclusion: Reframing “Parallel Process”**

11.1 Groups of persons acting within relational fields constitute complex recursive non-linear dynamical systems. Considered as such, their behavioural trajectories will demonstrate fractal properties;

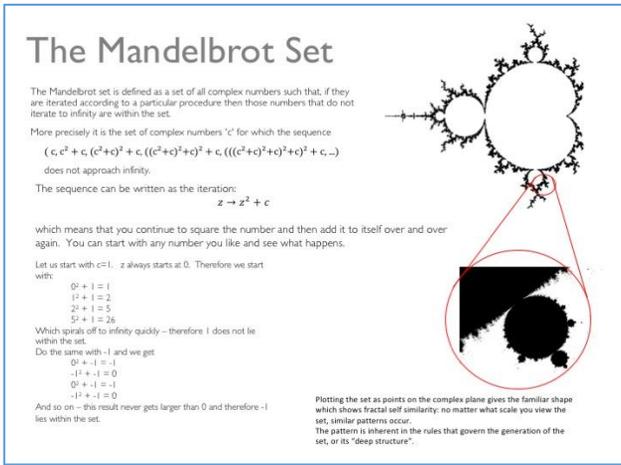


Fig. 15

particularly, fractal self-similarity. That is, behaviour observed at different scales will appear similar to an observer.

11.2 It is important to note that self-similarity does not imply identity; the behaviour at one scale is not identical to the behaviour at another scale. It is analogous rather than homologous (Hopper & Weinberg, 2011).

11.3 Repetition Compulsion (Freud), Complexes, Unconscious Phantasy (Klein), Internal Objects and Object Relations (Winnicott etc), Internal Working Models (Bowlby), RIGs (Stern), and Basic Assumptions (Bion, Hopper) are all manifestations of strange attractors within such systems. Such attractors influence behaviour at all scales.

11.4 The dynamics of the system at the scale of “patient” show fractal self-similarity with the dynamics of the system at the scale of “patient/therapist”, at the scale of “patient/therapist/supervisor” or at the scale of “patient/therapist/organisation/reflective practice consultant” and so on. These dynamics are not running “in parallel” but are properties of the system as a whole, as a complex non-linear dynamical extended cognitive system. “Parallel process” needs a new name.

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## David Wood

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he conducts groups and sees individuals, couples and families. He has published a number of articles and chapters on group analysis, family therapy and psychotherapy, as well as presenting papers and workshops at numerous conferences.

## **Model Scheme for Evaluating Reflective Organisational Practice**

Taken from the Handbook of the IGA Diploma in Reflective Organisational Practice.

This is an instrument for evaluation of a reflective practice group, in two parts. It works:

- by reviewing relevant statistics to the objective measures in 12 months prior or last completed period before the study begins, and at the end of the period
- by asking commissioner, practitioner and members of RP group to complete their scaled questionnaires [1-7] just before the outset and 12 months [interval can be varied] later.

The instrument is freely available for you to set up and use on survey monkey; a link to survey monkey examples is provided on the IGA website. If you use it, please let Christine Thornton know about your experience after use, so we can improve and refine it. We would ask you to answer a few questions about using it after the evaluation is completed, though earlier feedback is also welcomed.

1. A selection of ‘objective’ data about the team which is probably already available in the organisation, and which may be affected by the reflective practice group; the list gives some basic criteria but could be added to if the commissioning organisation wishes; agreement needs to be reached about who will research and assemble this data; could be commissioner, researcher or practitioner. It is also important that contextual factors affecting the data be identified. The first four are data which should be relatively easy to retrieve, though 1 requires the inputting of attendance data. 5 is an example of the kind of issue commissioners might wish to add; 6 is a vital question which allows the interpretation of the data in the previous questions, and should always be asked.
  - 1.1. Consistency of attendance at RP group [requires register to be kept and input]

- 1.2. Reduction of incidents
  - 1.3. Reduction in days' sickness
  - 1.4. Reduction in turnover
  - 1.5. Successful introduction of changes in procedures or practices
  - 1.6. What team events during the period might also affect these measures in either direction?
2. Three questionnaires to be completed at start and at end of study period, suggest 12 months, by the commissioner, the practitioner and the team members; the focus is on aspects of performance and experience that a reflective practice group might be expected to improve. The questions mostly ask respondents to rate on a scale of 1-7 their agreement or disagreement with the given statements, and there are two questions which invite respondents to reflect in words on how far their aspirations and expectations of the group have been met. Copies of the questionnaire are below/attached.

*Baseline data must be established*, which means that the data must be collected and the instrument must be completed first *before* the group starts, and then repeated. The suggestion is for an interval of 12 months, which gives the group time to embed and make a difference. Interim stages could also be introduced, but the practitioner should think carefully about how the completion of the instrument might be experienced by respondents and affect the process of the group.

The three questionnaires follow, for commissioner, practitioner and team members.

**Evaluation Scheme for Reflective Practice in Organisations - Commissioner**

Welcome to the questionnaire. Its purpose is to help us assess how useful your reflective practice group or team coaching sessions are. We estimate that it will take few minutes of your time to complete, and are grateful for your help.

1. On a scale of 1-7 how far do you agree with these statements about your team

	1 - Strongly Disagree	2 - Disagree	3 - Slightly Disagree	4 - Undecided	5 - Slightly Agree	6 - Agree	7 - Strongly Agree
Balance of defensive behaviour versus open, curious behaviour	<input type="radio"/>						
Ability to acknowledge and work through differences	<input type="radio"/>						
Understanding of the effect of organisational/ societal pressures on them as individuals and as a team	<input type="radio"/>						
Ability to have difficult conversations, eg about critical incidents or power differentials	<input type="radio"/>						
Ability to disagree robustly	<input type="radio"/>						
Ability to survive conflict and set things right afterwards [rupture and repair]	<input type="radio"/>						
Clarity as far as possible about roles and responsibilities	<input type="radio"/>						
Ability to listen sensitively to each other	<input type="radio"/>						

- Any other information you think relevant during the period studied, ie other factors that might affect the changes seen
- What did you want the reflective practice group to achieve when it started, and how far has this happened?
- Is there anything you would like to add, about the group/ team, about circumstances, or about this questionnaire?
- We are grateful to you for taking the time to fill in the form. If you would like us to let you know of the results of the survey, please enter your email address here.

## Evaluation Scheme for Reflective Practice in Organisations - Practitioners

Welcome to the questionnaire. Its purpose is to help us assess how useful your reflective practice group or team coaching sessions are. We estimate that it will take few minutes of your time to complete, and are grateful for your help.

1. On a scale of 1-7 how would you rate the team's

	1 - Strongly Disagree	2 - Disagree	3 - Slightly Disagree	4 - Undecide d	5 - Slightly Agree	6 - Agree	7 - Strongly Agree
Ability to listen sensitively to each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balance of defensive behaviour versus open, curious behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to disagree robustly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to acknowledge and work through differences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to have difficult conversations, eg about critical incidents or power differentials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to survive conflict and set things right afterwards [rupture and repair]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clarity as far as possible about roles and responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding of the effect of organisational/ societal pressures as individuals and as a team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reliance on each other more than on practitioner [maturity of group and resulting reduced anxiety]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. What were your hopes for the group, and how far have they been realised?
3. Any other information you think relevant during the period studied, ie other factors that might affect the changes seen
4. Is there anything you would like to add, about the group/ team, about circumstances, or about this questionnaire?
5. We are grateful to you for taking the time to fill in the form. If you would like us to let you know of the results of the survey, please enter your email address here.

Evaluation Scheme for Reflective Practice in Organisations - Team Member

Welcome to the questionnaire. Its purpose is to help us assess how useful your reflective practice group or team coaching sessions are. We estimate that it will take few minutes of your time to complete, and are grateful for your help.

1. On a scale of 1-7 how far do you agree with these statements about your team

	1- Strongly Disagree	2- Disagree	3- Slightly Disagree	4- Undecided	5- Slightly Agree	6- Agree	7- Strongly Agree
We work together effectively	<input type="radio"/>						
We are as clear as it is possible to be about our different roles and responsibilities	<input type="radio"/>						
We can disagree strongly without it being a problem	<input type="radio"/>						
We can be honest with each other	<input type="radio"/>						
We can sort out problems when they arise	<input type="radio"/>						
We can talk about differences in workload	<input type="radio"/>						
We can talk about differences in approach	<input type="radio"/>						
We can talk about differences in status and power	<input type="radio"/>						
We can explore critical incidents effectively	<input type="radio"/>						
We can set things right after conflict	<input type="radio"/>						
I feel my colleagues mostly understand what I am saying	<input type="radio"/>						
Most of the time, I feel safe enough to say what I really think	<input type="radio"/>						
I feel a part of this team	<input type="radio"/>						
I understand how I am/ the team is affected by organisational and other pressures	<input type="radio"/>						

2. What did you want from the reflective practice group when it started, and how far has this happened?
3. Anything you would like to add about what difference the reflective practice group has made?
4. Is there anything you would like to add, about the group/ team, about circumstances, or about this questionnaire?
5. We are grateful to you for taking the time to fill in the form. If you would like us to let you know of the results of the survey, please enter your email address here.

# **To See Ourselves as Others See Us: Thematic Analysis of Patient Feedback Following Psychotherapy**

By Dr. Lauren Wilson & Dr Elizabeth Ogston

*“O wad some Pow’r the giftie gie us, to see ourselves as others see us”*

## **Introduction**

The North Glasgow Psychotherapy Unit and the Ferguson Rodger Psychotherapy Unit routinely send patients open ended questionnaires at the of therapy. These invite the patients to reflect and comment on their experience of psychodynamic psychotherapy. Both departments offer individual psychodynamic psychotherapy and group analysis, additionally some feedback was obtained from patients undergoing Cognitive analytic therapy.

**Ethics Approval:** Obtained: study deemed service evaluation.

## **Our Aims:**

1. To explore the written feedback using thematic analysis.
2. To consider whether the themes generated had any relationship to previous themes extracted from a previous study of patient questionnaires on entering therapy.

## **Method**

Questionnaires from 48 patients who had recently completed therapy were collected across the two departments. The patients had received a range of therapies including individual psychotherapy, individual cognitive analytic therapy, and group analysis. We should note that it was not possible to identify from the questionnaires which type of therapy the patient had received, unless they had specifically mentioned this themselves. Therefore, the analysis that was performed on the data was not a comparative analysis of these three modes of therapy but an analysis of themes generated within the free text of the questionnaires.

The two researchers attempted thematic analysis (Howitt and Crammer, 2007) to generate themes emerging from the patient feedback. This method of thematic analysis was used by the author (Ogston) in a previous opt in study to identify common themes from

collated opt in problems as described by the patient. (McHugh, and Ogston, 2012). The patients in this study were not the same patient group as those in the previous study.

The method of thematic analysis is as follows. Each researcher individually transcribed the written material within the questionnaires in order to familiarise themselves with the data. The researchers then coded the combined textual data, which means to apply short descriptions to small chunks of the data. Again, each researcher carried out this task independently. The process of coding the data is to try and establish the essence of what is being communicated in the feedback. We both continued to work separately to then identify themes which integrated substantial sets of the codings they had generated.

The researchers then met together and combined both sets of themes. We then looked the all the codings that had been generated between both researchers and worked together to think about where each coding would be placed. Some themes that had been generated individually seemed to overlap and so the researchers worked together to agree a final set of themes which best represented the textual data.

<b>Table 1: Themes arising from data analysis</b>	<b>Frequencies of codings relating to each theme found by individual researcher</b>	
	<b>EO</b>	<b>LW</b>
Benefits of therapy	62	41
The self	39	44
Relationship with the therapist	27	26
Positive about group	14	5
Negative about group	17	14
Location	12	15
Waiting time	25	16
Ongoing difficulties	15	25
Hope for the future/moving on	14	21
Difficulties with the process	25	34
Thanks and gratitude	21	15
Managing emotions	11	8
Reportage	5	3
Ending	10	12
Relationship with others	17	12
Miscellaneous	22	15

The next step, was to work independently again to read through all the textual data for a final time and ensure that all pieces of written communication could be placed under one of the themes we had generated together. This way, separate frequencies were generated for each theme: those from EO and those from LW.

## Results

Analysis of the feedback generated 16 themes which are represented in the table below.

The figures after the theme show the number of codings generated by each researcher. These frequencies were put through a Spearman Rank correlation (Wessa, 2015) and produced a Spearman's Rho of 0.751 ( $p < 0.004$ ) which we felt was an acceptable level of correlation, although would have been more indicative of significant correlation if over 0.8.

## Discussion

We both agreed on which the most frequent themes were: *Benefits of therapy*, *The self* and *Relationship with the therapist*.

The two themes with a relational context, *Relationship with the Therapist*, and *Relationships with others* together would have comprised the highest frequency of comments, but we did feel that these should remain separate themes due to the importance of the therapeutic relationship. The comments about the therapist were overwhelmingly positive and this seems in keeping with previous research on the contribution of therapeutic alliance to patient outcome.

*Relationships with others* refers to comments made about relating to people outside therapy, whereas comments about relationships in therapeutic group were allocated to separate themes of *negative* and *positive comments about the group*.

The theme of *The self* seemed to purport a sense that some internal change had taken place during the therapy, that there had been discovery, understanding and acceptance of the self. Some of the written material which exemplifies this can be seen in the appendix at the end of the paper. Again, although themes of *The self* and *Relationship with the therapist* are separate, they are very much linked; the relationship with the therapist being central to facilitating the exploration of the self.

The client identifies with the therapist's curiosity and her sense that experience can be borne and given meaning. Something is learned that cannot be taught but

only acquired through participation in a relationship. The client develops a new capacity for relating, not only to others but also to herself. (Leiper and Maltby, 2004)

Both researchers felt that several themes (including *The self*, *Positive about group*, *Relationship with therapist*, *Hope for the future*, *Thanks and gratitude* and *Managing emotions*) overlapped with theme of *Benefits of Therapy*, and that it was hard sometimes to decide which theme best fit the coding- another reason for variation between us. Nonetheless there were definitely some codings that could only be attributed to one theme, so each theme was retained as distinct and we noted the difference between the researcher's in choosing a particular theme.

More themes were generated and there was more variation between us as researchers, than in previous qualitative work which looked at what patients were seeking when opting into therapy. (Ogston and McHugh, 2012).

Foulkes described psychotherapy as 'identical to the ever-increasing process of communication itself', and talks of "translating" the autistic and language of the disturbed individual into words that have a shared and ever articulate meaning. (Nistun, 1997)

We suggest this may account for our finding that patients leaving therapy produce written descriptions that have a higher number, of more diverse themes, than a study of those entering therapy. We note however, that the two studies were not of the same patient sample group, and this second study included the use of a slightly different questionnaire. Both may also account for this difference in the number of themes generated.

Sometimes the difference between the researchers was sometimes less about which theme and more how short to make the code. For example, initially, EO had fewer codes and recoded again, ending up with more overall than LW. This perhaps reflects that, after a treatment which aims to enhance the patients' ability to articulate in detail their emotional experience, and to elaborate on the relational context of feelings and thoughts, it actually felt much harder to reduce down their written expressions, to the smallest discrete communication, (as the theme analysis technique instructs us to do)

compared to when a group of patients enter therapy. This feels reminiscent of Winnicott's concept of 'potential space;' from within a responsive and holding therapeutic encounter, creativity and an opening up of ideas can emerge. (Davis and Wallbridge, 1981)

Similar to the previous study by (McHugh and Ogston, 2012), LW and EO were both in different therapeutic modalities of personal training therapies: individual psychoanalytic psychotherapy (LW) and group analysis (EO). This may account for EO attribution of more codes overall to the themes regarding groups, including those reflecting on the change in the self on feedback forms indicating the modality had been group analysis, compared with slightly more in LW's coding frequency for comments regarding processes reflecting on the self-allocated to the theme of the self.

It is perhaps initially disheartening that more frequent codes were identified as being negative about the group than positive. However, due to confidentiality of feedback, it should be noted that it was not possible always to see from the feedback form which modality the patient had been in, unless they spontaneously mentioned it. It is therefore possible that some patients in group therapy had offered positive comments but, unless they specifically mentioned the group, they would have been coded under the larger category of "benefits of therapy". It was also the case with both positive and negative comments about the group that a high frequency of codings can occur from one feedback form, i.e. when a person did elaborate at length about their experience, and therefore caution is needed in the interpretation. We show some specific examples of the feedback, where the positive comments appear to relate to universality in the group, and negative comments allude to perhaps a wish for homogeneity in the group.

*Difficulties with the process* overlapped in our coding, to a degree within the themes of *Location* and *Waiting time*. Indeed, both these practicalities one can imagine would have been possible to interpret symbolically within a session, and link directly to the therapeutic process. For example, making a link to the psychic struggle with dismantling defences, or the frustration of delayed gratification respectively. As feedback after the termination of therapy however, it is important such communications are seen also at a manifest level to help non-clinical staff recognise the importance of structural changes to the institution and demands on services impacting on the experience of psychotherapy.

It feels as though it is important to note that there is something healthy about patients being able to express more difficult feelings

related to the therapy, whether it is their experience in the group, the frustration of waiting or the difficulties in reaching a location. If we think about therapy as helping the patient move towards the depressive position, it feels important that the patient can end therapy, mourn its loss and be able to acknowledge all of their feelings towards the process, not just positive or negative. (Naismith and Grant, 2007)

Some of the themes generated in this study such as *The Self*, *Relationship with Others*, *Relationship with the Therapist*, and *Managing Emotions* did seem to relate to themes generated from patient feedback in ‘opt in’ questionnaires, at the start of entering therapy which were, *Difficulty relating to others*, *Unmanageable feelings* and *Problems relating to the Self*. This would appear to fit with a psychodynamic way of working in which we hope that the patient will be able to find a way to express their emotions, deepen their understanding of their difficulties and recurring interpersonal struggles and internalisation of the therapeutic relationship(s) would be fundamental in facilitating this. The frequent positive comments about the therapeutic relationship hopefully reflect a real experience of internalising a healing relationship.

We felt that the themes of *Ending*, *Ongoing Difficulties*, *Hope for Future/Moving On* again had some overlap. It felt that for some patients the ending was still being worked through and the loss of therapy mourned over. There was also a feeling that despite some patients feeling they still had ongoing difficulties, there was something hopeful about the future and continuing to do the work themselves. This seems to suggest something about facing the reality that psychotherapy is not a ‘magic cure’ but of developing an ongoing understanding of one’s self that is life-long.

‘Psychotherapy is a continuous process from beginning to end and very often continues after the therapy has ended.’ (Elzer and Gerlach, 2014)

For interest, we additionally generated a word cloud from all the responses received after therapy, and it is shown beside the pretherapy “opt in” word cloud for comparison (Figure 1 and 2 below).

Words which only appeared in text from pretherapy patients included “suicidal” “bad” “panic” “attacks” “anger” “medication” and “suffer/suffering”. Words appearing only in the post therapy collated texts are shown in Figure 2 and include “beneficial”, “support”, “understanding”, “therapist” and “managing.”

“Depression”, “anxiety” and “problems” all are more



visual impact and ability to stimulate thought and discussion, as part of a wider qualitative study which includes context.

It is noted that our study is limited by the omission of the thoughts and reflections of patients who decline to fill out a feedback form, though this is a common flaw when undertaking psychotherapy research and one that we felt should not preclude the study of those who have taken time and thought to respond.

## **Appendix: Sample Comments**

### **Benefits of Therapy**

“My experience of therapy was very positive...I have noticed a big difference in my mood, my relationships and ability to talk and think about how I feel.”

### **The Self**

“I am more forgiving of myself for not being the ‘perfect person.’”  
“I feel that I have a much greater understanding of myself.”

### **Relationship with the Therapist**

“The therapist was exactly the right therapist at the right time. Her experience and calmness helped to hold me at a time when everything around me fell apart.”

### **Negative comments about the group**

“I’m of the generation that some things are not for sharing. I didn’t want to share with males being there.”

“I had believed there would be more in the group that were suited to my particular problem. More of a shotgun approach to the problem rather than a rifle.”

“I didn’t want to share with others what was going on inside me as we all had different problems.”

“The group situation greatly inhibited me...I felt sympathetic to other group members but could not see a way of helping them or myself.”

### **Positive remarks about the group**

“My experiences in the group of sitting harbouring some very extreme feelings, of sadness, isolation, jealousy and extreme violence (and gaining enough self-reflection to realise there are quite disturbing things within me) and actually managing to sit with that, put me in touch with the skills to cope better.”

“And I know now that if it all goes to shit, I will not judge myself as

harshly any more, and I know that there is support there for me, and that I have learned how to allow myself to be helped and how to ask for it and engage with it.”

“Thank you, and everyone involved- for everything. It was the most useful 700 ish hours of my life.”

“Group therapy is a wonderful alternative medicine. I felt we all helped one another.”

“I was initially unconvinced about the benefits of group therapy but now wish I had taken it up earlier. I wish it had been available to me just after I was released from hospital when I first suffered from clinical depression as I now realise I had very little support during my recovery at that time. I have found my treatment very valuable and would recommend it to others.”

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## **Report on Brexit Large Group** (Held at the IGA, London. 22<sup>nd</sup> January 2017)

By Rob White

These are disturbing times. The post-war promise of a fair, inclusive society is dying. Digital social networks, whose profits come from the voluntary unpaid labour of users, foster an oppressive and anti-intellectual public discourse that combines the low-level narcissism of personal updates with intemperate political speech. Slurs and smears abound. Misleading charges of fascism are often used to discredit democratic outcomes. This backlash distracts from the worsening situation of economic injustice. There are now thousands of billionaires in the world, some of whom under the cover of philanthropy wield great power without any accountability. At the opposite end of the scale huge numbers of young people in the west have been deprived of decent life chances. They are condemned to debt, rent and badly paid casual work. Others, such as all the downwardly mobile middle-aged individuals who once had good jobs, must adjust to insecurity. Many people have fallen into an abyss. Sadly, those who are still prosperous, including many pensioners and employed professionals, struggle to sympathise with the unlucky or disadvantaged people around them. The bridges of social cohesion are burning, and those who have ended up on the safe side of the divide sigh with relief and downplay the blaze. This is today's tragedy. "Speaking as somebody who is in his twenties," said one member of the Brexit Large Group, "as I put it in my Foulkes Lecture," said another, but whereas junior and senior might once have been connected by institutional ties of opportunity and encouragement, on this occasion it didn't seem likely that the younger speaker would some day emulate the older. Relations between the generations were fraught.

Around forty-five people attended the event. About half were British citizens but a lot of continental Europeans made the trip to London as well. It seemed that there were about a dozen Germans in addition to Swiss, Danish and Serbian participants. (Non-European nationalities were represented too, including Israeli and Zimbabwean.) A handful of students took part. There was a noticeably larger number of eminences. At least six Foulkes Lecturers were present, together with current and former GASi and IGA officers. The group's centre was taken over by members of this prestigious cohort. They were joined during the first of the day's two sessions by both

conductors. This inner circle turned into the Establishment. It wasn't only that the middle was full of distinguished analysts, it was also that they expressed—perhaps were influenced to express—conservative views. The two Foulkes Lecturers who had rowdier, more radical opinions uttered them from the outskirts. So it was a striking development when, after lunch, one of the conductors moved out of the centre. She commented that being closer to the group's edge felt different. Her decision to exit the professional comfort zone brought up the issue of solidarity: the interventions she subsequently made focused on a bigger picture of discontent. The problem of out-of-touch elites thus came to the fore in the group as three hours passed agonisingly. It is hard to tell how much this theme related to the group-analytic hierarchy itself as opposed to society at large. Maybe anybody, of whatever actual status, could have sat in the inner circle and become part of the group's ruling class. All the same, it was powerful, garlanded individuals who did in fact sit there this time.

The group found it impossible to reconcile the distress of those who supported the status quo and those who opposed it. A significant moment came when somebody who identified herself as a student on the IGA foundation course said she was so put off by stuffy remarks that she wished she could go back in time and vote for Brexit. A member of the inner circle suggested that her reaction revealed lack of experience in large groups—it was, he said, like the frustration of somebody starting *War and Peace* and feeling confused by the panoply of characters. This was one of several occasions when attempts by the group's fringe to hold the centre to account were discounted. I was myself part of the marginal dissenting minority. More than once I proposed that the group was unable to acknowledge a wounded subjectivity that has become widespread, contributing to the referendum result. It was frightening and stressful to make a pro-Brexit case; it felt like I was speaking unheard. Still I continued, reliving the mix of despair and determination that led me to vote Leave. The interesting thing is that looking back I remember less the feeling of isolation and more how, in the teeth of the majority, the group's unhappy voices of defiance became more numerous and confident as the day went on.

“Don't mention the war,” the famous old *Fawlty Towers* line, didn't apply to this group. There were repeated attempts by the inner circle to turn the conversation towards two linked topics: the backstory of Foulkes's emigration from Nazi Germany and the international character of the discipline he founded (exemplified by this year's symposium happening in Berlin). As if to confirm elites' waning

authority, these efforts mostly failed. One person objected that historical reflection glossed over today's troubles—and then she challenged the group-analytic old guard to hand over administrative authority to the next generation. An eminence replied that it was up to aspiring leaders to seize control. Battle was breaking out within a weakened Establishment. I thought later about the pathos of broken power in Shelley's "Ozymandias." For the historical–professional turn in the discussion was surely an insider power play. The centre tried to clamp down on the group with old-timer expertise. And its agenda was restrictive in a further, more subtle way. Whenever the Second World War and Nazism are invoked, minds inevitably turn to the murderous horror of that era. But the brutality of the present moment isn't bloody or even lethal. In the west now, social violence is economic and tortuous. The war talk implicitly belittled this. However, the group didn't go along with it. People refused to stop talking about the contemporary crisis.

The references to history weren't simply backward-looking. Whereas in the *Fawltly Towers* episode, mentioning the war was a way of goading German visitors, it felt in this group as though raising the topic was an attempt to protect the Anglo-German friendship that underpins group analysis just as it does psychoanalysis. The inner circle was fighting to preserve its own unity. The trouble was that the group's continentals were unexpectedly reluctant to endorse a common identity rooted in a shared past. More than once a conductor appealed to hear their opinions on the Brexit vote. The call became poignant because, as it seemed to me, the Germans in particular didn't want to answer. It was a Dane who clarified this reticence. She had come to London, she said, in order to be able to report back to her colleagues at home. In this group, not just the referendum but Brexit itself had in effect already happened, and Britain was being kept at arm's length by its former partners. It can't have been an accident that both the day's sessions ended slightly early. There is fear of disintegration in the air. Perhaps future pan-European collaboration in group analysis is under threat. The early finishing was a way of fending off such possibilities, but I suspect the foreboding will return in Berlin.

Several post-war generations were blessed with a lifetime's prosperity which wasn't safeguarded for the following generations. Now it may be too late. One person said outright in the group that the older generations had let down the ones that came after. Nobody else was able to explore the sorrow and sense of guilt involved in the idea, however valid it may be, of stewardship gone wrong. It was easier to

speak of Foulkes and *War and Peace* than a painful sense of failure, but the way imagery of waterborne calamity developed in the group showed it was nevertheless being processed. At the beginning of the day an indignant Remain supporter recalled that sewage leaked into the basement of her house the morning after the referendum. Paradoxically echoing xenophobic rhetoric, she regarded the vote as a kind of contamination. Implicit in this statement was the well-founded anxiety that the group wouldn't prove to be a right-thinking environment that could antiseptically keep out the pollution of populist ideas. It was a trainee who during the second session crucially modified the watery metaphor, overcoming the us-and-them logic. She picked up on somebody else's idea that Brexit was a looming iceberg and then mentioned the theory that when the *Titanic* set sail it was already doomed because, unnoticed, a fire was burning deep in the hold. The referendum result wasn't, in this more complex image, some kind of alien invasion. Instead it was an on-board, below-stairs emergency that nobody on the bridge noticed. This astute elaboration shifted the emphasis from external menace to internal damage.

The damage that afflicted this group—the fire in its hold—involved anger and fear which cut people off from each other. The inner circle tried to secure the bonds of professional identity and was willing to stifle protests in order to do so. Insider and outsider interests clashed constantly and underneath it all was loss of faith in the idea of a duty of care owed by older generations to younger ones and by the established to the precarious. Once it was realised in the group that the traditional duty of care couldn't be relied upon any longer, rebellious voices grew in strength. It was, like the Brexit vote, a lesson in the melancholy politics of neglect.

**Rob White** is the author of *Freud's Memory* (Palgrave Macmillan, 2008) and a past contributor to this newsletter. He regularly attends the Quarterly Members' Group in London.

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## **Some Reflections on the GAS International Summer School in Group Analysis**

Growth in Groups: The Creative Potential of Polyphony.  
Athens, 13<sup>th</sup> – 17<sup>th</sup> July, 2016

By Ulla Häusler and Vivian de Villiers

One of the challenges of the Summer School was finding one's own voice amongst other voices, polyphony being listening to different voices. We went to the GASi Summer School in Athens with the wish to grow and did grow in unexpected and surprising ways including experiencing the effort of tolerating and respecting different views.

However, let's start from the beginning. Given the success of the previous two GASi Summer Schools the anticipatory anxiety in organising this third GASi Summer School could have been high and hosting this event naturally required a lot of work. We would like to thank the organisers for another successful GASi Summer School, an initiative that continues to grow in numbers and popularity.

Having been to all three GASi Summer Schools so far perhaps we are able to risk a first conclusion; that the choice of city and venue has an impact on the group dynamic of the summer school. In Belgrade subjects in the matrix were civil war, the experience of being bombed, fragility of national identities, violence and oppression. In Prague, themes were totalitarianism, the decomposition of group cohesion and the struggle to cope with a sense of desperation. The sudden death of one chair of the organising committee in Prague immediately before the start of the summer school was present throughout the duration of the summer school as were the disempowerment of women. This time in Athens some issues were the challenges of tolerating differences, dealing with authority and personal sensitivities.

The impact of political events, namely Brexit with its associated loss and the trauma, the terrorist attack with a lorry in France where more than eighty people died, as well as the coup attempt in Turkey at the time of the GASi Summer School, were felt profoundly. We felt a great tension between our efforts, to find a way of communication between the different nationalities while the world outside lost its way from peaceful coexistence. Some of us seemed to struggle with our underlying assumptions of what and how people from other cultures were thinking and feeling while we learned about the devastating consequences of the underlying assumptions in the

political world. The tension between the person and her or his culture seemed powerfully present.

On the first evening mentioning a number of countries that summer school attendees were from had a predictable outcome of causing some resentment in those accidentally left out. Similarly some stereotyping, namely that Germans are good organisers and time keepers, did not amuse and this dynamic could have been acted out near the end of the summer school in the comment that Greeks did not pay their taxes, both statements collapsing a society and nation into a single characteristic causing increased tension and frustration. However, it was acknowledged that political correctness can stifle authentic communication, while political correctness can be used in an effort not to derail constructive dialogue.

Some of us felt unable to talk about the refugee problem despite Greece having to deal with a large number of people arriving on its shores on top of the real financial austerity problems of the country. It felt easier to get irritated at a more personal level as for example with smoking or not smoking.

Thinking about differences, how different is our understanding of GA? All group analysts undergo a similar training and read similar books, which doesn't mean that they see GA in the same way or practise it in the same way. Some of us felt that the supervision protocol used by the Open Psychotherapy Centre in Athens has merit while others had a powerful reaction against it. The form of supervision used in the Open Psychotherapy Centre of Athens was introduced in a lecture by Bessy Karagianni. Some participants were surprised and felt that this method was a departure from the traditional way of group analytic supervision. It seemed to be difficult for them to tolerate a way of supervision so different from the way they were trained to supervise group analytic practice. Below is a very brief and incomplete description of the supervision method at the Open Psychotherapy Centre in Athens as demonstrated in supervision groups.

There were about 16 people in the experiential learning supervision groups where this supervision method was demonstrated. A staff member of the Open Psychotherapy Centre of Athens mentioned that this form of supervision works much better with about six people in the supervision group. The person who presented a group session for supervision used a whiteboard to demonstrate with drawn arrows how group members interacted with each other. The analysis part was when those of us present were then asked what emotions we experienced during the presentation and this was written down on the

white board in the first column. In the next column the fantasies of those present were written and in the third column the themes or topics that came from the emotions and fantasies were extracted. The final part is comments and conclusions. Some members present got in touch with the emotional experience in the group presented and the person who presented the group session found the whole process very helpful.

This supervision method is used for group analytic groups as well as for experiential groups, socio-therapeutic groups, psychodrama groups, dyadic meetings, family-couple therapy and psychological assessment and is done using a written protocol on an A4 sheet of paper. It demonstrates that despite the polyphony of different psychotherapeutic methods it is possible to work together and to exchange feelings, thoughts and findings. Nonetheless, the presentation of this different, more systematic method of supervision, which some experienced as authoritarian and felt excluded and others as polyphonic, probably reinforced the differences among the participants of the summer school. Sometimes the differences emerged and sometimes we could not face them, for example, when it felt like a betrayal of our way of doing group analytic supervision.

The above supervision model, in following the progress of the patient and therapist, could be an attempt to improve consistency of the model and the skill of delivering a treatment modality. The relational variable that is of primary importance in all therapeutic approaches is difficult if not impossible to measure. Could this form of supervision assist with that?

It brings us back to how does one define group analysis and what is the aim of group analysis? There seems to be a relative scarcity of literature presenting work with patients. What will Group Analysis be like with so many different institutes and so many people from different countries contributing to its theory? Could it be that Group Analysis will become a philosophy, a political movement or a think tank?

It was a pleasure and relief to visit some of the sites and museums of Ancient Greek civilisations with many magnificent sculptures and artefacts. It was also enlightening to see a film in the Acropolis museum demonstrating with animation what the original buildings and temple on the Acropolis looked like, how the Romans added to it and the later churches that were erected on the sites, with waves of civilisations breaking stuff down and adding their own adjustments over the centuries. Athens felt an appropriate site to have the Summer School, in that it still exists after thousands of years, giving hope that there may be a future despite the mass killings visited

on many people across the world.

**Ulla Häusler, Munich**

**Vivian de Villiers, London**

## **BOOK CORNER**

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***Permission to Narrate: Explorations in Group Analysis, Psychoanalysis, Culture.* Martin Weegmann. Karnac Books. 2016.**

Isaiah Berlin, in his essay *The Hedgehog and the Fox*, divided humanity into foxes and hedgehogs, quoting the Greek poet Archilochus: "The fox knows many things, but the hedgehog knows one big thing." Hedgehogs, he said, have just one, powerful response to a threat: they roll themselves into a ball, presenting spikes to predators. Foxes, by contrast, have no single response to challenges, and they 'know many little things'. They react to challenge by drawing on a pattern of broad, practical understanding, often making mistakes but seldom committing themselves to a potentially catastrophic main strategy. Berlin was, then, concerned with different ways of approaching knowledge, or an individual's personal cognitive style.

In this book, Martin Weegmann demonstrates that he knows many things and the profusion of cultural, literary and historical citations are sometimes dizzying given their superabundance. This is a profoundly erudite book.

The title, it becomes clear, is significant because it summarises Martin's personal journey to find a voice or to have a voice, and to dismantle an anxiety about speaking out in the face of possible disagreement or censure. This book can be seen as a concrete symbol of this achievement. This is therefore a deeply personal book in which the writer outlines some of the influences and learnings that have captivated and lured him in his professional journey and where a main focus is on language and communication.

The book begins with a chapter on rhetoric - "the art of influence through speech and how this has been seen both positively and negatively" in the past. He then turns to a consideration of how patients and therapists communicate through individual speech styles, metaphorical communication, and the position we take up in relation to another. Another chapter develops these ideas through a discussion of positioning theory and the theory of the "dialogical self". He states that "...we take a position, we position others, are defined and defining within our interactions and discourses.", and his own position is clearly based on relational and spoken language communication.

Further chapters examine literary ideas about monsters and revolutions. The references cited are multiple: from Shakespeare

through Frankenstein, passing across medieval ideas and the Jew as a historical monster, and the phenomena of the freak show in nineteenth century culture. He seems to ask: “why are human beings attracted to this kind of cultural phenomena” but provides no clear answer rather than the fact that these stories which may be enacted are predominant in culture.

Additional chapters are more clinical in nature. A chapter on the author’s experience with Alcoholic Anonymous groups looks at the process of change in these groups, the importance of taking responsibility and the motivation to change, also the impact of sharing, speaking to others, and mutuality and support in the groups. A further chapter examines the idea of revolutions and ranges from Dickens to the Glorious revolution of 1688, Christianity and crowd theory. The cultural references come thick and fast and are dizzying in their multiplicity.

The previous chapters have no obvious links to Group Analysis or psychotherapeutic practice and this, to my mind, is part of a more general weakness in the Group Analytic literature – for we, as a community, are much better at ideas than practicalities. Group Analysis is largely an ideas-driven discipline, and this has, amongst other things, led to a pervasive dislike of research amongst many Group Analysts and the resulting paucity of research evidence in support of Group Analysis. In reading the chapters above I found myself interested in the ideas that abound in these chapters but at times I could have done with rather less of them in favour of greater detail, explanation and analysis. My vexation was twofold: first that the issues presented were not linked in any obvious way to the practice of psychotherapy and, secondly, I was preoccupied with the suspicion that these ideas were “free floating”, free of any practical application of connection with the real world. Thinking abstractly may be addictive but may lead us into cull-de-sacs.

I was more engaged with the later chapters in the book. The first of these outlines the author’s “psychoanalytic fascinations”, his journey since adolescence of making sense of Freud and psychoanalysis and using it, through a mature and critical integration of these practices. Another chapter argues that a new paradigm of Group Analysis is needed, which he views as requiring a disengagement from Foulkes, using the ideas that he had presented in earlier chapters. In my view, the criticisms he directs towards our current profession are absolutely correct: he points out the “group retreat” that we, as a profession, are often engaged in, resulting in the lack of influence that Group Analysis enjoys in culture and

psychotherapy. He notes the repetitiveness of our literature, endlessly recycling ideas about the social and relational basis of human beings, and the lack of engagement with other ideas and traditions are part of this group retreat. Weegmann notes a trend towards conservatism, complacency and isolationism in Group Analytic writings and practice.

In reading this book, I must admit that I was sometimes defeated by the prolixity of cultural and historical information in the earlier chapters and it was sometimes not very clear where the argument was being taken, given the free-ranging nature of these explorations, or how they might relate to the practice of psychotherapy, group or individual. The book reads as a collection of essays, written independently, rather than a sequentially and coherently argued book. In focussing on cognition, language and speech, rich in ideas, sometimes virtuosic in places in its use of language, it is necessarily a “head” book, and I began to miss “the body” in reading it – a grounding in the world in practice or even in experience. However, the chapter on “Discipline Change – time for a paradigm change in group analysis” is essential reading for the 21<sup>st</sup> century Group Analyst.

## **Terry Birchmore**

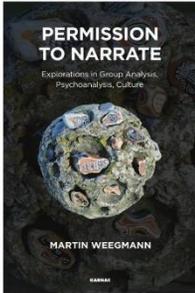
## **Request for Foulkes Letters and Documents for Society Archives**

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  
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Tel: +44 (0)20 7435 6611  
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NEW FROM **KARNAC**



**PERMISSION TO NARRATE**  
Explorations in Group Analysis,  
Psychoanalysis, Culture

BY MARTIN WEEGMANN

Price: £ 19.99/\$ 32.95  
Pbk 168pp, October 2016  
ISBN: 9781782203629

BIC Code: Psychoanalysis (JMA)

*Permission to Narrate* develops exciting new theories and explorations for group analysis with accessible clinical and historical examples that bring theory to life. The book addresses the ways in which silenced, submerged, and less confident voices emerge in groups, finding permission and narration, often against the odds. It will be of interest to clinicians and academics across disciplines, including history, social psychology, and cultural studies.

'These excellent and elegant essays extend the frontiers of group analysis, adding further depth and breadth, not to mention innovation, to our discipline and researches.'  
—Malcolm Pines, group analyst, author of *The Evolution of Group Analysis*

'Very original, imaginative and striking – a different point of view on what we do.'  
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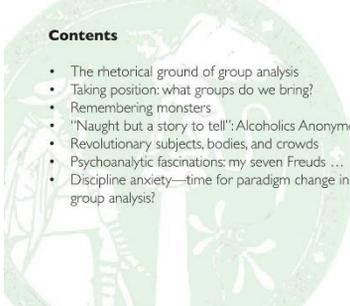
'This book is a fascinating account through a series of essays, made more interesting still by its courageous self-disclosures and glimpses into the author's own history.'  
—Professor Edward Khantzian, psychiatrist and psychoanalyst, Harvard Medical School

**Contents**

- The rhetorical ground of group analysis
- Taking position: what groups do we bring?
- Remembering monsters
- "Naught but a story to tell": Alcoholics Anonymous
- Revolutionary subjects, bodies, and crowds
- Psychoanalytic fascinations: my seven Freuds ...
- Discipline anxiety—time for paradigm change in group analysis!

**About the Author**

MARTIN WEEGMANN is a clinical psychologist, group analyst and author. He has edited two influential books on addiction and is the author of *The World within the Group*.



## EVENTS

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### **GAS International Quarterly Members Group (QMG)**

The dates for sessions in 2017:

Saturday 28<sup>th</sup> January

Saturday 29<sup>th</sup> April

Saturday 15<sup>th</sup> July

Saturday 21<sup>st</sup> 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 £30 per day.  
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.**

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## **Crossing Borders: Social, Cultural and Clinical Challenges**



### **17th International Symposium of the Group Analytic Society International (GASi)**

- first announcement -

**Berlin | 15 – 19 August 2017  
Maritim Hotel Berlin**



**Welcoming Letter**

**Crossing  
Borders  
Social,  
Cultural  
and  
Clinical  
Challenges**

**Berlin  
15-19 August 2017  
Maritim Hotel**

**17th  
International  
Symposium  
of the  
Group Analytic Society  
International**

It is with great pleasure that the Group Analytic Society international (GASi) in cooperation with the Berliner Institut für Gruppenanalyse e.V. (BIG) and the Deutsche Gesellschaft für Gruppenanalyse und Gruppenpsychotherapie (D3G) invite you to the 17th International Symposium in Group Analysis – Crossing Borders: Social, Cultural and Clinical Challenges in Berlin 15-19 August, 2017.

The theme of the Symposium goes right to the center of today's problems with thousands of people on the move away from wars and poverty, indeed crossing borders. In the social context there is growing fear of being invaded by refugees and immigrants and on top a fear of terrorist attacks. Our world today is fast moving and in constant change.

It is a global village where the mix and clash of cultures pose new challenges for individuals, families, groups and organisations and danger of social disintegration. As Group analysts and group psychotherapists we have some powerful instruments to help understand and analyse the phenomena we see around us and hopefully also to be instrumental in helping groups of people. Some may say that we are not able to solve problems in this massive scale as they are for now, but we should not hold back, but try to use and apply the knowledge we do have about the dynamics conscious and unconscious of small and large groups and in this way contribute to making the world a better place to live in.

Together we can gather still more knowledge by sharing experiences from the clinic from groups, organisations and from scientific projects. By sharing theoretical ideas, research and clinical experience the participants of the symposium will be instrumental in heightening the effectivity and quality of the group analytic method.

The symposium will give you the opportunity to explore the theme in both theoretical and experiential ways through lectures, papers, panel presentations and workshops and through participation in small, median and large groups. It will also give you the opportunity to expand your professional network and meet friends and not least to develop connections across national and cultural boundaries.

We look forward to seeing you in Berlin in August 2017.

Chairs:

Kurt Husemann and Gerda Winther

In cooperation with



# REFLECTIVE PRACTICE IN ORGANISATIONS

## FOUNDATION WEEKEND



29 SEPTEMBER – 1 OCTOBER 2017

This weekend course offers a foundation in the group analytic approach to working with groups in organisations, particularly Reflective Practice Groups and other team interventions. It will offer lectures from leading practitioners, opportunities to experience the dynamics of reflection in small and large groups, practical exercises to deepen understanding of leadership and group dynamics, and opportunity to consider how to apply learning in your own work setting.

The Institute of Group Analysis (IGA) is the UK base of Group Analysis, an internationally established discipline with seventy years' practice-based theoretical literature. With a long and distinguished track record of expertise in group dynamics, Group Analysis articulates fundamental processes which can be observed in all groups, and pays close attention to the relationship between each individual in the group and the group as a whole, making it a particularly valuable model for working with teams and Reflective Practice Groups. It is especially valuable for those leading or working with diverse, multi-disciplinary teams in complex or challenging settings.

### Who is the Foundation Weekend for?

The Foundation Weekend is open to anyone with a professional interest in reflective practice used at work, team coaching or other organisational interventions. We expect it will particularly interest people conducting Reflective Practice Groups, and organisational leaders who wish to understand how best to participate in and use these groups to promote organisational health and effective communication.

The weekend is a prerequisite for practitioners applying for the Diploma in Reflective Practice in Organisations.

Group analysis places emphasis on the value of a variety of perspectives, and so this course welcomes applications from professionals with a variety of theoretical orientations.

### Feedback from a former delegate:

*"I am still realising now what I have taken away from the weekend and putting it into practice. Best of luck to you all and thank you for your professionalism, hospitality and kindness."*

The Institute of Group Analysis | 1 Daleham Gardens, London NW3 5BY | 020 7431 2693 | [iga@groupanalysis-uk.co.uk](mailto:iga@groupanalysis-uk.co.uk) | [www.groupanalysis.org](http://www.groupanalysis.org)

The IGA is a charity registered in England and Wales (280942) and in Scotland (SC040468); and is a company registered in England and Wales 01499655

### VENUE

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1 Daleham Gardens  
London, NW3 5BY

### FEES

Early Bird (paid by 31 July)

IGA Members: **£380**

Non-members: **£420**

Standard Fee

IGA Members: **£425**

Non-members: **£450**

### CONTACT

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### MORE INFORMATION

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## DIPLOMA IN REFLECTIVE ORGANISATIONAL PRACTICE

Two-part training in working reflectively with teams in organisations

### LONDON 2017/2018

Foundation Weekend in Sept/Oct 2017 + 6 Saturdays from November 2017 – July 2018

With a long and distinguished track record of expertise in group dynamics, the IGA offers the most thorough, rigorous and practice-based training available in conducting Reflective Practice Groups or working with teams in an organisational context. The training is relevant to all who work with teams within organisations, or conduct groups promoting reflection and dialogue.

Recent social and political shifts have profoundly rocked many living in the developed world. In the UK, the referendum on departure from the EU has revealed deep divisions, and created new conflicts for many people with complex identifications. Group analysis is a science enabling meaningful engagement with others, different from us, with different experiences and holding different views: a crucial discipline in navigating current challenges.

Now in its third year, the IGA's organisational training, Reflective Practice in Organisations, has helped practitioners conduct effective groups in some of the most traumatised organisations in our society. The training focuses on applying group analysis in public/ work settings, and equips practitioners to contain difficult conversations, and enable creative conversations. Course members deepen their capacity to enable people to sit together with profoundly different feelings and thoughts, and yet achieve dialogue.

While covering practice essentials, the course goes beyond teaching a systematised method, instead enabling graduates to assess for, design and make carefully calibrated interventions.

#### Comments from people who have taken the Diploma:

*"What I have found useful is getting together with others doing this work and hearing their experiences; the conscientiousness of staff and fellow students. It was challenging establishing a group, and getting it going; the IGA have been very helpful in finding me one."*

- Fred

*"For me, this course was a timely and very welcome opportunity to gain support and a deeper understanding for the often difficult task of facilitating Reflective Practice groups. What I have found particularly helpful about the course is both the comprehensive and extensive range of concepts and theory covered – all of which has proved extremely useful in deepening my practice; as well as the intense attention to supervised practice in the on-going supervision groups. The course is extremely well organised and delivered, and creates a deeply bonding and effective learning environment with other participants. I would thoroughly recommend this to anyone facilitating Reflective Practice groups."*

- Maggie McAlister, Jungian Analyst, WLMHT



Institute of Group Analysis  
1 Daleham Gardens  
London, NW3 5BY

#### CONTACTS

Convenor, Christine Thornton:  
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Course Admin, Sam Evans:  
[training-fc@groupanalysis-uk.co.uk](mailto:training-fc@groupanalysis-uk.co.uk)

#### DATES FOR 2017/2018

29 Sept – 1 Oct  
18 November  
16 December  
20 January  
17 March  
19 May  
14 July

Fees from £2,030 / £2,075

Application forms can be downloaded from the IGA Website.

DIPLOMA IN REFLECTIVE ORGANISATIONAL PRACTICE:  
[www.groupanalysis.org/Training/ReflectivePracticeInOrganisations](http://www.groupanalysis.org/Training/ReflectivePracticeInOrganisations)

Foundation Weekend:  
Reflective Practice in Organisations  
[www.groupanalysis.org/Training/ReflectivePracticeInOrganisations/ReflectivePracticeFoundationWeekend](http://www.groupanalysis.org/Training/ReflectivePracticeInOrganisations/ReflectivePracticeFoundationWeekend)



FIRST ANNOUNCEMENT

## 41st S.H. FOULKES ANNUAL LECTURE

**Friday 19<sup>th</sup> May 2017 at 7:00pm**

***The Times They Are A-Changing:  
Evolving Group Analytic Identity***

**Foulkes Lecturer: Sylvia Hutchinson**

**Respondent: David Vincent**

**Please note that the Lecture is at 7-8.30pm. Drinks afterwards until 10pm.**

**Study Day to follow on Saturday May 20th 2017  
From 9am to 5pm**

**Respondent: Dr Kurt Husemann**

***In dialogue with Sylvia Hutchinson and David Vincent***

**Chair: Sue Einhorn**

**Large Group Conductor: Dr Thor Kristian Island**

**Please Note New Venue for both events:**

**ROYAL INSTITUTE OF BRITISH ARCHITECTS (RIBA),  
66 Portland Place  
London W1B 1AD**

**(nearest tube stations: Oxford Circus, Regent's Park and Great Portland Street)**

**Full programme to follow**

**Group Analytic Society  
1 Daleham Gardens  
London NW3 5BY**

**Phone: +44(0)20 7435 6611  
www.groupanalyticsociety.co.uk  
E-mail: office@groupanalyticsociety.co.uk**

**Contact:  
Julia Porturas  
Administrator**

## CREATING LARGE GROUP DIALOGUE IN ORGANISATIONS AND SOCIETY

A two-year IGA professional developmental programme



### BIRMINGHAM 2017 – 2019

12 weekends over 2 years – from June 2017 to Sept 2019

This programme is designed for senior practitioners from any professional background facing the challenge inherent in settings where large group processes operate. These might be an organisation, project team, community group or any group where there is a wish to include people in decision-making, encourage consultation processes, bridge racial, cultural and religious divides, or tackle local and global challenges. The particular focus is on how hidden processes in the socio-political context impede the capacity to think creatively when making decisions, developing policy or building strategy.

Based in an easily accessible residential setting at beautiful Woodbrooke in Birmingham, Europe's only Quaker Study Centre, the programme takes place over twelve weekends over two years. Delegates will have the opportunity through experiential work and seminars to learn how to apply group analytic principles to facilitate dialogue in any setting. Delegates will work on a 'live project' based on their own working environment as a piece of 'action research' to apply their learning to their specific contexts.

#### Delegate fees

Year 1: £2760.00 (£2500.00 early bird if paid in full before 1st Feb 2017)

Year 2: £2760.00 (£2500.00 early bird if paid in full before 1st May 2018)

Full accommodation costs: approximately £200 + 20% VAT per weekend for 12 weekends over 2 years payable in addition to delegate fees

Please contact [events@igalondon.org.uk](mailto:events@igalondon.org.uk) for further details and to discuss payment options.

Venue:  
**Woodbrooke Quaker Study Centre**  
1046 Bristol Road  
Birmingham B29 6LJ

Course convenor:  
**Teresa von Sommeruga Howard**

### Dates 2017 –2019

#### Year 1

2 - 4 June 2017

28 - 30 July 2017

3 - 5 November 2017

19 - 21 January 2018

2 - 4 March 2018

11 - 13 May 2018

#### Year 2

31 Aug - 2 Sept 2018

2 - 4 November 2018

18 - 20 January 2019

1 - 2 March 2019

10 - 12 May 2019

30 Aug - 1 Sept 2019

Please note that delegates must attend all 12 sessions over two years.

For more information visit:  
[www.groupanalysis.org](http://www.groupanalysis.org)

## **OBITUARY**

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### **FELIX DE MENDELSSOHN**

We are mourning for Felix de Mendelssohn, one of Austria's most important psychoanalysts and group analysts, who died in October 2016 after a short but severe illness. Felix was the son of the authors Hilda Spiel and Peter de Mendelssohn, who, being Jewish, had to flee from the Nazis to England in the 1930s. Hence Felix was born in the middle of the war in London.

This background had a long-lasting effect on his entire work, which was focused on analysing the relationship between the condition of the human soul and the social and political environment. He dealt with questions of Jewishness, Antisemitism, traumatizing experiences and their impact on various human conditions. Besides many other questions, he also dealt with the understanding of dreams, sexuality and gender.

The distinction, the variety, the richness and the contradictions of his personality can hardly be grasped in description. He was a very intellectual person, highly interested in a wide range of arts, especially various styles of music. Only lately had he started to receive instruction from a great master of the Japanese flute. He achieved the black belt in Karate and was of Buddhist faith. At his funeral, we were invited to witness a touching Buddhist farewell ceremony, which even included a song by Bob Dylan.

Felix was a cosmopolitan person, always eager to discuss and engage in confrontational conversation. He investigated human experience in any form, often beyond tightening rules. He was a good, caring and supportive friend, a sympathetically interested and interesting counterpart and colleague. He lived and worked in places all over the world, not only in Vienna, Berlin and London, but also in Israel, Japan, the USA and Iran.

He is the author of several books: “Das psychoanalytische Subjekt”, “Die Gegenbewegung der Engel”, “Der Mann, der sein Leben einem Traum verdankte”; “Flucht in die Freiheit”, “Über den Zerfall” – the last one having been published shortly before his death. He wrote poems and articles for journals and books (which are listed in Wikipedia).

Felix was responsible for psychoanalytic education at the Sigmund Freud University in Vienna, and similarly in Berlin, he taught at the university college FH Campus Vienna for social work and at the Max Reinhardt Seminar for the performing arts in Vienna.

He was involved in the organisation of the group analytic training in Lemberg and Kiev, had been a trainer in psychoanalysis in the *Wiener Arbeitskreis für Psychoanalyse*, where for some period he chaired the board of trainers. Felix was a training group analyst at the institute of group analysis in Vienna (in the Oeagg) and was teaching group analysis and conducting groups at many places in the world (Altaussee, at GASi events, etc.).

One of the principles he followed was: “There is nothing human that is alien to me.” He was curious about everything and tried to overcome fears and face the unknown and the dangerous. He was able to encourage and enlighten his fellow beings, but also to disappoint and affront at times when putting his own freedom before anything else.

For many of us he was a fantastic psychoanalyst, group analyst, supervisor, teacher and speaker, always encouraging thought and discourse, but neither shunning dissent.

For his 68<sup>th</sup> birthday he gave a party which was reminiscent of the 1968 period and invited companions and co-creators of those exciting and optimistic times. Felix was interested in social criticism and the peace movement (e.g., in Vietnam and Ireland), but also in sexual liberation and the liberation from petty bourgeois norms. This met with his wish for rule-breaking experiences as well as for tolerance and understanding. In the early 1970s he supported criticism of the conditions in psychiatric hospitals and supported the psychiatric reform in Italy and Great Britain, where he cooperated with Laing and Cooper.

Family and friends describe him as a caring and loving person, generous, sometimes quick-tempered, but often eager for understanding and reconciliation.

Felix' best friend remarked at the funeral: “He was the virtuoso poet, master wordsmith, multilingual thinker, fast improviser and trader in signs, lord of smoke and mirrors, actor incognito, plumber of the depths, embracer of contradictions, alchemist of infinity.”

In 1962, Felix wrote the poem “Excursion Down a Dead River,” which ended with the words:

“Today  
At journey’s end, to learn  
As each way ends, we die: perhaps  
The river is not really dead, and all this absence teaches  
Something of silence, a prospect of the hills.”

Felix' death leaves a large gap, which will not close that soon.

**Johanna Wagner-Fürst**

(translation Helga Felsberger) for the Austrian Institute of Group Analysis within the OeAGG

## **The Visitors**

A Psy-Fi Tale

By Mike Tait

### **Part III**

Suspensions began to harden that, if the Visitors saw human beings as children, did they see themselves as adults with aspirations of some kind of takeover of earth? When politicians reported back these conversations to parliamentary colleagues, an increasing disquiet developed as to the direction in which these exchanges were heading. What did the Visitors want and what were they willing to trade? As long as the Visitors saw humanity as harming each other, they would be unlikely to share their scientific advances. Somehow their thinking had to be shifted so that they stopped comparing all humanity to the criminals that were present in every meeting.

The Visitors announced that another round of conversations would take place in a psychiatric hospital. After the representatives had recovered from their initial indignation that they were not being consulted on the matter, most were reconciled (to varying degrees) to the new venue. Several scientists reasoned that at least now they were more in the realm of illness and treatment, of scientific rather than judicial intervention. Many politicians felt relieved that there was less danger of the electorate seeing them as becoming soft on crime - after all, even the most punitive voters had a measure of sympathy for mental illness.

The gathering began in what seemed to be a large meeting room with medical practitioners greeting representatives as they arrived. The patients whispered to each other in the corridors whispering, naming delegates they recognized from television, mostly from political or scientific programmes. This was somewhat muted by medication having been issued shortly before the meeting. At least this time the representatives were not met by a barrage of hostility and cat calls. Even when bad language was heard, it seemed more likely to be the symptom of an illness and not aggressively aimed at anyone for their views or policies. The Visitors seemed to have quietly located themselves throughout both the room and the corridor.

A Medical Trust representative welcomed the dignitaries and the Visitors. The psychiatric consultant began highlighting symptoms in patients currently in residence. He emphasized an absence of reality testing including: hallucinations, delusions, depression and persecutory fear – where it was clear that medication and periods of

hospitalisation were required. The questions began quickly. *‘Was there a change of tone at the introduction of such words as perverse, psychopathic and border-line? Were they medical or moral categories? How were they understood developmentally and how was the treatment designed with this in mind? Did they have a social dimension as much as an individual location? Why did professionals seem to ignore these questions - using words such as ‘professional assessment, adjusted medication, evidence base, safeguarding and community care’ which did not give a picture of human beings in relationship to other human beings and appeared to be some sort of professional mantra to block intimacy?’*

Medical professionals, attempting to focus these conversations, suggested a format with which they were familiar. Patients might be brought in individually and their pathology explored. The Visitors thought this might offer balanced information if the same procedure was applied to professionals whose interactions were subject to the same level of isolating scrutiny by a large group of patients.

*‘Why did medical professionals attempt to locate expertise in themselves rather drawing it out of their patients? Was this behaviour defensive or illuminative? Were busy, senior professionals who diagnosed and medicated, without creating time to think together with every patient, as disconnected as their psychotic clients? Did qualifications and experience make open-ended inquiries difficult to sustain? Did the expanding range of diagnostic categories and spectrums make it more difficult to recognize the unique nature of individual experience?’* The Visitors seemed somewhat befuddled by the replies but became more focused when a psychotherapist suggested that some diagnoses might be a first step towards treating complex difficulties located at the boundary of medical knowledge. They asked what treatment was provided as a second step and seemed surprised that this had often not been thought about and rarely appeared available.

*‘Were diagnoses frequently ‘a rest’ from confusion or intolerable thoughts, more particularly the intolerable thoughts elicited in professionals? Might professionals find other ways of relaxing before returning to being ‘creatively puzzled’? Did diagnoses become ‘delusional abstractions’ for medical professionals when they failed to engage with the subjective experience of a patient who could only be understood by individuals willing to explore these ideas in relation to their own functioning? Was diagnosis a form of disconnecting categorization? What was lost by this objectification of*

*people?’ They heard that several of those present had published in learned journals as well as academic books the results of their studies with regards to psychological illness and pathological relationships. ‘How often were symptoms organized and diagnoses attributed in accord with the author’s apparent speciality? What was the nature of the emotional energy fuelling this area of interest? Would paying attention to the nature of these authors’ relationships with other human beings be helpful?’*

She was just back in hospital in case she had side-effects when they changed her medication. Currently she had ‘schizophrenia’. Previously she’d had ‘borderline personality disorder with psychotic features’. When she was younger she’d been told that she was on ‘the Asperger’s continuum.’ But she’d first taken medication for ‘ADHD’ when she was 11. That was when her Mum and Dad were fighting. She liked diagnoses as they explained who she was and helped other people know what to do with her. This was called ‘assessment’ and involved being put on a ‘care pathway’. She’d met lots of professionals amidst re-organizations and promotions. She wondered why they all had different pathways for her.

She recognized most of the phrases the voices used. They included phrases that her Mum and Dad used to shout at each other as well as the things that the bullies had said to her before she refused to go to school. She’d hid under her bed hoping that Mum, who’d stayed in her own bedroom for days after Dad left home, wouldn’t notice. Recently they’d been giving her powerful medication – with strong side effects - to quieten the voices. For a while she’d spoken to a woman who gave her strategies for dealing with the voices. That was for 6 sessions and they told her that it was ‘evidence based’. But she still heard voices.

She’d preferred talking to the older woman a few years previously. She’d seen her for longer, got to know her better and felt more understood. But she hadn’t given her strategies and it wasn’t evidence based so they stopped it. She wondered why liking someone was not evidence. They said they were spending more funding on ‘community care’. This meant that she stayed at home and different people visited her to give her drugs which made her put on weight and keep forgetting things. But the voices seemed more distant - as did the rest of the world.

She didn’t catch anyone’s eye. If she had she might have noticed the politician looking at her wondering if his daughter might end up in a place like this. They were left with their own thoughts. He felt a moment of revulsion as he contemplated this wreck of a woman.

She wondered what the Visitors were wearing. He decided that he would marry his secretary – as soon as possible.

The Visitors questioned the unwillingness of self-confident professionals to tolerate signs of aggression from patients. They asked how often the disparaging messages of a patient's psychotic voices involved the same words as those of families, peers, cultures - and professionals. Might aggressive impulses, however clumsy and misdirected they initially appeared, be more often recognised as helpful? As in the prison, the Visitors interest was piqued by life stories rather than by the clinical assessments that they were offered. When the often long-winded stories finally arrived at the hospital admission, clinicians breathed a sigh of relief that they had entered areas of professional practice. Yet it was the relationships formed with each other and staff that the Visitors focused on. *'Why did several of the nurses referred to most fondly by patients frequently have to leave these meetings?'* It was explained that it was often the permanent staff members who were required to update: individual risk assessments, environmental risk assessments, health and safety check lists, care plans, restraint records, medication charts, daily notes, weekly notes, monthly notes, admission forms, discharge summaries and other professional reports. This was called offering a professional service and ensuring these tasks were done was known as quality control. The Visitors looked baffled; then incredulous.

They suggested collecting all the paperwork compiled on some of the patients who had been on the ward for some time and placing it in the centre of the room. Several patients volunteered for what promised to be an interesting interaction. They then asked those patients to look through all of the paperwork and select out the sentences and pages that might help others to meet them and understand them better – and to shred the rest. There was a murmur of disquiet throughout the professionals present as mountains of paperwork and generic forms disappeared into the mouth of the shredder. The Visitors then asked whether, if only the remaining documents were attended to, might members of staff who seemed able to form relationships be more available to do so.

*'If psychological growth was most likely to be assisted by sustained and sustaining relationships, why was there so much passing of people around between professionals? Why the assessments, the referrals, the short-term interventions? Would these be viewed favourably in families? Were re-organizations, reconfigurations and efficiency savings helpful developmentally?'* It was explained to them that caring organizations were not the same as

families: they became necessary when families couldn't cope. The Visitors asked whether this meant that interactions that were understood to be developmentally important within families became less relevant. It was hard to know whether the Visitors were being serious when they asked: *'If a business model is considered superior, why not bring up children in multi-national factories? If brain science is considered primary, why not bring up children in laboratories where their brains could be scientifically stimulated in a controlled manner? Why does professionalism so often fail to prioritize nurturing relationships?'*

Experts in 'the science of medicine' [a phrase which was repeated to the Visitors several times in case they didn't appreciate research history] found themselves becoming irritated with the onslaught of simplistic questions – as if almost everything was about relationships – even symptoms. Why did they show so much interest in theories that located psychiatric disturbance between people rather than within individuals? Why inquire as to the nature of the community interaction that might most effectively address symptomatic behaviour? Why did the Visitors seem so interested in the out-dated and unable to be verified idea that 'the language of the symptom' was a form of communication which mumbled to itself, 'hoping to be overheard'?<sup>4</sup>

Most professionals found somewhat improbable the idea that symptoms, understood as the result of early relationship disturbance, might best be treated when they re-emerged as current relationship disturbances which could be explored in therapeutic groups. Who would want to tolerate such disturbances let alone explore them? It was as if they were returning to the disquieting themes raised in the prison and advocating a life involving difficult interactions. What was wrong with focusing on the positive - and dulling unpleasant impulses through medication? Why did the Visitors make so many inquiries as to whether people felt understood or connected? Why not promote self-sufficiency and independence?

Their questions seemed to be becoming more simplistic – or were they parodying professionalism? They failed to appreciate that out-dated, naïve and idealistic notions of a therapeutic community

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<sup>4</sup> Foulkes S.H. (1964) *Therapeutic Group Analysis*. London: George Allen and Unwin Ltd, p112

style of treatment had evolved into the more rigorous and scientifically verifiable standards made possible by professional expertise and registration in the context of a market economy. Was there an attempt at irony when they asked: *'has the impact of distancing and greed been risk assessed? Why develop management policies and career paths that break up attachments in services whose apparent aim is to help people? Are relationships threatening?'* It was as if they regarded professionalism as more an attempt to accrue power than to respond to need. It was clear that they regarded the objectification they witnessed in diagnosis - in parallel with the commercial objectification they witnessed in the way the language of the market appeared in treatment - as unlikely to promote thoughtful explorations. *'Is distancing defensive? Is intimacy terrifying?'* They seemed confused when they heard about formal complaints policies and inquired as to whether these also occurred in families before returning to their favourite question, *'why is ongoing conversation so difficult?'*

They failed to appreciate the recent advances in evidence based research and seemed to regard professional assertions as corrupted by funding priorities and political manoeuvring within commercial, academic and professional bodies. *'How much empirical research is an indication of the researcher's vanity in the context of a social reluctance to self-reflect? What is 'scientifically verifiable'? Why attempt to view interpersonal interactions as physical sciences? Why is objectivity thought to reside in assessment forms rather than in ongoing conversations in the context of a relationship? Why is funding targeted at therapeutic approaches measurable after six months even when the results are not sustainable?'* They became particularly attentive to a radical statistician who explained how research projects could be framed, and control groups organized, in ways most likely to produce the desired results.

The Visitors acknowledged the utility of some medication in alleviating suffering but remained cautious in relation to enthusiasm they witnessed for brain science. *'Do professionals also show an interest in the part of a partner's brain they are relating to during a disturbing encounter? Do they tell their partner this and what is the impact on the relationship? Do people get lost when symptoms are focused on? Do uncertainty and variety stir up intolerable anxiety? Does the logical extension of attempts to objectify interactions include evidence based parenting, evidence based friendships and evidence based partnerships? Do clinicians envisage themselves handing out assessment forms to relatives and friends?'* Was this some kind of extra-terrestrial humour?

*‘In the interests of a more equitable distribution of respect, might all members of the treatment community (including patients) receive a similar remuneration?’* They were oblivious to such practical considerations as the equivalent salaries that managers might earn in the private sector. Anyone who was wealthy was unable to be recognized as someone who had worked hard and earned what they had. ‘Earning’ was rendered as meaningless as ‘criminality’ and ‘mental illness’ – or were these words subject to so much scrutiny that, along with many others used in the discussions, they evaporated until nothing was clear?

Diagnoses were extended beyond recognition. *‘Might ‘omnipotent and grandiose thinking’ be applied to career minded academics who were not in thoughtful interaction with the objects of their research?’* Psychopathy seemed to become a reflection of societal norms. *‘Was it psychopathic when medical research companies excluded those who couldn’t pay from the treatments they discovered? Were politicians and managers, earning six figure salaries and pruning treatment budgets in accord with what the economy could afford, on a par with patients who had been given this diagnosis? Could an economic system designed in consultation with leading business schools be described as psychopathic? Did politicians who attempted to present themselves in the best light meet the criteria [as it had been explained to the Visitors] in as much as policies developed for political advantage often seemed to ignore the suffering they caused?’*

*Was political and organizational spin ‘delusory’? Did this become a form of ‘social psychosis’ when politicians who used it were elected - however large their majority? Did this implicate much of humanity? Were the most extreme psychotic manifestations accurate representations of social processes?’* The Visitors explained that they would rather not use descriptions that so quickly became pejorative but if they were to be introduced by professionals then it was important that they did not become vehicles for diminishing others rather than reflecting upon the self.

*‘How had the content of persecutory thought developed historically? Were paranoid thoughts over-sensitive rather than inaccurate representations of prevailing sources of persecution? Was a powerful, sadistic church - promoting particular fantasies of evil and possession by devils – the progenitor of a manipulative, sadistic media – continuing to promote fantasies of evil and striving to manipulate thoughts rather than engaging in thoughtful conversation?’*

The Visitors' failure to differentiate between electorates, mass communication and acute psychiatric wards indicated their inability to comprehend the democratic process. When they twisted the already over-extended concept of 'developmental age' to include the range of responses exhibited by everyone in the ward, the hospital and the government which decided policy, it made diplomatic negotiations between adults apparently inconceivable.

These things might have been able to be reflected on if the Visitors had at least allowed some periods in which badness and madness was located away from the professional exchanges. The Visitor's insistence on meeting in venues which included the most extreme examples of emotional volatility meant that periods of reasonable communication were impossible to sustain. Their suggestion that this was as much to do with the equilibrium of 'social successes' as the disequilibrium of 'social failures' - and that locating success or failure separately distorted thinking - showed a lack of any appreciation of the value of opportunities for scientists to present research, let alone conventions that governed conversation. It became apparent that the visitors regarded the interruptions as more interesting than the professional conversations which they implied were trying to put interchanges into mental enclaves - thereby confirming the status of those professionals, creating an illusion of knowledge and easing the anxieties created by uncertainty.

In the end, they re-constructed the scenario many professionals had hoped to leave behind them in the prison: a noisy, chaotic atmosphere in which patients, professionals and delegates were invited to contribute equally - with many of the contributions apparently having little link with the reality understood by most of those present. What was even more disturbing was that the Visitors had evaded attempts at security and managed to bring with them some of the prisoners from the previous venue. They suggested that this was in the interests of not making divisions between badness and madness which might distort thought processes.

'Thinking' became a messy business. The mind they spoke of was not one in which clear thinking seemed possible. Emotions and unconscious motivations were noticed everywhere. They wanted to make everything difficult - as if the perpetual breakdown of emerging consensus - casting doubt on every category, diagnosis or behavioural definition and making no clear moral differentiations which weren't couched in some such justification as 'developmental difficulties' was what they meant by thinking. Awkwardness, unpleasantness and unrestrained outbursts were to be expected. It seemed that they refused

to judge anything and sought to explain everything. Unless they were brought back to the topics of most interest to the representatives of humanity, the Visitors were happy to think endlessly about the historical roots and development of everything – including words.

**Part IV will be in the June issue**

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## CONTEXTS' COLUMNIST

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### Quantitative Unease

By Susanne Vosmer

**A column dedicated to demystifying psychotherapy research – love it, hate it, or both...at least try to know what it's all about!**

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#### **The curious case of Logical Positivism and Easter: What's Truth Got to Do With it?**

Who doesn't like a good story? Well written or told, stories can leave us mesmerized. Enchanted, we don't question their validity. And so they are passed on from generation to generation. We don't ask anymore whether these stories are true. The Easter Story and the story of Logical Positivism are good examples. Both stories begin with separation. It was the divorce of epistemology and metaphysics in the case of logical positivism. For Easter, it was the separation between Eastern and Western positions, disputes about the 'true' date of Jesus Christ's resurrection.

Seemingly irreconcilable disagreements also persisted between rationalists and empiricists. Rationalists argued that everything there is to know can be understood within the mind of the perceiver, it can reason. We don't need sense experiences. But for empiricists, it is the *only* experience that counts. *That's the* ultimate source of knowledge.

Holy mystery might be the *raison d'etre* for you. But if your story of the 'Easter' rites begins with a rite d'entrée (solemn opening) into the darkness of the underworld, rest your case. Although it contains as much 'truth' as the story of Christ's resurrection, empiricists would question the 'truth' of both. Move on to the Rites of Spring instead and kindle new fire and light in this world. When you base your case on sense data or reason, empiricists or rationalists are likely to settle.

You don't want to do that? Fortunately for us, Kant did not have to be resurrected. When he awoke from his dogmatic slumber, he reconciled the two positions. He argued that we can derive knowledge through a dialectical process by situating external observations and internal experiences in time and space. Did you know that traces of Kant's reconciliation are embedded in group

analytic thinking? It is not ‘either or’ but a bit of ‘both’.

Did Kant’s reconciliation lead to the death of logical positivism? Let’s find out by exploring Kant’s critique. You know that science draws on binary logic. All data in a computer system consist of binary information with two possible values: 0 and 1. We don’t see the strings of numbers. When 110010110 (data) is put into a computer, and we see an Easter egg picture, our computer has translated those numbers into a picture. The computer hardware processes and transforms numbers based on underlying categories. Our mind makes sense of environmental data in the same way. A so-called phenomenal representation of objects (Easter egg) is projected to our faculties of understanding.

Not convinced? Neither was Kant. He believed that there is something deeper to the object than just the perceptual. “What is the *actual* Easter egg?” In asking this question, Kant gave us an account of the epistemology behind our experiences with the world. He offered us the noumenal, what the Easter egg (object) is. The noumenal is independent of the phenomenal perception of the Easter egg.

Think about a chocolate Easter egg. On one side, there is a little red bunny. Look at it. Now turn it around. You can’t see the red bunny anymore. Is it still there? Yes! So, saying that this Easter egg has a red bunny is a true statement. You know this because you have looked at it, even though you don’t perceive it after having turned it. The noumenal cortical existence of this Easter egg is the total simultaneous perception of the egg, wherein all sides are revealed simultaneously. But because we can’t see all sides when we turn it around, all we have, is the *phenomenal* perception of the Easter egg. So, Kant showed that we cannot understand data without situating it in time and space. He proved what empiricists tried to discard, namely, that knowledge does not exist independently.

Is this a problem for logical positivists? No! They ask *why* we would concern ourselves with the noumenal in the first place. Phenomenal perception is all there is. This Easter, this mind, this ability and anything else that would result in any transcendental (something other beyond our worldly experiences or any supernatural) is foregone. All we have is direct perception and the ability to determine whether, or not, this perception, these claims and propositions are accurate or not. This then becomes the structure of logical positivism.

You might find this peculiar but what it shows is that ‘truth’ lies in the eye of the beholder. Literally. Our visual perception depends on light being reflected onto the retina of our eyes. The visual cortex

transforms this incoming data. What we then see are the images of our environment. Of course, that's not the end of the story. Advances in neuroscience suggest that we do not need to 'see' objects. Visualising them can have a similar effect. This means that the stories we hear, the stories we tell ourselves and the stories we imagine, are treated as 'real'.

So there remains something to be said about positivism, its relationship with logical positivism, science, ethics and language. Whatever story you have been told, make no mistake, it has not loosened its grip within these three areas. So, stories matter, whether 'true' or not.

What has this to do with Easter? What is the story you know about Easter? The Easter story, which I have been told all my life, does not mention its Pagan origin, or links to Goddesses, such as Ishtar, or The Passing. The only Easter story I have ever heard is about Easter eggs, bunnies and resurrection. We all know that stories matter. If we hear them long enough, we accept them as 'true'. Stories can empower or silence. Any story has the power to convince the unconvinced and lead us in the realm of magical thinking. A magical story can change lives - for better or worse. We encounter their traces in the web of symbols, which constitute our psychotherapy traditions and ourselves. This 'truth' echoes through the hall of mirrors and finds its expression in one story about 'best practice'. The danger of a single story is that we forget that there never is just one story. That's what truth got to do with it.

Καλή Αναστάση & Χαρούμενο Πάσχα με Υγεία, Ελπίδα & Αγάπη

**Susanne Vosmer**

[s.vosmer@gmail.com](mailto:s.vosmer@gmail.com)

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## PSYCHOANALYSIS AND POLITICS

ANXIOUS ENCOUNTERS  
AND FORCES OF FEAR

Call for papers –



Spring symposium in the rooms  
of the Paris Psychoanalytical Society  
(SPP), March 31<sup>st</sup> – April 2<sup>nd</sup> 2017

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