GROUP-ANALYTIC CLINICAL MINDLINES

An Interview Study of the Working Theories of Group-Analytic

Psychotherapists

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Contents

Summary

The Introduction lays out the problem that this research project attempted to examine: the importance of the 'therapist factors' in therapy outcome, and the difficulty of ascertaining the working theories of Foulksian group analysts, which, it is suggested, are held in the group analyst's mind as implicit, pre-conscious, procedural or tacit knowledge. The concept of the clinical mind-line is then suggested as a useful way of describing and structuring the manner in which clinical working theories are held, reached, when required, and then used by the group-analyst.

Chapter 1 reviews the relevant literature about the development, theory and practice of group psychotherapy. Chapter 2 reviews some relevant philosophical and psychological work about knowledge and theory. Chapter 3 describes the chosen methodology: interviews of experienced group-analysts, which were recorded, transcribed and analysed using a thematic analysis.

Chapter 4 lays out the findings from the interviews, giving a narrative account followed by the thematic analysis. Chapter 5 discusses these findings in detail in the light of the group psychotherapy literature and the concepts of tacit

knowledge and the clinical mind-lines. It is suggested here that the two themes

and four sub-themes that were revealed by the thematic analysis usefully

formed a basis for a tentative formulation of the group-analytic clinical mind-

lines as consisting in a mental structure of inter-connecting clusters and nodes.

This structure enables the group-analyst, pre-consciously, to organise their tacit,

implicit knowledge, and to integrate it into their conscious explicit knowledge,

at any one moment-of-time-in-the-group, into a clinical decision and

therapeutic action.

The conclusion then describes the limitations, usefulness and possible future

development of this study. There are, finally, two appendices, which provide an

extract from a coded interview, and list of all the themes and codes from the

thematic analysis.

Introduction

This research project is concerned with the working theories of group analysts. Group analysis is a successful and widespread method of psychoanalytic group psychotherapy, developed in the United Kingdom after the Second World War by S.H.Foulkes and his colleagues and followers, and extensively used to date throughout the National Health Service and in private practice. It has some theories and working practices that are unique to group analysis, and others in common with individual psychoanalytic psychotherapy, psychoanalysis and psychodynamic and psychoanalytic group psychotherapy in the United Kingdom, Europe and the United States. Over the last fifty years group analysis has developed an extensive and developing literature and robust theories of practice and technique.

At the same time there has been little research into either outcome or process in group psychotherapy in the United Kingdom, but a great deal in the United States and Canada. The areas that group analysis has in common with North American methods of group psychotherapy allow this literature to be relevant to group analysis, and this is reviewed in Chapter 1. This literature tends to show that group psychotherapy, including group analysis, like individual

psychotherapy, is generally an effective form of psychological treatment.

Burlingame, a senior researcher in group psychotherapy in the United States

reviewed the research in 1994: "Group therapy demonstrated significant

improvement over inert comparison groups…and proved comparable or

superior to other active treatment conditions" (Fuhriman & Burlingame, 1994, p

15). Wampold and Imel reviewing meta-analysis of all psychotherapy

treatments in 2015 found a more or less agreed large effect size of between

0.75 and 0.85 (Wampold & Imel, 2015, pp 70-71, 94-5). Of the many factors that

contribute to effectiveness, or the 'change process', the least understood are

the therapist factors and the individual patient factors. This study is concerned

with one aspect of therapist factors, the working theories of the therapist: the

ideas, knowledge and expectations that they bring into the session. It is the first

hypothesis of this study that Foulksian group analysts carry with them into the

group a set of distinctive, shared working theories. The second hypothesis is

that these working theories are largely held as pre-conscious, implicit,

procedural knowledge. The philosopher Michael Polanyi calls this 'tacit

knowledge': "we know more than we can tell" (Polanyi, 1966, p 4). The third

hypothesis is that this sort of knowledge might be accessed through an

interview study of experienced group analysts, which concentrates on their

views and thoughts about the change process in group analysis. The nature of

the change process, and therefore the effectiveness of the method, is assumed

to be central to both the professional identity and formation of the group

analyst, and a discussion of it is most likely to reveal working knowledge. The

fourth hypothesis is that this sort of working theory and tacit knowledge can be

usefully described as a 'group-analytic clinical mind-line', following the model of

the research of Gabbay and Le May into the clinical decision-making of GP's and

hospital physicians (Gabbay & Le May, 2011).

Chapter 1

GROUP ANALYSIS, GROUP PSYCHOTHERAPY AND THE CHANGE PROCESS: THE

HISTORICAL THEORETICAL AND RESEARCH BACKGROUND

Introduction

This chapter is a survey of the theoretical and research literature concerned

with group analysis and the wider field of group psychotherapy, particularly in

relation to the change process. Group psychotherapy, which includes group

analysis, is an extensive field, encompassing a wide range of views, as wide as

psychoanalysis and dynamic psychotherapy. In an attempt to reduce the

potential complexity and range of views in this research, all of the interview

subjects were trained in the same organisation, the Institute of Group Analysis,

and in the tradition of S.H. Foulkes, the founder of group analysis.

This chapter therefore covers in some depth the historical and theoretical

background of group analysis and its complex relationship with other types of

group psychotherapy, and with individual psychoanalysis. Group analysts, like other schools in the psychoanalytic world, tend to have a strong sense of the historical development of their particular discipline, and identify themselves with their own history. One part of the research was to see where group analysts placed themselves in relation to Foulkes and the Foulksian tradition. At the same time, group psychotherapy is a complex and wide-ranging area of theory and practice and the various different schools influence and compete with one another, and adapt both to changing circumstances in clinical practice and to new developments in theory and research. In general, the group psychotherapy literature is syncretistic, fluid and changeable. However, the research interview was organised around the idea of the change process in the group in order to focus on what was the most important question about the group analyst's working practice: how does group analysis, in their view, bring about positive change? The survey therefore covers contemporary theory and research about the change process in individual and group psychotherapy.

S. H. Foulkes and the History and Development of Group Analysis

In order to have some consistency in both experience and theoretical background the research interview subjects were, as already stated, limited to experienced group analysts, who had trained in the same organisation, one of the qualifying trainings provided by the Institute of Group Analysis. This is a recognised and well-established training organisation, with a substantial

membership and a long history. Foulkes and the history of group analysis are important in the training and on-going experience of group analysts, and form the basis for their intellectual and clinical formation. The intellectual and theoretical origins and development of group analysis have been described well by Pines (Pines, 1983), and set in the context of psychoanalysis and other approaches in the volume edited by Oakley (Oakley, 1999). The founder of group analysis, S.H.Foulkes, was a profound influence on the formation and development of group analysis. He was a German psychoanalyst who came as a refugee to Britain in 1933. There is a brief biographical essay by his wife in a collection of his papers (Foulkes, 1990a). He trained as a doctor in Heidelberg, Munich and Frankfurt and then specialised in neurology working as an assistant to the influential neurologist Kurt Goldstein in Frankfurt (Foulkes, 1939). He then trained as a psychiatrist and as a psychoanalyst in Vienna, where Helene Deutsch was his training analyst, and moved back to Frankfurt to run the psychoanalytic clinic. The psychoanalysts at the clinic developed close ties with the sociologists from the Frankfurt School for Social Research. The psychoanalysts, like Erich Fromm (Fromm, 1970) became interested in sociology while the sociologists, like Theodore Adorno and Herbert Marcuse, became interested in psychoanalysis (Marcuse, 1962 & 1970, Frankfurt Institute for Social Research, 1972). This lively cross-fertilisation of ideas continued until the rise of Nazism and staff from both organisations began to leave Germany.

As a refugee in Great Britain, Foulkes took medical qualifications again and joined the British Society for Psychoanalysis. He became a member of the group around Anna Freud, and a training analyst. During the Second World War he

worked for a while in Exeter and experimented for the first time with a clinical group of patients. He then joined the British Army Medical Corps as a as a military psychiatrist at Northfield Hospital in Birmingham and further developed his practice of group analysis there. This was an influential hospital: W.R.Bion, Thomas Rickman, Harold Bridger, Tom Main and Pat de Mare also worked at Northfield, and the therapeutic work there is described by Foulkes in his first book (Foulkes, 1948); by Bion in his early papers on groups (Bion, 1961), by Harold Bridger (Bridger, 1990), by Pat de Mare (de Mare, 1985), and as a historical study by Harrison (Harrison 2000). After the war Foulkes worked as a psychiatrist at the Maudsley Hospital and went on, with colleagues, to start the Group Analytic Practice, the Group Analytic Society, and finally the Institute of Group Analysis (Foulkes,1990).

What is important about this history is that he represented and brought together a wide range of different influences which then developed, through the growth on the one hand of psychoanalysis and psychotherapy, and on the other hand, of the National Health Service. The experience of dealing with 'battle neurosis' (Post Traumatic Stress Disorder) at Northfield Hospital led to further therapeutic work with refugees, returning prisoners of war and 'displaced persons' (Wilson, 1990) After the war this then led on to the expansion of group treatments and the gradual development of the therapeutic community movement, in which group analysis and other group treatments formed a vital and increasing part (Manning, 1989). The connection back to Northfield can be seen in Bion's career, developing group therapy at the Tavistock Clinic (Bion, 1960), and by Tom Main, who set up the Cassel Hospital,

coining the concept of 'the hospital as a therapeutic institution' (Main, 1946;

Barnes, 1968). At the Maudsley Hospital, Foulkes influenced a long standing

interest in the psychotherapy clinic in group psychotherapy. Maxwell Jones,

who founded the Henderson Hospital, an important therapeutic community for

sociopathic patients, started his psychiatric career at Dartford, which was a

post-war rehabilitation hospital. The Henderson was for many years completely

committed to a group psychotherapeutic approach in the context of the

therapeutic community, and much studied and researched in the early years

(Rapoport, 1960), and then again much later (Dolan, 1996). With the further

development of the National Health Service and advances in psychiatric

treatment, group analysis expanded and developed.

Group Analysis, Psychoanalysis and Theoretical Developments

The range of theoretical work expanded alongside the developments in the

National Health Service and private practice, and over the last twenty years in

particular there has been a substantial development of theory, much of which

has been concerned with the relationship between psychoanalysis and group

analysis. This is complex and often contentious, and has strong implications for

technique and for any theory of therapeutic action and change. One question

that is often asked is whether group analysis is a development out of

psychoanalysis, or is it a separate entity? Farhad Dalal argues vigorously that

they are separate and that Foulkes was held back in bringing group analysis on

by too loyal an adherence to psychoanalysis (Dalal, 1998). Earl Hopper argues to

the contrary that group analysis is and should be an essential part of

psychoanalysis (Hopper, 2003b) and in particular has emphasised the unique

group analytic concept of the social unconscious (Hopper, 2003a). For Dennis

Brown, himself both a psychoanalyst and group analyst, Foulkes' "genius" was

his ability to hold in mind both the central tenets of psychoanalysis and the

"understanding of how profoundly social human nature is" (Brown, 1986, p 83).

Other group analysts have moved in the direction of attachment theory and its

relationship to psychoanalysis (Marrone, 1998) and further away from

psychoanalysis towards complexity theory (Stacey, 2003). A larger group have

stayed within the boundaries of Foulksian group analysis, with a clinical

emphasis, and the most important summaries of this position are by Behr and

Hearst (2005) and Barnes et al (1999). There have also been various studies of

the special application of group analytic methods to particular patient

populations. Barbara Elliot described day hospital group therapy with alcoholics

(Elliot, 2003), Martin Weegman with drug addicts (Weegman and Cohen, 2002)

and Dick Blackwell with refugees (Blackwell, 2005). Lionel Kreeger edited a text

on therapeutic work with large groups (Kreeger, 1975) and Pat de Mare wrote

about dialogue in what he called 'median' groups (de Mare, 1991). Both Kreeger

and De Mare also had worked at the Halliwick Hospital, an early and influential

therapeutic community, de Mare having also previously worked at Northfield.

This complex network of organisations, methods and theories slowly developed

out of the matrix of influences brought together in the person of Foulkes. It may

be the case that group analysts' identification with the Foulksian approach,

through training, supervision and personal experience of intensive group

analytic therapy, reinforces this tendency towards an eclectic, many-stranded,

'matricial' cast of mind. There are different strands in group analysis and this

makes it more difficult to describe in detail what is distinctive and unique about the group-analytic method of group psychotherapy, in all its forms, and therefore to identify a characteristic theory of therapeutic change. The complex historical background and the wide range of influences in the development of group-analysis are taught in the training and are within the group-analyst's frame of reference, forming a background to the group analyst's clinical mind-lines.

W.R.Bion and Henry Ezriel

A further complication is the relationship of group analysis to other kinds of British group psychotherapy, in particular Bion and Ezriel. Group analysis is said to be distinct from 'psychoanalytic group psychotherapy', which is usually identified with the approach of Bion and Ezriel, and their followers at the Tavistock Clinic (Garland, 2011). In this group, the critique of group analysis would be opposite to that of Dalal (op cit), that there is not enough psychoanalysis in group analysis, rather than too much. The work of Bion has been extremely influential particularly in the field of human relations conferences, large groups, organisational studies, and therapeutic communities, but generally seems to have had less influence in clinical small group psychotherapy (Bion, 1960; Hinshelwood, 1987). Bion trained in medicine after the First World War, developed an interest in psychotherapy and worked for several years at the Tavistock Clinic, (Miller, 2013). After war service in the Second World War, in the Army Medical Corps, as a psychiatrist at Northfield

Hospital and for the War Office Selection Boards (Murray 1990), he re-joined the Tavistock Clinic where he began to lead psychotherapy groups which he studied with great care. He developed what came to be called his 'Basic Assumption Theory' and this was published in its first form in an important paper in the journal, 'Human Relations', and then developed further and refined in its final form in his book, 'Experiences in Groups', which became extremely influential throughout Europe and North and South America in later years (Bion, 1960). In the book, the essay, in an expanded form, is the last chapter, called 'Group Dynamics: a review'. It was the last essay that he wrote about groups.

The Basic Assumption Theory, which has been so influential, is in some ways a straightforward idea. Bion suggests that the group has a central 'work group function'. The group is there to do a job: do psychotherapy, make a decision or carry out a task, for example. Something gets in the way of the work, a kind of compelling shared anxious preoccupation with the nature of the group, rather than the task. This destabilising anxiety adopted by the group depended on that group's particular tendency at that moment to head towards one of the three basic assumptions: pairing, fight/flight or dependency. This very simple theoretical scheme has been found to be very robust in examining organisations and institutional life (Sutherland, 1990; Miller, 1990). In spite of the fact that Bion is often seen in opposition to Foulkes, most group analysts are also influenced by Bion's formulations, and his work is taught in the group-analytic training (Garland, 2011, Hinshelwood, 1987).

Another important influence was from Henry Ezriel, who is less noticed now,

but who was also taught for many years on the group-analytic training. He

worked at the Tavistock Clinic with Bion. He developed his own rather

idiosyncratic method based on the idea of the 'common group tension', which

developed in the group as a result of a denied wish. This resulted in what he

called the 'required relationship'. This unconscious 'required relationship' was a

false state of mind that the group unconsciously forced itself into to prevent the

emergence of the 'avoided relationship', the secret wish, which, if it were

revealed, would result in the 'calamitous relationship', which would be the end

of the group (Ezriel, 1950). This structure was adopted for some time as a

method of small group psychotherapy, particularly at the Tavistock Clinic, in

preference to the methods of Bion, according to Sutherland, who was for many

years the Director (Sutherland, 1990) and, famously, also in the NHS at the

Paddington Day Hospital, with mixed results (Baron, 1987). Influences from

both Bion and Ezriel therefore form another possible strand in the group-

analytic clinical mind-line.

Group Psychotherapy in the United States

Another substantial, complex influence on group analysis comes from the

United States. There was an interchange for many years between group

psychotherapists from the United States and British group analysts. Both British

psychoanalytic group psychotherapy (Bion) and group analysis (Foulkes) are

different again from the various approaches to group psychotherapy in the

United States. These are the 'interpersonal' school, best represented by Yalom

(1975), the 'modern analytic' approach (Ormont 1992, 2001; Rosenthal, 1987)

and the 'relational' approach (Billow, 2003). There is also a range of

independent group psychotherapists who are more frankly psychoanalytic in

their approach. A good and influential example is Leonard Horwitz, who trained

and worked at the Menninger Clinic, who was in turn very influenced by J.D.

Sutherland from the Tavistock Clinic, who visited and worked at the Menninger

for many years (Horwitz, 2014). Horwitz, for example, explicitly identifies much

more closely with the methods and theories of Bion and Ezriel than he does

with Foulkes (ibid, pp 39-40). More importantly, the majority of research into

both process and outcome of both individual and group psychotherapy has

been carried out in the United States and Canada rather than Britain (Piper et

al, 2002; Burlingame at al, 2011, 2013; Fuhriman & Burlingame, 1994). An

important example of this would be Irving Yalom, whose influential text-book

has always been used in the group-analytic training in the United Kingdom.

(Yalom, 1975)

Outcome and Process Research in Group psychotherapy and Group Analysis

This research, mainly in the United States, as stated earlier, indicates that group

psychotherapy is an effective form of psychological treatment (Burlingame op

cit). It is, like all other psychodynamic methods of treatment, significantly better

than no treatment at all. In the United States there has been a great deal of

intensive research, for many years, into both outcome and process in group

psychotherapy, largely by the researchers connected to Brigham Young

University (Burlingame et al op cit), and in Canada by the group of researchers

connected to the Universities of Alberta and British Columbia (Piper, 2002). In

Britain and Europe the contemporary evidence base for all analytic

psychotherapy is described by Richardson and Hobson, both of them

psychotherapy clinicians and researchers, in an imagined conversation between

a sceptical inquirer and a psychotherapist (Richardson and Hobson, 2003), and

the separate but related issue of evidence-based practice, RCT's and

psychotherapy is also addressed by Richardson (Richardson, 2003). In the

United Kingdom the University of Sheffield carried out a substantial meta-

review, looking at all the available methodologically acceptable outcome studies

in group psychotherapy and group analysis, for the Group Analytic Society and

the Institute of Group Analysis. This showed modest proof of efficacy and

effectiveness (Centre for Psychological Services Research, 2009). More recently,

Steinar Lorentzen, a group analyst and researcher from Norway and his group

completed a long and careful comparison study between short and long term

group analytic psychotherapy looking at potential differential outcome

(Lorentzen, 2014). This was a randomised controlled trial comparing the two

modes of short and long term group-analytic therapy: SALT-GAP (ibid p xv). All

of these studies show that group psychotherapy is an effective psychological

treatment. The much more difficult question to answer now is not whether

group therapy works, but, if it does: why and how does it work? Some

researchers in the field now claim that little more can be discovered about

outcome through research, except for differential outcome effects for different

kinds of psychological conditions and populations, until more is known about

process (Greene, 2004). Therefore research into process in all the

psychotherapies is increasingly important. The situation with group

psychotherapy, which includes group analysis, the subject of this study, is

perhaps no different from the situation with individual psychoanalytic

psychotherapy, although there have been more theoretical developments and

more research, particularly into individual psychoanalysis, and psychoanalytic

psychotherapy, most notably in the United States, with the Boston Change

Process Study Group (2010) and in Germany and in Sweden (Richardson et al

2004). Process research is of course difficult, and it presents researchers

working in the psychoanalytic field with particular ethical and methodological

problems. Outcome research, however, can be done with a wide range of

outcome measures, given to patients before and after treatment. For group

psychotherapy good examples are provided by the CORE Battery, drawn up by

the Task Force from the American Group Psychotherapy Association, (Core-R

Task Force, 2006). Examples of various different approaches to process research

are described later in this chapter.

Therapist Factors in Group Analysis and Group Psychotherapy

A recent survey of the evidence base for psychotherapy affirms the importance

of the 'therapist factors' in both process and outcome. Wampold and Imel

propose what they call a "contextual model" for examining psychotherapy,

rather than a "medical model" and claim that: "A central component of the

Contextual Model is the relationship between the therapist and the client."

Wampold & Imel, 2015, p 80) Another researcher, Norcross, states that the

evidence shows that that differences in outcome that are not to do with the patient are associated with the individual therapist differences and the nature of the therapeutic relationship (Norcross, 2011, p 7). The "person of the therapist is inextricably intertwined with the outcome of the psychotherapy" and this effect is variously, across studies, responsible for 5% to 9% of outcome variation (ibid p 7). Norcross then shows an analysis of variance in outcome which shows the contribution of the therapist as 7% , the treatment method as 8%, the therapy relationship at 12%, the patient at 30% and unexplained factors at 40% (Norcross, 2011 p 13) What the therapist actually does with good effect in the treatment is connected more to who they are, and what sort of relationship they have with their patients, than what they know. In group analysis this would include the group analyst's ability to foster good relationships within, as well as with, the group. This raises some complex issues. For group analysts, how much of their approach to group analysis is to do with being a group analyst and how much of it is to do with their individual nature and view of groups and psychotherapy? This then raises the complex question of identification. How personal and internalised is the identification with being a psychotherapist and group analyst, and how much of that affects the work on a moment-by-moment basis? It is assumed in this study that experienced group analysts do become identified to a considerable degree with the group analytic method, whatever their own individual construction on that is.

If it is the group psychotherapist's role to guide the group, whether by interpretation, analysis, education, encouragement or confrontation, then group psychotherapists must therefore regard their work and their

interventions as contributing largely to the change process in the group. What

sort of working model do they then hold which helps them to decide the nature

of any intervention at any point in the group? Are all interventions designed to

effect change? What is the relationship between the other elements, the nature

and condition of the group, the unconscious group dynamics and the therapist's

work? One attempt to research this is the book, A Workbook of Group-Analytic

Interventions, by David Kennard, Jeff Roberts and David Winter. In this study

the authors presented a number of group analysts with eight different

problematic small scenarios, of varying difficulty, asking the group analysts to

describe what they would do (Kennard et al, 1993). The results showed that

most of the imagined interventions were modest and brief: "Group analysts

place considerable confidence in the capacity of group members to work things

out for themselves" (ibid, p 147) This suggests that group analysts frame their

interventions substantially in the light of what Bloch and Crouch call "the

conditions of change" (Bloch and Crouch, 1985). In a review of studies into

group therapists Dies found that six therapist variables emerged in treatment:

the co-therapist relationship, the focus of intervention, personal style,

skill/expertise, techniques and manuals, and that "the contributions of the

clinician to effective group treatment are important, but outcome is also

influenced by a host of other considerations" For the client/therapist category,

the three variables were the quality of the relationship, the restructuring of

goals and transference (Dies, 1994, pp 144-5).

This indicates two important linked elements, both of which have strong

implications for the group analyst's working theories: the complex nature of

transference in the group and the consequent role of interpretation.

Interpretation is the basis of therapeutic action in psychoanalytic

psychotherapy, making the unconscious conscious: "where id was, there shall

ego be" (Freud, 1933). For Foulkes, however, interpretation is a slow and

modest process that arises from listening to the group over a period of time.

The interpretation should always be made in the light of the group-as-a-whole,

it arises out of the group analyst's passive, receptive stance, and it is a

"perceptive and creative act" (Foulkes, 1968). Malcolm Pines takes a slightly

different stance. For him: "the primary task of the therapist is to facilitate the

communicative capacity of the group members" and the interpretation arises

out of that as an "act of freedom…of liberation from the role of container"

(Pines, 1993, p141) This is an interesting way of looking at the dynamics of the

connection between the conditions of change and therapeutic technique, in

Bloch and Crouch's terms, and implicitly joins up with Bion's concepts of the

container and the contained (Bion, 1970, pp77-82).

Binder, in his study of manualised brief therapy, while distinguishing between

'procedural' and 'declarative' knowledge in his study, also emphasised that, in

spite of increasing research: "the precise agents or processes of therapeutic

change remain largely speculative" (Binder, 2004, p 46). He also pointed out

that each theory will tend to claim change processes that will fit with that

theory. This seems to be a common problem, a retrospective ascription of

agency for change, probably involving conscious and non-conscious re-writing,

of present events to fit past theory. In his study, which is largely of the use of

manuals in short-term therapy, Binder identifies two sets of elements in the

change process, which he claims are generic to a range of therapies. First, he picks out four conditions necessary for the patient to change: cognitive insight, practice (of what is learned from the insight), creating new behaviour and internalisation; and second, he describes the generic skills that need to be acquired in order to make use of the potential change process: interpersonal pattern recognition, self-reflection, self-monitoring, reflection-on-action, reflection-in-action, and improvisation (Binder, 2004, pp 46-54). This is a very helpful and productive way of breaking down the idea of the change process in a manageable way: first, what has to be happening in order for helpful change to take place, and, second, what do the therapist and the patients or group need to do in order to enable the change process to continue and develop.

Group-analytic theories of the change process

This raises the question as to whether there is a specific group-analytic theory of the change process? For Foulkes himself, change derived from insight, in a conventional psychoanalytic understanding of making the unconscious conscious. The free-associative process of group analysis, what he later called the "free-floating conversation", which is enabled by the interventions of the group analyst, rather than making interpretations, leads towards "enlarging the area of communication in depth", and "this process…produces change as well as insight" (Foulkes, 1990, p 141). "Enlarging the area of communication" is what Kutter describes as the increase in openness (Kutter, 1982), and this must be an important element in the change process, but, again, why and how does the

acquisition of insight in the group lead to change? "We are interested in change and in the study of change….the study of change in operation, the study of change in a living situation", claimed Foulkes in another paper, as though he knew that it was not enough just to notice it, it needed to be studied (Foulkes, 1990, pp 206-7). And in a paper written five years later Foulkes returns to this problem, and he has clearly been worrying at it in the intervening years. He now saw it differently, in a less conventionally psychoanalytic way: "Change, however, results from the interacting processes themselves even before they are made conscious. In this view change is, therefore, the cause of insight and not its consequence" (Foulkes, 1990, p 291). Foulkes, however, presented his views of group process and change, in gradually more complex ways and these ideas were then taken up, developed and challenged by other researchers and group therapists. Dennis Brown, for example, emphasises the importance of 'dialogue', "intimate reciprocal communication at many levels", for change in group analysis (Brown, 1986, p 91). In another paper Brown explains that "in group analysis we see insight and change as interacting" (Brown, 1987, p 104). Robin Skynner, a group analyst and family therapist illuminates this by describing how each group member brings to the group a "family pattern", and then "projects" this into the group, manipulating it unconsciously to keep it in operation (Skynner, 1985, p 105). This 'pattern' is gradually dismantled, because the other group members increasingly do not cooperate with it and the group change process gets under way.

Theories of Conditions for Change: the Group-specific, Therapeutic and Curative factors in Group Psychotherapy and Group Analysis

The next important question is: what are the pre-conditions for the change process in group analysis and group psychotherapy? There is now a set of established and generally well-accepted concepts of what makes change possible in group psychotherapy. These are not all specifically group analytic, except for the concepts of Foulkes and Anthony, but apply to all analytic group psychotherapy. These working models of group psychotherapy process that attempt to explain the likely conditions in the group for therapeutic change are usually described as the 'group-specific factors' by Foulkes (Foulkes and Antony, 1957), as the 'therapeutic factors' by Bloch and Crouch (1985) and as the 'curative factors' by Yalom (1975). These terms are used quite loosely at times and can be interchangeable, but there are some distinct differences in emphasis. Walton has a useful list of 'phenomena specific to groups', which is an attempt to separate out what is unique about group as opposed to individual therapy (Walton, 1971). He refers to Whitaker and Lieberman (1964), stating that: "The goal in a therapeutic group is to provide patients with a setting in which change can occur. To achieve this it is necessary to generate a group environment conducive to openness and mutual trust" (Walton, 1971, p37). This is a useful and clear description of the basic requirement in group therapy for change to take place. This is within the setting of the five group specific phenomena, which are the group's "capacity" for: consensus, mutual pressure, reward and punishment by inclusion and exclusion, shared feelings and collaboration. He states that the special skill required of the group psychotherapist is that of a "monitor and manager of group forces" (ibid, p 38). One of the basic requirements, therefore, for change to take place in the group

is that the group psychotherapist is always aware of, and enabling, of the group-specific phenomena.

Foulkes and Anthony see it slightly differently in their classic description of the group-specific factors (Foulkes and Anthony, 1957). They differentiate between group-specific factors, which are the necessary conditions in the group for therapy, and therefore change, to take place in the group, and group-specific phenomena, "which result from the workings of the therapeutic process" (ibid p 149). There are five group-specific factors: socialisation, the 'mirror' phenomena, the 'condenser', the 'chain' and 'resonance'. This a more complex idea than it first seems because the implication is that these factors are there in all groups as pathways for group communication and closeness, but at the same time they are also the means whereby the group becomes closer and more communicative. It could also be said that these factors are normal interactive patterns, indicators of good mental health. The group phenomena are described variously as the things that happen in groups, for good or ill, once the group is under way; the roles that individual members may take on in the course of the group; and as ways of looking at, analysing or describing what is happening. They list theorising, support, sub-grouping, silences, scapegoats, the stranger, the historian, and rhythm and tensions (ibid pp 149-162). Although they describe each of these in some detail, with clinical illustrations, it is still unclear how useful these factors and phenomena are in describing the necessary conditions for therapeutic change in the group. They are rather arbitrary, and have a slightly taken-for-granted quality.

The 'therapeutic factors' are most closely associated with the detailed research

of Bloch and Crouch (1985). Again, however, the problem is the definition of a

necessarily complex and hard-to-grasp idea. Greene, in a useful quotation, says

that the therapeutic factors: "is an ambiguously defined concept that seems to

represent the crystallisation or condensation...of the on-going flow of

behaviours within the group that purportedly contribute to therapeutic gain"

(Greene, 2000, p 28). This is helpful because he describes the complexity of the

subject, but gives it a shape. The group is obviously an "on-going flow of

behaviours", conscious and unconscious, some of which promote and maintain

therapeutic change in individual group members and in the group-as-a-whole.

In their research Bloch and Crouch identified three large sets of variables which

might affect treatment outcome. First, there are the conditions for change,

which must be present in the group for there to be change, but which do not in

themselves have a therapeutic effect. Second, therapist technique, what the

therapist does and says is a substantial variable. Third, they list ten therapeutic

factors, which are essential parts of the group process, and which have a

beneficial effect. These are: acceptance, universality, altruism, instillation of

hope, guidance, vicarious learning, self-understanding, learning from

interpersonal action, self-disclosure and catharsis (Bloch and Crouch, 1985).

Many of these concepts are interchangeable between different researchers and

clinicians, and Bloch and Crouch's list was influenced by, and overlaps with, the

better-known formulations of Yalom, whose influential text-book, 'The Theory

and Practice of Group Psychotherapy' has been continuously in print through

several editions since 1970 (Yalom, 1970). This is a very firm and confident

statement of the interpersonal approach to group psychotherapy, which is very

much centred on therapeutic work in the here and now. What Bloch and Crouch

call the 'therapeutic factors', Yalom calls the 'curative factors', and he lists

eleven: instillation of hope, universality, imparting of information, altruism, the

corrective recapitulation of the primary family group, development of

socialising techniques, imitative behaviour, interpersonal learning, group

cohesiveness, catharsis, and existential factors. Of these, Yalom regards group

cohesiveness and interpersonal learning as by far the most important factors

(Yalom, 1975, p3-4). In particular, these two factors are essential, in his view, for

group therapy that aims for "characterologic change" (ibid, pxi). He makes a

distinction between "front" and "core", taking these terms from Erving

Goffman, to mean, roughly speaking, theory and practice, or possibly

declarative and procedural knowledge (Binder, 2004). His view is that: "Therapy

groups which appear totally different in form may rely on identical mechanisms

of change" (Yalom, p xi). The problem, of course, is how to identify the central

mechanisms. He emphasises a particular aspect of the complexity: "therapeutic

change is an enormously complex process…it occurs through an intricate

interplay of various guided human experiences" (ibid, p 3). These experiences,

the "ongoing flow of behaviours within the group" that Greene describes (2000,

p 38) are partly "guided" (therapeutic technique) and partly arise out of what

Bloch and Crouch call the therapeutic factors and the conditions of change (op

cit). An example would be their claim, in another review of research, that group

psychotherapists can increase 'interpersonal learning' by actively helping the

group to work with one another, and, more strikingly: "group leaders can

enhance cohesion through various means like reinforcement, adopting a

moderately self-expressive and caring style, and organising the group in specific

ways" (Crouch et al, 1994). This leads on to the next important question: what should the group analyst do to move the group into an effective change process, if all the pre-conditions for change are reasonably well in place?

The Group Analyst's Therapeutic Work to Promote the Change Process

The next important matter is the nature of the interaction between the actions of the therapist and the process of the group. Greene puts it well: "Without an understanding of the specific inner processes of psychotherapy, a range of problems ensues" (Greene, 2000, p 24). Not the least of these is how to generalise experimental findings of good outcome into everyday clinical practice. What sort of behaviour by the group analyst moves the group from the pre-conditions for change to the actual change process? One way to look at this is through process analysis of group sessions. A fairly recent example of this kind of through-going process analysis is presented in the book edited by Beck and Lewis. (Beck and Lewis, 2000). They examine nine different systems of process analysis, using each system to analyse the same set of recorded material from a psychotherapy group. They are very influenced themselves by general system theory, and therefore very aware of the complexity of small therapy groups over time, and in their introduction to the book they emphasise this strongly: "…it is clear that living systems are basically in process at all times. Therefore process analysis of data over time is one useful methodology for understanding specific levels of interaction and change in a therapy group" (Beck & Lewis, 2000, p 7). This emphasis on process over time, where

interaction leads to change recalls Greene's phrase: "the ongoing flow of behaviours" (op cit). The American group psychotherapist, Louis Ormont, a founder member of the Modern Analytic school describes it in a similar way. In the group, he says: "Life is unfolding in front of us" (Ormont, 2001, p 40).

Psychotherapy process research was taken up and described in a systematic way by Greenburg and Pinsof in a well-known text book: 'The Psychotherapeutic Process: a Research Handbook'. Their view of the work is clear: "Process research is the study of the interaction between the patient and therapist systems" (Greenberg and Pinsof, 1986, p 18). Beck and Lewis set this concern with interaction in the context of studying group process, they are concerned with the fact that in the group: "…simultaneous influential events can be occurring at the individual, dyadic, sub-group and group-as-a-whole levels", emphasising the complexity and multi-layered nature of group psychotherapy (Beck and Lewis, 2000, p 9). Of the nine process research systems that they describe, most are influenced, to some degree by psychoanalysis. Sigmund Karterud has developed the 'Group emotionality rating system', which attempts to rate basic assumption functioning from recordings of small group psychotherapy (Karterud, 2000). As described above, the basic assumptions are a central part of Bion's theories about small group behaviour (Bion, 1952, 1961). In Karterud's system five categories of emotionality are independently rated according to a scale: fight, flight, dependency, pairing and neutral (Karterud, 2000, pp 119-120) What Bion called "valence", which is the group members' willingness to join in with the group's movement into basic assumption activity, was also measured, in the sense that certain diagnostic

categories among the group members were found to be more likely to engage in one basic assumption rather than another. For example, group members with schizotypal, narcissistic or borderline personality disorders were more likely to fall into fight/flight basic assumptions, and depressed members to fall into dependency basic assumptions (ibid, p 125). The Hill Interaction Matrix, was also influenced by Bion's basic assumption theory, and Kurt Lewin's group dynamics. It is a complex measure but it has the advantage of representing complexity and the relationship between the various parts of the interactive process (Fuhriman and Burlingame, 2000). In Mann's 'Member-leader scoring system', which was partly influenced by Kleinian theory: "…the relationship to authority or the member-leader relationship is considered the central aspect of group life and that which affects process and development the most" (Cytrynbaum, 2000, p176). The 'Group development process analysis measures' are more influenced by social psychology small group studies and system theory than by psychoanalysis (Beck at al, 2000). However they can be used to study groups run in a variety of different ways, all of which will be subject to an observable and measurable developmental process, which will affect the growth and therapeutic outcome of the group. An interesting group research system is the 'Psychodynamic work and object rating system' influenced by psychodynamic theory, object relations and systems theory. The work in the group is the activity in the group of: "one or more patients (eg. a pair or sub-group), the therapist, or the group as a whole" and the objects are what are continually referred to in the course of the psychodynamic work of the group (Piper and McCallum, 2000, p 264).

Summary

It is clear that there are a number of difficulties in the way of process analysis of group psychotherapy, and therefore in the way of understanding the change process. The generally accepted, and therefore rather taken-for-granted, way of offering a basis for understanding the change process in group psychotherapy is the concept of the therapeutic or curative factors, and the closely associated group-specific factors of Foulksian group analysis. The problem with these three ways of looking at the change process is that they are necessary conditions for change, perhaps, rather than specific agents of therapeutic development. It could also be said that they are standard aspects of normal good emotional life and relations to others. What is it about effective group psychotherapy that makes for positive change in group members, and what is it that is ineffective or obstructive to change? Part of the answer may be available in process group research, but as the literature indicates, this is difficult and laborious work. The process analysis has to take account of the complexity of the group process: the multi-layered interaction between the individual patient, the therapist, pairs, sub-groups, the group-as-a-whole and the external context. And all this has to be seen as a process in time, continuously unfolding and changing. What is therefore a very striking phenomenon is the working attitude, and therefore what might be called the internal working model of group psychotherapy, of the group psychotherapist, who appears to approach this with some kind of confidence that change will occur. It might therefore be useful to start with that, the 'internal working model' or 'clinical mind-lines', of the group psychotherapist, which must be based on an idea of positive therapeutic

change. This then forms an important part of the group analyst's clinical mind-lines. And, as already stated, of all the research has been done into factors of change, the least has been about the therapist. This study was organised around the idea of asking group analysts what was in their minds when they were working in the group.

Chapter 2

CLINICAL WORKING THEORIES: PROCEDURAL, IMPLICIT AND TACIT KNOWLEDGE AND CLINICAL MIND-LINES

Introduction

This chapter is a survey of some of the relevant theoretical approaches to, and research into, different types of knowledge, as applied to individual and group psychotherapy and group analysis. This necessarily introduces some theories from philosophy, from the sociology of knowledge and social psychology, as well as psychoanalytic and psychotherapy research, about how knowledge is held and used in relation to clinical practice. A range of differing helpful conceptualisations are then described: the difference between procedural and declarative knowledge, tacit or implicit knowledge, 'unconscious competence', the internal working model, the 'analyst's pre-conscious', and finally 'clinical

mind-lines'. The principal aim of the research was to discover what sort of working theories and clinical knowledge were likely to be in the mind of the group analyst when they were working in the group, and what sort of knowledge was this? This survey looks at Binder's research about declarative and procedural knowledge (Binder, 2004), and at Victoria Hamilton's interview study of the 'analyst's preconscious' (Hamilton, 1996). It then considers Canestri's work about theory and practice in psychoanalysis (Canestri ed., 2012); some aspects of the philosophical base in Gilbert Ryle (Ryle, 1949) and Michael Polanyi (Polanyi, 1958, 1966). Finally, the survey looks in more detail at Gabbay and Le May's important work on clinical mind-lines, and attempts to apply this to the concept of the implicit and explicit, procedural and declarative working theories of group analysts (Gabbay & Le May, 2011). Is the clinical mind-line a useful conceptual tool for examining the group analyst in the group?

Declarative and Procedural Knowledge and the Change Process in Group Analysis

It might also be useful at this point to emphasise the distinction, made by Binder, between different kinds of practice knowledge. Binder's research was into manualised short-term psychotherapy, and he usefully employed this distinction between two different kinds of knowledge, 'declarative' and 'procedural' (Binder, 2004). This distinction, which he draws from cognitive science, particularly the study of memory, is between the kind of knowledge that we know we have, think we have, or say we have, and which we were

probably taught and read about, and which we teach others, which is 'declarative', and the kind of knowledge that informs what we do without us knowing necessarily consciously, moment by moment, what it is, or where it comes from and this is 'procedural'. This is sometimes also known as 'unconscious competence'. One example of this, which Binder explains is the most important and unifying factor in expertise in all professional fields, is the ability to improvise (Binder, 2004). The interesting example that he gives of this from the psychotherapy field is the research into experts who write therapy manuals, who, when they are filmed working often do not follow their own manual's instructions (ibid, pp 8-14). It seems possible, therefore, that what informs the group analyst, struggling to understand and formulate, on a moment-by-moment basis, the on-going life of the group, is exactly this complex kind of 'procedural' knowledge, a non-conscious set of therapeutic assumptions, skills and techniques. It is likely that these interact and overlap with up to a point, but are never completely identical to, the psychotherapist's 'declarative' knowledge, acquired through training, supervision, reading and membership of a group or organisation of colleagues, and with their own personality and interests.

What this research project is aiming to discover is what might be also called the group analyst's internal working model (Bowlby, 1988; Holmes, 1993) or, 'group analytic clinical mind-lines' (Gabbay and Le May, 2011). One possibility, of course, is that these two kinds of knowledge either actually overlap at points, or, more accurately, that there is a third area of knowledge combining parts of the two kinds, that is in operation on a moment by moment basis in the course

of following and being part of the interaction in the group. This is probably involved in the frequent assertion in group analysis that the group analyst is both a member of the group and at the same time outside it (Foulkes, 1957, p 28).

There seems to be a wide range of difference in all schools of individual and group psychotherapy between individual psychotherapists, differences which often seem greater than the differences between established approaches. It is possible that declarative, explicit knowledge is much more various and conflicted than procedural, implicit knowledge (Binder, 2004). What therapists actually do, therefore, may be more similar than what they say they do. However, what is not clearly stated in any approach is a specific clearly delineated theory of the change process in group psychotherapy, and yet it must be the case that group psychotherapists have a working model of what promotes and brings about change in group therapy that informs both their understanding and their moment-by-moment activity in the group. One possible explanation is that the actual procedural working model, the practice wisdom, is largely non-conscious and tacit and not immediately available for conscious and rational description and explanation, and that it comes into play, into action, only in the course of the spontaneous moment-by-moment interaction in the group.

The Analyst's Pre-conscious

The psychoanalyst and researcher Victoria Hamilton identified a particular

problem with theory and practice in her series of research interviews with

psychoanalysts, where she tried to elicit what she called 'the analyst's pre-

conscious', in other words, what the psychoanalyst brought into the session,

and might use. One problem, which Binder is also aware of in his study, is a

possible tendency to re-label present clinical experience retrospectively to fit in

with the requirements of the accepted theory (Hamilton, 1996). Hamilton

showed that "When theorising about psychic change, psychoanalysts might

attempt to define the criteria for delineating the kind of change that is sought",

and for example, Freudian goals for change will be defined in terms of the

Oedipus complex, Kleinian in terms of the depressive position, and Winnicottian

in terms of playing or 'going on being' (ibid, p 225). But all these differing

explanations of change: "…reflect analysts' beliefs in the centrality of affect as

an agent of psychic change" (ibid, p 227). Presumably something similar

happens in group analysis, and group analysts would define the conditions of

change in terms of Foulksian ideas about the primacy of the group over the

individual, the central affect being the group members' growing emotional ties

to one another. What is clear is that in group psychotherapy group analysts do

seem to know very well when change has happened, or is happening, but they

know much less about exactly how this has happened. A good example is from

an early book by Peter Kutter, a German group analyst and psychoanalyst. He

wrote about the ending of a group, and how much the members of the group

had benefitted, how there was less resistance, and a much greater openness

and a capacity to mourn: "The joy derived from the success we have attained,

however, outweighed far the pain of separation" (Kutter, 1982, p 110). This

would not be an unusual statement for most group analysts, at the end of an

apparently successful group, although others might emphasise the qualities of

the changed affect and behaviour differently (Rosenthal, 1987, p 96). Kutter's

moving use of the word "joy" in this quotation shows how strong the affect

often is when the group analyst is convinced that there has been great positive

change. This leaves the enormous and important question: how did the change

come about? And is it possible to investigate the change process in a useful

way? Hamilton's use of the term pre-conscious to describe what is in the

analyst's mind in the session, a blend of theories, influences, allegiances,

experiences and affects, is also useful as a way of thinking about what is in the

group analyst's mind when working in the group.

Theory and Practice in Psychoanalysis: Private Theory as an Internal Object

The European Psychoanalytic Federation produced a careful study of how

theories are actually used in practice (Canestri ed. 2012) and in his introduction

Canestri emphasises something similar to the declarative and procedural

distinction made by Binder (op cit): "We believe that there has not been as

much diligence in confronting the reality of our clinical practice, that is, what it

really is and not what we say it is or what we would like it to be" (Canestri, ed.

2012, p xx). He claims the importance of exploring clinical work "from the

inside" (ibid p xx), and usefully describes the process of clinical work, whereby

the analyst and the patient, or in this research the group analyst and the group,

together create a specific "shared narrative", in which the theory, the resulting

clinical hypothesis and the personal, clinical situation all come together (ibid, p xxi). He also talks about three similar words for this kind of knowledge that they use throughout the study: private, implicit and pre-conscious. Theory comes to have a particular place in the analyst's mind, and Canestri mentions the importance of the triangular relationship between the analyst, the patient and the analytic community or group to which the analyst belongs. He quotes Caper to the effect that theory can function in the analyst's mind like a good internal object and Parson's idea that it is the clinical situation itself, in the moment, that creates the necessary theory that then gets called up in the analyst's mind (ibid, p 3-4). In the conclusions to the study Canestri draws up a helpful scheme, which allows for what was, in the previous chapter, described as the partial overlap between declarative and procedural clinical knowledge in practice. He claims that their study showed that analysts worked not with "official theories, but with a combination that we have defined as the sum of public theory based thinking + private theoretical thinking + interaction of private and explicit thinking (implicit use of explicit theory)" (ibid, p 163). It is noticeable that Canestri and his colleagues attempt to keep theory as theory, wherever it is in the analyst's mind, and like Hamilton (1996) uses the term 'pre-conscious' to describe the position of theory in the mind when it is not explicit or conscious. A different way of thinking about this question of whether theory is still some particular kind of theory when it is not immediately in conscious awareness is offered by the philosopher Gilbert Ryle.

Gilbert Ryle: Knowing How and Knowing That

The analytic philosopher, Gilbert Ryle, in the course of a complex argument

against the assumptions of Cartesian dualism, which he called "the ghost in the

machine" and "the Cartesian category mistake" (Ryle, 1949, p 20), drew a

strongly argued distinction between two important human activities which he

called "Knowing how and knowing that" (ibid, p 26). The first, 'knowing how', is

a similar concept to procedural knowledge, and 'knowing that' is similar to

declarative knowledge. In psychotherapy the distinction would be between, for

example, knowing that an analytic interpretation is an attempt to make the

patient's unconscious become conscious by means of a verbal communication,

usually linking present and past through the transference, which is 'knowing

that' and declarative, and actually making an interpretative remark to a

particular patient, at a particular moment in the treatment, which revealed to

the patient what they did not know they knew, which is 'knowing how'. In group

analysis, the group analyst's knowledge, for example, that groups feel deprived

and angry towards their group analyst after a holiday break, is 'knowing that',

declarative and explicit. However, the group analyst's ability to understand, at

one particular moment, that a particular group were angry or depressed, by

observing their mood and posture, and hearing their verbal communications,

and then making this clear to the members of the group who might be ignoring,

hiding or denying to themselves the group's state of mind, is procedural,

implicit and 'knowing how'. In the course of a complex argument about the

relation of theorising and "intellectual operations" to other human activities,

Ryle claims: "Intelligent practice is not a step-child of theory. On the contrary

theorising is one practice amongst others and is itself intelligently or stupidly

conducted" (ibid p 27). This is a very different description from that offered by

Canestri. For Ryle theorising is one thing and doing another. They are not the

same thing going on in different parts of the analyst's mind, which is Canestri's view. One implication of this line of thought for this study is that declarative knowledge, 'knowing that', has a higher assumed value, that of theorising, of observing rules and applying criteria, as Ryle puts it, which implies a Cartesian separation of thought and action, or in psychotherapy, of theory and practice. But, claims Ryle: "In ordinary life…we are much more concerned with people's competences than with their cognitive repertoires" (ibid p 29). Ryle gives the example of a person who tells good jokes but who cannot explain how it is that they are funny or what rules they apply in order to tell them successfully. In group analysis, similarly, it may be possible to intervene helpfully in a group, drawing meaning from an interaction, without being able to explain how, and according to what principles, it was done. Ryle puts this another way, which is also very important for this study, and for thinking about psychotherapy generally, when he says: "Efficient practice precedes the theory of it, methodologies pre-suppose the application of the methods" (Ibid, p 31). This idea further connects with the movement in psychotherapy, psychology and in medicine towards 'Practice-based evidence', as a development onwards from the ideology of 'Evidence-based practice', and this is exactly the driving force behind the research of Gabbay and Le May in general practice and hospital medicine, that led them to discover and use the concept of clinical mind-lines (Gabbay & Le May, 2011). This also recalls the point made by Parsons mentioned earlier in this chapter that the necessary and helpful theory is called up in the analyst's mind by the individual clinical situation between analyst and patient in the moment (Parsons, op cit). Ryle's larger argument in the book is against the Cartesian position, and he is thoroughly opposed to the concept of separating mind and body, intelligence and action, theory and practice, and

thereby privileging the first of these. "When I do something intelligently, ie thinking what I am doing, I am doing one thing and not two. My performance has a special procedure or manner, not special antecedents" (Ryle, 1949, p 32). Because 'knowing how' is what Ryle calls a 'disposition', then expert or efficient practice, because it is not dependent on, or consequential to a series of separate intellectual (theoretical) operations, but is "one thing" (op cit), it is open to what he calls 'innovation', the capacity to adapt to the changing situation. This is what Binder claims for experts in any field, the ability to improvise, and in fact his example of the manual writers not following their own manual in therapy is a good example of what Ryle is attempting to explain (Binder 2004, pp, 9 & 53). For this study, the significance of Ryle's argument is the importance of 'knowing how' in thinking about how knowledge is held in the group analyst's mind as a working theory, as a clinical mind-line. 'Knowing that', declarative and explicit knowledge, can be over-valued, idealised and 'split-off', to use analytic terminology, and more so if, using Ryle's analysis, therapeutic action is seen as two things, and not one.

Tacit Knowledge: Michael Polanyi

Michael Polanyi, the scientist and philosopher, developed in more depth, and with a different emphasis, the connected concept of 'tacit knowledge'. He acknowledges Ryle's concept of the difference between 'knowing how' and 'knowing that', but argues a distinction of emphasis, in that he is interested in the way that both have a "similar structure" and both are always represented in

the act of knowing: "I shall always speak of 'knowing', therefore, to cover both practical and theoretical knowledge" (Polanyi, 1966, p 7), and he argues further against Ryle, describing Ryle's thought as "logical behaviourism" (Polanyi, 1958, pp 98 & 372). He was more concerned with both the difference, and the connectedness, between what he called 'tacit knowledge' and 'explicit knowledge'. He gives a number of examples of tacit knowledge in everyday life: riding a bicycle, staying afloat while swimming (Polanyi, 1958, pp 49-50) and recognising faces (Polanyi, 1966 p 5). He summarises this: "…the aim of a skilful performance is achieved by the observance of a set of rules which are not known as such to the person following them" (Polanyi, 1958, p 49). This is important for this research as it offers a way of conceptualising the complexity of what exactly is informing, or in, the mind of the group-analyst-in-the-group on a moment-by-moment basis, and why it is neither immediately available for examination and scrutiny, nor identical with received or accepted theory. In his later book, 'The Tacit Dimension', Polanyi summed this up in what is now known as his maxim: "…we can know more than we can tell" (Polanyi, 1966, p 4).

Gascoigne and Thornton, in a development of Polanyi's work, emphasise that tacit knowledge is "what is not tellable" and propose what they call the "principle of inarticulacy" to describe tacit knowledge, which they set in contrast to two other principles: articulacy and codifiability (Gascoigne and Thornton, 2013, pp 3-5). The principle of codifiability suggests that: "all knowledge can be fully articulated, or codified, in context dependent terms" and the principle of articulacy that all knowledge can be articulated in: "context-dependent…or in context-independent terms" (ibid pp 4-5). For the group-

analyst-in-the-group the last of these would imply that all the knowledge held by the group analyst and applied in the moment is open to scrutiny and conscious thought, which is a completely cognitive, rationalist position. The principle of codifiability would imply that the part of that knowledge that is "context-dependent", perhaps knowledge of group-analytic theory, or mental illness, could be at least partially articulated and described in a specific group-analytic context, a seminar perhaps, and therefore held onto in consciousness in the moment. This seems to be what Canestri and his colleagues, as above, are working with, to the effect that, in certain contexts at least, theory, although it takes different shapes, is completely knowable. Finally, Gascoigne and Thornton's "Principle of Inarticulacy" states that "There can be knowledge that cannot be articulated" (ibid p 5). They also emphasise that tacit knowledge is "practical knowledge or know-how", which echoes Ryle's insistence on the difference between knowing that and knowing how, and that the only possible access to this sort of knowledge is through "practical demonstration" (ibid p 191). To use Polanyi's famous example, a person may be able to demonstrate their ability to ride a bicycle by riding it, although they might never be able to describe or analyse how they do it. In Ryle's example the person who tells very funny jokes may never be able to explain how they are able to be amusing, but can demonstrate it by telling another joke. For this research it may be understood that group-analytic knowledge can be demonstrated in the course of working clinically in the group, and by giving accounts of work in the group, but may not be available for immediate analysis or scrutiny, particularly in the present moment, and least of all by the group analyst.

Collins, building on Polanyi's work, particularly on his claim that "all knowledge

is either tacit or rooted in tacit knowledge" (Polanyi, 1966, p 195), attempts to

universalise this claim: "There is, then, nothing strange about things being done

but not being told - it is normal life. What is strange is that anything can be told

(Collins, 2013, p 7). He also emphasises the importance of the word "can" in the

famous aphorism: "we can know more than we can tell" (Polanyi, op cit), as for

Polanyi tacit knowledge is knowledge that "cannot" be told or made explicit

(Collins, 2010, p 4). Polanyi was also influenced by the same German Gestalt

psychologists, who made such an impression on Foulkes, and who helped him

to develop the central group-analytic idea of 'figure-and-ground'. He states that

Gestalt psychologists studying perception showed that recognition of a face

occurred by "integrating our awareness of its particulars without being able to

identify these particulars" and he compared this process to his own theory of

knowledge (Polanyi, 1966, p 6). The process is an "active shaping of experience

performed in the pursuit of knowledge…the great and indispensable tacit power

by which all knowledge is discovered" (ibid, p 6). He had also shown in his

earlier book, Personal Knowledge, the importance of "sense perception to the

tacit components of articulate knowledge" in the course of "making sense of

our experience" (Polanyi, 1958, p 98). In his chapter in the same book on

'conviviality' he makes it clear that he believes in the importance of emotional

and inter-relational life in the process: "The interpersonal coincidence of tacit

judgements is primordially continuous with the mute interaction of powerful

emotions" (ibid, p 205). Collins later develops this as relational tacit knowledge

in the course of his breakdown of tacit knowledge into three categories:

relational, somatic and collective (Collins, 2010).

The implication of these concepts for this study is that tacit knowledge, what we don't know that we know, can be acted upon, demonstrated through action, communicated interpersonally though emotion and what Polanyi calls "conviviality" and yet cannot be articulated. The argument of this study is that moment-by-moment therapeutic action in the group is driven primarily by tacit knowledge, and that the moment-by-moment tacit knowledge of the group-analyst-in-the-group which drives this therapeutic action, can, at least partially, be reached in an indirect way, and by implication, through an intensive interview study and a subsequent thematic analysis. Gascoigne and Thornton describe this process well: "What one knows, when one knows how to go on, can be articulated, demonstrated and thus seen and heard in the moves one makes and the words one utters. Nothing need be silent or hidden in the sense of inexpressible." (Gascoigne and Thornton, 2013, p 192). Group-analytic tacit knowledge is therefore available for observation by others, watching or listening as the group analyst goes on doing what it is they do when they know "how to go on".

Clinical Mind-lines

The concept of the 'clinical mind-line' emerged from the research of Gabbay and Le May in their book published in 2011. They were looking at the possible reasons for the apparent reluctance of clinicians, in this case GP's and hospital doctors, to apply the results of new research into illness and recommended treatments. They studied at length the actual, everyday collegial practices

including consultations and examinations, conferences and work-based

conversation and interactions between fellow clinicians. They described the rise

of 'evidence-based practice' in modern medicine and, then, using ethnographic

methods of investigation into, principally, a large and successful GP practice,

attempted to establish how clinical decisions were actually made in the real

world of practice. What emerged was a confirmation of the need for 'practice-

based evidence' rather than 'evidence-based practise', and this was then

reflected in the title of their book: Practice-based Evidence for Healthcare:

Clinical Mind-lines (Gabbay & Le May, 2011). Out of the observational

ethnographic research then emerged the concept of the 'clinical mind-line', an

attempt to delineate the complex internal mental processes and structures of

sorting, collating and decision-making involved in a clinical assessment. They

sum up the reasons for the difficulty in rigorously applying evidence to practice

as a result of: "the underestimation of the impact of context on the knowledge

that is needed to make practice work" (ibid, p xvi). One context is the larger

one of social change: "…the clinical knowledge base is being democratised" (ibid

p 2) and another is the "persistent mismatch" between the demands of

research evidence and what they call "the messy world of practice" (ibid p 5). In

Ryle's terms this would be the difference between "knowing that" and

"knowing how". In this real world of "messy" clinical practice, their research

showed that the idea of the clinical mind-line was an accurate and pragmatic

way of describing the internal mental processes that led to clinical decisions:

"…clinician's internalised guidelines, which we call mind-lines" (ibid p 18). They

go on to demonstrate the "inconsistent goals", "complex subjective

judgements" and "fuzzy logic" involved in clinical decisions (ibid, pp 39, 43, 44).

This then connects with Polanyi's concepts, as they make clear that these

"internalised guidelines" are also "often tacit" (ibid, p 44). What they go onto emphasise is the collective, social reinforcement of the clinical mind-lines. In the case of group analysts this would be supervision, professional collegiality and interaction and training and reading, all of which blend with the other elements in the mind-line to inform the tacit knowledge and the consequent moment-by-moment therapeutic action in the group. This is what Gabbay and Le May sum up as: "…internalised knowledge-in-practice-in-context", within the: "…bounded rationality of turbulent practice" (ibid, p 202).

Summary

This concept of the clinical mind-line is a useful device for looking at group-analytic clinical practice in general, and moment-by-moment therapeutic decision-making in particular. Group analytic practice is "messy" and "turbulent", and group analysts in the clinical moment can call on a large range of ideas, concepts, and techniques, most of which are held at that point-of-time –in-the-group as tacit, pre-conscious, implicit or procedural knowledge. The idea of the clinical mind-line is a helpful way of mapping the internalised structures of thought that organise this wide range of knowledge and hold it in the group analyst's mind in a form that makes it available for instantaneous therapeutic action: group-analytic knowledge-in-clinical-practice-in-the-moment-in-the-context-of the group.

Chapter 3

METHODOLOGY

Introduction

This study was concerned with the group analyst's 'clinical mind-line', the

conscious and non-conscious, explicit and implicit, declarative and procedural,

tacit knowledge that informed the moment-by-moment interactional work by

the group analyst in the group. It was an attempt to find out one part of what

actually goes on in group psychotherapy sessions, the group analyst's working

theories or mind-lines, that promote change and therefore improve the mental

health and well-being of the group members, and what goes on that either does

not help, or makes things worse. Given the importance of the individual

therapist factors in good outcome it was important to find out what it was that

the therapist brought into the session. What was in the group analyst's mind

before the group starts, or at important junctures in the session, that was likely

to affect the course of the session? This may be an important element in what it is that helps patients in psychoanalytic group therapy to change, and it would be helpful to identify exactly what it is. This study approached this problem by asking group analysts what they thought were the main elements in the change process. What working concepts did they use and how did they think that these related to accepted theory and clinical technique? What ideas or assumptions did they have in common with one another, and how big were the differences between them and other group analysts and what sort of knowledge was this?

The Change process in Group Psychotherapy and Group Analysis

There is, as has been indicated in Chapter 1, this continuing problem in group analysis and group psychotherapy about how to understand the process of change in group psychotherapy. There is some good enough evidence from outcome research that group psychotherapy is helpful, but much less evidence as to what the helping processes are (Beck and Lewis, 2000). In fact, for some researchers this is now the most important issue, and as Les Greene has stated it must be the case that outcome research will not provide any more helpful information unless there are substantial advances in the field of process research (Greene, 2000, p 24). Process research in all psychotherapy is extremely difficult, but the problem in group psychotherapy is much greater, of course, because of the complex and multi-factorial nature of group psychotherapy treatment. There are up to eight group members, one or possibly two psychotherapists and sessions that are on average ninety minutes.

A great deal happens between nine or ten people in an hour and a half, and researchers can get overwhelmed by the quantity of events, interactions and levels of discourse. How is it possible to select and organise the information to make it open for research, without losing what is most important or significant? One point of this research project was that one modest way forward was to start with the group psychotherapist. The contribution of the psychotherapist to the quality and outcome of the session is now well established at around 30%. The declarative part of the psychotherapist's knowledge is probably therefore significantly less important than other aspects. These other aspects of the psychotherapist might include personality, personal habits, attitude to the patient, behaviour in the session and individual theoretical position, and many other factors.

What must also be included for group psychotherapists is their own particular, what might be called 'group-relatedness'. What personal views and theories about group interaction and the potential for group change do they bring with them into the session? In other words, there are two aspects to this, to what the group analyst brings into the session. One is the deeply held, non-conscious, mental set about the use, potential and value of group analysis. The other, more easy of access, is the ability to hold the group in mind and to be able to be selective and not to be confused by the immediate richness and complexity of the group experience. Both of these types of knowledge are closer to the area of tacit, pre-conscious, procedural and implicit knowledge than to declarative, explicit knowledge. As to this second aspect, the overall assumption of this study is that group psychotherapists, by a combination of training, experience

and continuing supervision and learning, do acquire an unusual ability to deal with the problem that is always present for researchers. How is it possible to have some understanding and grasp of what is happening moment by moment in the group, to such an extent that a working hypothesis can be formed, not only about an individual, but also about the sub-groups (Agazarian and Peters, 1981) and the group-as-a-whole (Bion, 1961)? The moment-by-moment hypotheses formed by the group psychotherapist are then organised, formulated and converted into therapeutic action, which of course may include in-action, as well as a range of verbal or non-verbal interventions including interpretation.

The psychoanalyst, Kevin Healy, talking about individual psychotherapy, discusses the various complex factors that affect the construction of the psychotherapist's working hypothesis in the session, both those brought by the patient and by the psychotherapist: personality, professional background and personal interests (Healy, 2001). It is important to recognise the influence of all of these factors, and in addition, the psychotherapist's conscious and unconscious assumptions, practical and theoretical or procedural and declarative, about the nature of therapeutic work. Although these are influenced by and interact with the other basic factors, these working assumptions are not necessarily the same as those from their professional background.

The Research Question

The research question was therefore about the group psychotherapist's working theories and how this connected with and enriched their explanation of individual psychic change for the members of the group and the group-as-a-whole. One assumption of this was that the group psychotherapist's working model would be oriented towards a positive change process, and that the psychotherapist's behaviour and thinking in the group was driven by a wish to cure, even though this in itself could be formulated in a number of ways on a continuum, from the search for psychic truth to basic symptom relief. The research question therefore relies on three assumptions: first, that the group psychotherapist's working model, or clinical mind-lines, includes a model of the change process: what it is and how it comes about. A second assumption is that the working model, particularly the part concerned with the change process, is largely non-conscious, implicit, tacit and 'procedural', at least on a moment-by-moment basis. And the third assumption is that these non-conscious and procedural elements of the working model will emerge from a close discussion of the change process. The research question is therefore: what conscious and non-conscious knowledge informs group analysts, moment by moment in the group, about the change process in psychoanalytic group psychotherapy?

There are three further working assumptions underlying this research question. The first is that in group psychotherapy there is a gap between the group psychotherapist's declarative and procedural knowledge. The knowledge that group psychotherapists are taught, teach others, and think, consciously, that they practice is probably different in some important respects from what they

actually do, particularly moment-by-moment in the on-going life of the group. Because this knowledge is by its nature non-conscious or pre-conscious and implicit, it is not immediately available for discussion and introspection. The second working assumption is that this kind of procedural practice wisdom is actually one of the most important engines for the group change process and facilitates and enables both the individuals and the group-as-whole to learn from and use the group therapeutic process to their advantage. The third, less important and more tentative, working assumption is that the apparent difficulty in recognising, accessing and talking about implicit, procedural knowledge for group psychotherapists may in itself be unconsciously determined, by a process of shame and guilt at not observing and following the established or imagined parental rules.

The Interviews

These are complex matters to research, and this study was based around a series of open-ended, semi-structured interviews with experienced group psychotherapists, focussing the area of discussion in the interview on the change process. This is the method for this research, a set of lengthy interviews with group analysts, which were recorded and transcribed. The recordings were then examined and researched in two ways. The transcribed interviews were researched using a thematic analysis, looking for codes, themes and connections which might reveal the procedural, implicit and tacit aspects of the working model. The recordings were first listened to carefully, by the

researcher, using a psychoanalytic, free-associative stance, with the understanding that the findings from this could then be checked against, and compared to, the results of the qualitative analysis. This associative listening was then followed by a close examination and analysis of the course and arguments of the interviews. The interaction between this and the thematic analysis was then used in the discussion of the interview findings.

The Participants

Group psychotherapy is a large and wide-ranging field of therapeutic work. The relationship and connections between the various schools of group therapy is actually quite complex and often contentious, as in individual psychotherapy, as was discussed in Chapter 1. Although the various schools of group psychotherapy have much in common, there are also substantial differences. It may be the case that the gap between declarative and procedural, explicit and implicit knowledge may mean that the various schools have much more in common than they would ever say or think that they do, but there also might be small but significant differences, that are not immediately available for inspection. These differences might of course also be different from the declared and obvious differences. For this research project all of the participants, as stated, were drawn from the same training organisation, and were also all of at least five years post-qualification experience. The object of this research project was to discover the internal working model of the change process in group analysis and to compare it, implicitly and explicitly, to

established theory and technique. It was therefore be helpful to reduce the number of variables and differences by limiting the participants to those who are, on the surface at least, reasonably similar in training and experience.

As already described, in the United Kingdom there are basically two approaches to group psychotherapy, most easily characterised as group analysis and psychoanalytic group psychotherapy. The first, group analysis, arose from the work of S.H.Foulkes and his colleagues in the Group Analytic Society and the Institute of Group Analysis (Foulkes, 1964). A strong account of this approach is the recent book by Behr and Hearst (2005). The second approach arose from the work of W.R.Bion and is most closely represented by the work of his followers and former colleagues at the Tavistock Clinic. A strong modern statement of this approach is by Caroline Garland (2010). This is however an over-simplified account of the field, and, for example, one influential group psychotherapist who reaches into both approaches is the psychoanalyst and group analyst, Earl Hopper (2003). The other strands are all important in various ways, from the therapeutic community and day hospital movement to American group psychotherapy, particularly the interpersonal and modern analytic schools (Yalom, 1975). There is a lot of interchange and indeed all of the participants are likely to have been consciously and non-consciously influenced by all or any of these other approaches. However, it seemed the best and simplest approach was to control the range of participants by limiting them to experienced group analysts all of who trained at the Institute of Group Analysis and all of whom would agree to see themselves, among other things, as 'Foulksian' group analysts. This should make intra-group comparison easier and

more useful, and for this reason the participants were all Foulksian group

analysts, who had trained at the Institute of Group Analysis and who all had all

been qualified for at least five years. All four were senior, three were training

group analysts, two were also qualified in individual psychotherapy, and two

worked as Consultant Adult Psychotherapists in the National Health Service. The

reason for this was that experienced group analysts have seen a lot of groups

and patients, and their procedural knowledge, and their general unconscious

competence, is, it is assumed, very well-developed and firmly in place. Also,

experienced group analysts also usually have been involved in teaching, training

and supervision, all activities which call urgently on intuitive and procedural, as

well as declarative, knowledge. Some were also training group analysts. More

newly qualified and more junior therapists tend to be self- conscious and

anxious about their everyday technique, and what the research looked for were

the more taken-for-granted, well-used practices that were more likely to reveal

the shape of the non-conscious working model and to form a significant part of

the clinical mind-lines.

Confidentiality and Ethics

The interviews were recorded on an unobtrusive digital device and transferred

with a coded number as reference to a computer file on a dedicated laptop

which is used only for the research and which is kept locked in a cupboard. The

recordings were personally transcribed by the researcher and all identifying

details changed at the point of transcription. The transcribed interviews were

then given the same code number as in the computer file, and the code was

known only to the researcher. All the participants were given a letter

guaranteeing confidentiality and anonymity, and describing these secure

arrangements. The participants were all experienced and mature group analysts

who only took part because they agreed with the aim and methods of the

research, and preliminary discussions indicated that this research was felt to be

acceptable, interesting and timely, given the difficult situation for

psychoanalytic psychotherapy now, particularly in the public services, which

emerged clearly in one of the interviews. Because of the semi-structured, free-

associative nature of the interviews then participants did need to feel secure

about confidentiality.

Psychotherapists tend to feel tender and vulnerable about their everyday

clinical practices and therapeutic style, and generally tend to be more

comfortable arguing about theory or technique in an abstract way, or

presenting carefully selected clinical work to support a theoretical or technical

point. Talking about the central assumptions behind their working practices was

not something that they were used to, and this aspect of the research therefore

required extra thought and care about confidentiality. Once the interviews were

transcribed then the material was researched in two ways, as above, both

looking to amalgamate and generalise. Is there an identifiable group-analytic

mind-set, and is it possible to describe a group analytic internal working model,

a clinical mind-line, in a way that makes sense, and permits comparison in

general from accepted opinion and practice? The first method, thematic

analysis, looked for themes across research data and codes these themes for

analysis. The second method, a free-associative psychoanalytic listening to the

recordings followed by a careful analysis of the interview responses, looked also

for general and shared themes, through careful attention to the feeling tone,

flow of associations and imagery of the interview. Although the concept of

procedural or pre-conscious knowledge must allow for a significant element of

individual variation, because of individual differences between in character,

experience and conviction, the research was not primarily looking for individual

differences but for generalised ideas, attitudes and practices held in common.

The participants were also assured in the letter that they were given that the

material of the interviews would be destroyed on the completion of the

research project. There were no other significant ethical issues that arose out of

this research.

The interviews

The interviews lasted an hour, with one researcher, who was also a senior group

analyst. As described above, the material, which was the object of the research,

was by its nature difficult to reach, even if the interview subject was willing and

interested. What is it that working group analysts do in the group without

thinking about it at the moment that they do it? How is it possible to think

about what is by its nature not thought about in the moment, the tacit,

procedural, implicit, non-conscious, or unconscious acts and thoughts, without

contaminating it by recalling it and discussing it in a conscious, cognitive

manner? The assumption of this study is that talking about it in that way makes

it immediately subject to conscious and unconscious revision, censorship,

elision and re-shaping. This is why a questionnaire or a very detailed interview

schedule would not have helped to reveal what the research was looking for.

The interview was therefore open-ended and partly free-associative in style, in

the form that Kvale calls 'a semi-structured life-world interview' (Kvale,2007).

There were 6 questions, with 7 sub-questions enlarging on the main questions.

The interview started with a spoken introduction: "I want to find out the views

of experienced group analysts about the change process in group analysis. What

is it that has to happen in the group to make a difference to the individual

patients in the group? What is the change process in group analysis both for the

group as a whole and for the individual members? And, what ideas and

therapeutic methods do you have in mind in the course of a group, about

advancing or promoting the process of change? I am going to ask you a few

open-ended questions, and I hope that we can have a free-ranging discussion.

Thanks."

1. "I will start by asking you, therefore, a very general question: what for you

are the three most important things about group analysis, or group

psychotherapy generally, that, in your view help group members to change over

the course of their time in the group?

   AND

1.1. "Which of the three is most important to you, and why?"

1.2. "How do you think that relates to what you understand is the general or accepted view in group analysis?"

1.3. "What about the other two?"

2. " For you, what is special or distinctive about group analysis compared to other methods of psychotherapy?"

   AND

2.1. "Is it those things that are particularly important in the change process? And if so, which, for you personally, is the most special, distinctive and useful?"

2.2. "What is most difficult to do, or to understand, in group analysis, particularly in respect to the change process?"

3. "What theoretical concepts and ideas are most useful to you personally as a group analyst   you think about your clinical group practice?

        AND

3.1. "When you are working in a group, which working concepts come most often to mind, and which are most helpful to you

3.2 "Can you give a recent example?"

4. " Can you think of comments that your patients have made in the group, particularly at the end of the session, or at the end of treatment, about the ways in which the group experience was helpful to them?"

5. "What useful metaphors or images come to mind when thinking about the change process in group analysis?"

6. "So, finally, what is the change process in group analysis? How does group analysis help the members of the therapy group?"

At the end of the interview the researcher will again thank the participant and repeat the assurances about confidentiality and about what happens to the material.

The expectation was that by asking overlapping, and slightly repetitive questions it would become easier, in the course of the interview, to approach the more complex and internalised views of the personal working assumptions a little at a time, and to begin to get a glimpse of the non-conscious, procedural working model and the clinical mind-lines.

Analysis of the Interviews

The researcher listened to the interviews and then transcribed them. The transcription was detailed and accurate because of the richness and density of the interview material. The material was   then analysed in two ways, as above,

objectively and subjectively. The subjective analysis consisted simply of the

researcher attempting to listen to the recorded interviews in a psychoanalytic

state of mind. This is what the psychoanalyst Theodore Reik called 'listening

with the third ear' (Reik, 1956). This involved adopting a free-associative, free-

floating attention to the material of the interview, listening for the feeling tone,

the associative leaps, ambivalence, unconscious lapses, denials, connections

and elisions. The aim of this stage of the research was not be to make

observations about individual interviewees, but more to throw some light on

those aspects of the group-analytic working model that are difficult to describe

consciously and cognitively and which the interviewees have in common. The

researcher listened and made notes, looking for shared preoccupation, and

anxieties. The interview recordings were then transcribed by the researcher.

The first stage of psychoanalytic listening provided a guide to both the

conscious, available and 'declarative' themes, as well as which of the non-

conscious, unconscious and 'procedural' material of the interviews needed to

be pursued in the formal, objective investigation through thematic analysis. The

material was so dense and various that all the interviews needed to be carefully

transcribed for further analysis, and the chosen method of research for the

second, objective stage of investigation was thematic analysis.

Thematic Analysis

Thematic analysis is a broad ranging method of examining and codifying data. It

is usually used to research written material, interview and group conversational

transcripts. It can also be used to research printed material, newspaper articles, sound and video recordings, and now, all the versions of the new media. Gibbs describes the process neatly: it is "how you define what the data you are analysing are about" (Gibbs 2007, p 38). There is a basis of agreement as to what thematic analysis actually is, but there is some disagreement about whether it is a separate recognisable theoretically based method in its own right, or whether it is just a technique which can be used to investigate data from another more strongly stated theoretical position, such as, for example, grounded theory or conversation analysis. Braun and Clark, in an influential and widely quoted article about thematic analysis, describe it as a "foundational method for qualitative analysis" (Braun and Clark, 2006, p 78; Braun and Clark, 2013). They also make a point of applauding its "theoretical freedom" (ibid p79), and this freedom from belonging to a fixed theoretical position makes it an open and flexible tool for examining data. The central aim of thematic analysis is the discovery and elucidation of codes, themes and patterns of meaning across a range of research material. As Braun and Clark describe it: "Thematic analysis is a method for identifying, analysing and recording patterns (themes) within data" (Ibid, p 82). The 'themes', constitute: "some level of patterned response or meaning within the data set" (ibid p83). It is this aspect of thematic analysis that makes it congenial for psychoanalytic researchers, in that a major part of the psychotherapist's normal working activity is listening carefully to, and searching for, patterns of meaning, themes and connections in the discourse of the individual patient or group which reveal denied, hidden, unconscious ideas and feelings.

In fact, Richard Boyatzis, in an important book about thematic analysis, writes very clearly about the importance of understanding the idea of manifest and latent content, and uses psychoanalytic dream analysis as an exemplar of the method, analysing two dreams by Jung, and two by Robert Louis Stevenson (Boyatzis, 1988, pp 17-28). He writes about the need for the researcher to "capture the codable moment" (ibid, p 4). The researcher's task is one of "pattern recognition" (ibid p 7). Saldana, in another frequently quoted and influential book about the detailed process of coding and organising the research data explains that "a code in qualitative inquiry is most often a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data" (Saldana, 2009, p 3) He goes on to describe the process of first and second cycle coding, whereby the first, larger list of codes is refined and reduced to create a second list of wider categories of themes and meanings. Helen Joffe refers to "implicit tacit themes", and puts this very helpfully, for this present research, in terms of beliefs held in groups: "tacit preferences or commitments to certain kinds of concepts are shared in groups, without conscious recognition of them" (Joffe, 2012, p 211). Thematic analysis, as she describes it, is: "best suited to the elucidation of a given group's conceptualisation of the phenomenon under study" (ibid, p 212). This matches the aim of the present research, which is to elucidate the shared working assumptions, conscious and non-conscious, of group analysts, particularly about the change process. Further, she also confirms the need for the data to be collected with semi-structured interviews with a maximum of 5 to 7 topics to allow this sort of material to emerge (ibid, p 212).

McLeod, helpfully, compares the themes that are the object of the research to themes in music, the theme is more than the content, it: "is a recurring pattern which conveys something about what the world (or the particular aspect of the world being discussed) means to a person" (MacLeod, 2011, p 145). Robson, describing the relationship between themes and coding is helpful with this. The number of themes is smaller than the number of codes. What he clarifies is that the themes "capture something of interest or importance in relation to your research question(s)" (Robson 2011). This is the process that Saldana refers to as second order coding (Saldana, 2007). An example of the sort of codes and themes that might have emerged in the research interviews was those around the concept of group cohesiveness. There is a recognition, which is generally shared, that in group analysis, and in group psychotherapy generally, group cohesiveness is a vital element in a group that is working well and helpful to its members. Yalom, in his influential textbook, discusses cohesiveness as a "widely researched, poorly understood, basic property of groups" and which is also a 'therapeutic factor' (Yalom, 1975, pp 46-7). If it is generally understood that this is an element in the change process then it would emerge in the interviews, possibly in various forms: closeness, togetherness, mutuality, for example. These are slightly different, and might have formed different codes, but it might be put together at the second stage, as a larger composite theme of cohesiveness.

Summary

The research consisted of recorded semi-structured interviews, which centred around the therapist's view of the change process in group analysis. The interviews were first listened to carefully by the researcher who attempted to listen in a free-floating, free-associative, analytic state of mind, partly to discover what this revealed for itself, and partly to begin the process of looking for shared themes which would illuminate the group analytic internal working model. The transcribed interviews, and their implications for establishing the structure of the clinical mind-lines, are described in full in Chapter 4 and discussed in Chapter 5. The transcribed interviews were then made subject to a formal thematic analysis, going through two stages: first, identifying the small fragments of meaning and coding them; and then second, reducing and combining the similar codes into larger units of meaning, the themes. This method is fully described above in this chapter. The themes then provided a basic framework for describing the shared group-analytic internal working theories, or clinical mind-lines, of the change process in group analysis. The findings from the thematic analysis are also described in full in Chapter 4, and discussed in full in Chapter 5.

Chapter 4

FINDINGS

Introduction

The structure and aim of the interviews is described first, the attempt to elicit

the group analysts' clinical mind-lines, and the connections with established

theory and practice. What then follows is the main part of this chapter. This is a

close account of the detailed process of the interviews in the light of what

appeared to be the main theoretical and clinical preoccupations of the

interviewees and the original research question. This includes, where necessary,

not only the conscious and 'pre-conscious' references to particular theories and

theorists, but also a more general, subjective, 'counter-transferential' response

to the language, tone and quality of the responses in the interviews (Hollwey &

Jefferson, 2000). This is followed by a detailed account of the findings of the

thematic analysis.

The structure of the interviews

As described above in Chapter 3, the interviews were "semi-structured life-world interviews", which attempt "to understand themes of the lived daily world from the subject's own perspectives" (Kvale, 2007, p 10). They consisted of six questions. The first three questions each had either two or three sub-questions (see appendix A). The central aim of the research interviews was to discover, if possible, as stated above in Chapter 2, the group analysts' clinical mind-lines (Gabbay and Le May, 2011), that is, the basic working theories or principles of experienced and senior group analysts. As has already been discussed, there are number of other ways of describing these kinds of working theories: as procedural knowledge (Binder, 2004), as the group analyst's pre-conscious (Hamilton, 1996), as tacit knowledge (Polanyi, 1966) or as the group analyst's clinical mind-lines (Gabbay & Le May, 2011).

The primary focus of the research was to discover what these working theories were, on a moment-by-moment basis, for the group analyst. What were their clinical mind-lines? What was in their mind about group analysis and the change process just before and during the group session? What working theories and principles informed their therapeutic actions in the course of treatment and what, in their view, when they reflected on this, were the drivers for change in the group process? In order to help the interviewees to gain access to their own working theories, many of which were probably held in their minds, not as conscious working thoughts, but as pre-conscious, non-conscious or unconscious thoughts, in the course of the interviews, the questions were focussed around the change process. How do these group analysts think that

group analysis helped group members to change for the better? In other words, what was their view of how group analysis works? The questions were, as a result, designed to elicit the mind-lines, or working theories, in a roundabout and indirect way, through repetition with variations and only in the last question were the interviewees asked directly about their view of the change process in group analysis. All of the interviewees reported that they rarely, if ever, spoke this way about their work, and they all participated with enthusiasm and interest in the answers to the interview questions.

The Clinical Mind-lines in Relation to Group-Analytic Theory and Practice

An additional focus of the interview was to examine the relationship of these deeply held personal working theories to established and accepted theory, in particular to group analytic theory and principles. It must be the case that, as was argued earlier, that the division between procedural and declarative knowledge, applies to group analysis, and to all other psychotherapies. The clinical mind-lines, what the group analyst takes into the group session, may have a complex or distant relationship with what was generally taught, theorised and taken for granted in the group analytic literature and training materials. What emerged from the interviews was that these very senior and experienced group analysts generally referred explicitly to theory only occasionally, unless deliberately prompted by the interview questions. The explicit theoretical and technical references that they did make were modest and tended to be shared, in various wordings, by all of the interviewees. Many

basic and common theories were never mentioned, and very few authors in the field, with the exception of Foulkes, were spontaneously mentioned. There were however occasional implicit references to particular well-known authorities, most notably Winnicott and Bion, but these references often appear in the interviewees' responses only as echoes of theories, often through a special use of ordinary language. This is examined in more detail later in this chapter, in the narrative account of how the interviews proceeded and, from a different point of view, in the thematic analysis.

THE INTERVIEW PROCESS

Introduction

Each interview began with a brief statement from the interviewer outlining the shape and process of the interview. It was designed to focus the interviewee's mind around the change process in group-analysis, both for individual group members and for the group-as-whole, and emphasised the semi-structured, free-associative and dialogic structure of the interview:

" I want to find out the views of experienced group analysts about the change process in group analysis. What is it that has to happen in the group to make a difference to the individual patients in the group? What is the change process in group-analysis both for the group-as-a-whole and for the individual members? And, what ideas and therapeutic methods do you have in mind in the course of a group, about advancing or promoting the process of change? I am going to ask you a few open-ended questions, and I hope that we can have a free-ranging discussion. Thanks."

Question 1

The first question, which had three sub-questions attached was: 'I will start by asking you, therefore, a very general question. What for you are the three most important things about group analysis, or group psychotherapy generally, that, in your view, help group members to change over the course of their time in the group?" This question was intended to immediately help the interviewees to focus and select their views on the change process by asking for the "three most important things". It was expected that the request to choose three things in the first question would help the interviewee to be personal and spontaneous from the start. Hopefully, therefore, the responses from the beginning of the interview onwards would not be too thought out, and there would be more opportunities to reveal and discuss the implicit, procedural and preconscious working theories and clinical mind-lines.

The first four interviewees all gave quick and spontaneous lists of the three factors that they thought were most important. There was little overlap in specific terms, but a great deal in common in general, mainly to do with trust and containment. The choice, therefore, and the language used to describe them, was apparently quite personal and there was little use of technical or specialised terms.

Interviewee 1 (I.1):

1) The composition of the group
2) A safe enough setting
3) The conductor

Interviewee 2 (I.2) :

1) Containment
2) Trust and building trust
3) To speak freely what is on your mind

Interviewee 3 (I.3):

1) A sense of belonging

2) Parts of the self reflected in others

3) Bearing witness and repetition

Interviewee 4 (I.4):

1) Internalising the group as a whole and individual members

2) Trusting the group over time

3) Routine and ritual

The interviewees then elaborated at some length on the choices that they made. To some extent it was clear that their individual choices of the three most important factors depended not only on their interests and individual views about group analysis but on their main place of work. So I. 1., who worked full time in an NHS Clinic, was very concerned about having some choice in the composition of the group and the safety of the setting, reflecting the clinical priorities and management methods in the public services, whereas I.2. , I.3. and I.4. worked almost entirely in private and training psychotherapy, and their concerns were different, although related in a general way.

I.1 spoke at some length about her first choice, the composition of the group, and like all the interviewees, became increasingly interested in her own processes of thought. At first, reflecting the institutionally based anxiety about clinical freedom, she said that the important thing was that she had "enough choice" of members for the group. She then went on to muse a little on this

basic process of choosing suitable members for a group. It was a "subjective

process" and could therefore be "contaminated by my own

psychopathology…my own state of mind at the time". It was "not a particularly

objective or scientific process", and might not come up with the best result and

it was, instead, "an intuitive process". This rather self-critical and apologetic

way of thinking about their work came up in various ways throughout all the

interviews, and may reflect, rather distantly, the conventional Freudian,

psychoanalytic emphasis, particularly in the structural model of the psyche, on

guilt and the structure and function of the super-ego. This may make

psychotherapists even more vulnerable to anxiety that they are not 'scientific'

enough, in the context of the difficult contemporary debate about evidence

based medicine (Fonagy 2004, Shedler 2010, NICE). I.1 then went on to talk

about the related matter, for her second choice, of a "safe enough setting"

where she would feel "contained…so I don't have to be thinking about what is

going on outside and whether it is going to interfere or impinge on the group

sessions and whether what I do is valued and understood by the centre or place

where I am". This complex statement reflects the particular problem of the

traumatising recent changes in the public services and the associated anxiety

about the effect of institutional developments on clinical work. It also refers

very strongly to the need for containment for both group analyst and group,

which is a constant theme through all the interviews. This statement is also a

good example of how theories and authorities appear more as echoes than

direct references when the group analysts are talking about their work. I.1

implicitly refers to Bion in emphasising the importance of containment, and his

theory of 'container/contained' (Bion, 1959 and 1970), and to Winnicott by her

use of the word 'impinge' (Winnicott, 1947, p. 183). 'Impingement' is an

important clinical word for Winnicott, concerned with outside interference in the relationship between mother and child: "…that which interrupts the infant's continuity of being" (Abram, 1996, p. 163).

This important concept, which suggests the importance of the group boundary, therefore also draws into view another taken-for-granted assumption, that appears throughout the interviews, of the parallel connection of the psychotherapy relationship with that of the mother and baby. This is often taken for granted with individual psychotherapy, but is less commonly linked with group psychotherapy because of the conceptual difficulty of equating the group-as-a-whole with the infant. Nevertheless, by this pre-conscious reference to Winnicott and the mother-baby pair I.1 may still have hinted at one of the more important non-consciously held working assumptions of group analysts. I.1's third choice was the conductor, which is the conventional group-analytic word for the leader or therapist, the term favoured by Foulkes (Foulkes, 1948, p. 69). After some hesitation she went on to list what she thought were the important qualities for a conductor to have in order to facilitate change: interest, curiosity and "excitement when thinking about conducting a group. That never is lost". She then made a very complex statement about the conductor, which is quoted at length because it raises many issues that emerge in the later interviews. She says that the conductor must be able to "engage…and that is what I mean by the other things, that he is able give himself or herself, to be prepared to use himself or herself as a tool for the group, so that it is available, to the members of the group and to the group process, so that he is not afraid of becoming overwhelmed by the feelings and

the emotions that are verbalised in the group, or expressed in the group sometimes in a non-verbal way". These ideas, about engagement, being used, being available, the distinction between group members and group process, being afraid of being overwhelmed and verbal and non-verbal expression all occur again and again in various forms in the interview responses. There is also here another echo of Winnicott, where being used as a tool seems to refer indirectly to his paper about the use of an object (Winnicott, 1971, pp. 101-111).

I.2 confidently chose "containment …everything that belongs to it like…the rhythm and the clear boundaries of the sessions". This includes practical containment in terms of what group analysts call 'dynamic administration', which is the proper arrangement and care of the physical and organisational setting of the group (Foulkes, 1975, pp. 99-108), and containment on an "emotional, psychological level" to do with the interpersonal management of the session. So this also has the connection with Bion, for emotional containment, again with the distant reference to the mother/baby relationship implied in the idea of 'container/contained', combined with the very specific Foulksian reference to 'dynamic administration'. (Bion, op cit; Foulkes, ibid). She then goes on to discuss her second choice of "trust and building trust". This then becomes quite a complex statement about the assessment interview for group and the need to emphasise the establishment of trust in her, so that they feel "that they can tell me things that they might not have told other people", but still feel that she will safeguard this in the group until they are ready to talk themselves. It might then be easier for them to talk in the group because they

know that she knows. She then develops this: it is not just trust, but "the

establishment of a relationship with me…I am a kind of transition for their trust

to be invested in the group". She specifically says, however, that she is not a

'transitional object', referring to Winnicott's developmental formulation

(Winnicott, 1974, pp. 1-30). While thinking about her third choice she then

argued that the first two choices, containment and trust applied to both the

relationship with her and "the relationship with the group as a whole",

exemplifying this constant preoccupation of group analysts with the

relationship and tension between the group-as-a-whole and the individual

group members. This brought her on to her third choice, to speak freely, and

again, a complex argument follows about "the capacity to what I really think

enables change is to dare to say what is on your mind, to speak freely…to

actually dare to say what is on my mind and see what happens with that, how

others hear it, if others hear it, is how I feel, if they do hear it, don't hear it…"

This, she added later, is "the most important curative factor in terms of group

analysis". It was also very confidently and excitedly stated, giving an indication

of how important this particular factor is for many group analysts. Interestingly,

this one of the very few occasions when one of the interviewees actually used

the phrase 'curative factor' (Yalom, 1975)

I.3. answered the first question slightly differently from the other three

interviewees and gave all three of her choices in a one sentence reply: " having

a sense of belonging, being part of something…seeing parts of the self reflected

in others…bearing witness" and then added "…too, having the experience of

feeling that you are…in your family of origin, some repetition". She clarified that

that was what she meant by "bearing witness". She then explained that she felt

very anxious about being recorded, but then relaxed and made clearer what she

meant. She described a process whereby a group member "gets in touch with a

feeling" and, through a family transference, they expect that the other group

member will behave exactly like the person from their family of origin who

occasioned the feeling, but as it become clear that the group is a "separate

entity" then change occurs, "when an experience is repeated in the group" and

there is "differentiation between the feeling (in the present) and the past", as it

is recognised that the members of the group are "not that original family". This

complex argument about the engine for change in the group was rushed at the

start of the interview and slightly unclear, but her working theories became

clearer and more extensive in the rest of the interview. At this point it is obvious

that this interviewee is explicitly and implicitly quite psychoanalytic in her

views, and is also individually trained. The argument above is on the one hand

straightforwardly about making the unconscious conscious, through working in

the transference, but on the other also connects up, through the recognition of

complexity of the group, with more contemporary ideas from inter-subjective

and relational psychoanalysis.(Natterson & Friedman, 1995)

I.4. also answered quite quickly and confidently, and she said straight away that

one thing that was really important was "when they get interested in other

group members and start wanting to engage with them and take on sort of

remembering about them". This gets the group started, as it were, because if

they remember things about other members then they can bring things back to

the group and take them further. It is at this point, she explains, that the group

members begin to "internalise other people a bit, or the group itself, a bit, as a whole" and they then become less focussed on the group analyst. Her second choice was "trusting the group", which leads to then forming relationships and "making some kind of connection", and this led her to the third choice, which was the routine or ritual of group therapy: coming regularly, every week, allowing the journey and the timing to become routine, even a ritual, and this then established it as an important part of the group members' daily lives, presumably then reinforcing the other two chosen factors of internalisation and trust. This interviewee took a very clinical, experiential line throughout the interview, and illustrated most of her ideas with rich clinical examples, which expanded on her complex and well-established view of group process.

The interviewees were then asked a sub-question: "Which of the three is most important to you and why?" I.1 said that this was a very difficult decision and then immediately referred to Foulkes. She thought that Foulkes would say that the conductor is the most important factor, but that "other group analysts might think that it is…the setting you know, what is going on around". This question then seemed to start an internal debate, with first a statement of the difficulty of the choice, then a deferral to authority, in the form of Foulkes, and then to custom and practice, wondering about what other group analysts might think. She then continued to think this through, saying again how difficult it was to separate them as all three were "equally important" and then began to talk at length about the role of the conductor in terms of the mother/child relationship and the containment of anxiety. The containing presence of the mother, in "a situation of trauma" protects the child, and in the event of the

mother's absence, the child will "suffer". She is referring to Foulkes'

psychoanalytic background, and not to his group-analytic formulations (Foulkes,

1990; Dalal, 1998). This implicitly uses the extended metaphor of the mother

and child relationship for the containing relationship between the conductor

and the group. This thought then seems to help her decide which is more

important for her: "I think I would put myself more on the side of the setting",

and then, in a strong statement, explains the reason for her choice: "I can't

conceive of myself as separate from what is going on around me...what ever is

going on around me will influence the way I feel and the way I conduct a group,

therefore that will be present in the matrix of the group". This is now much

more clearly a group analytic, Foulksian way of thinking in that the conductor is

very much part of the group, and affected by the group, and events around

them all (Foulkes, 1957). She also refers directly to the group 'matrix', which is a

central, though rather taken-for-granted group-analytic concept (Foulkes, 1970,

p131). I.1 added that the "good-enough" group analyst will make use of the fact

that external trauma appears in the matrix of the group as a whole: "If that is

present in the group analyst then it will also be present in the members of the

group" and the group analyst can help the group to become aware and

conscious of this process and "work with it". This is important. It seems to be a

statement about how the group can promote change. The group analyst uses

their self-knowledge and understanding of the shared nature of the traumatic

experience to help the group to understand what is happening and to learn

from it. The trauma is experienced therefore in the matrix. This is a more

complex thought, on a background of implicit straightforward psychoanalytic

ideas about the need to understand the counter-transference, 'working-

through' ("work with it") and the basic process in psychotherapy of making the

unconscious conscious. There is another quiet echo of Winnicott again, in the idea of the "good-enough group analyst" (Abram, 1996, pp. 193-6). I.1 then wondered about the opposite, the "negative situation", and related this particularly to the stage of development of the group. If the group was "immature and dependent" then it might be "overwhelmed" and then "not able to process those feelings", and might come to an end. She is very centred on difficulties in the setting, which, again, may reflect her institutional experience, and she repeats her view that the most important thing is the setting because "I didn't think that the analyst could…escape responding to the uncontained setting", but at the same time "what ever is going on with the group as a whole" might make it possible for the group to continue to work in a helpful way, and to "grow and change".

I.2 made her choice immediately, but she had in fact already identified 'speaking freely' as "the most important curative factor", because, she said, it is "so simple". I.2 was also a committed individual psychotherapist, and throughout the interview made thoughtful comparisons between individual and group. At this point she explained what she thought was the difference between 'free association' and speaking freely in the group. Saying what was on your mind to a group was "a different process because you say this into a group of people who…do something with it, which is somehow much more daring, much more scary and much more frightening than the free association in a one to one". She went on to say that an individual patient gets to know the psychotherapist in a way that is not possible with all the members of a group and therefore much more "risky". But, if group members can persevere,

"without censoring and without hesitating, and with a curiosity" then this, she said, can promote change, because in itself it implies trust and containment. The change process then leads to, as a result of this freedom to speak: "…allowing things to change from moment to moment in that project of saying what's on your mind, noticing what's on your mind when someone says something in the room. It's self awareness". She then explains this process further. The first step is to be aware of what's on your mind, the second step is to say it: "…you need to catch it and then speak it". The courage to speak and curiosity about self and others is combined in the group with "…an awareness that you cannot control others" but that "…you are actually in an alive exchange with others". What is interesting about this interviewee is the confident way that she asserted her view of the basis of the change process in group-analysis. This process starts with the view that the group setting is in itself frightening and dangerous and that the process of overcoming the fear, on the one hand driven by curiosity and courage, and on the other supported by a feeling of containment and trust, with an increasing awareness that the other members of the group cannot be controlled, leads to an "alive exchange", which in itself promotes change. This is rich and interesting, but inevitably only a partial description of a complex process.

I.3 also quickly chose her third factor, 'repetition and differentiation' as the most important. Whereas I.2 used the phrase 'curative factor', I.3 referred to 'therapeutic potential'. This is available when "…past and present come together" and time "collapses" in the group. Her clinical experience reinforced this idea when she said that it was when this happened that patients feel like

leaving the group, as thought this is when they feel most vulnerable. When she was asked to explain why this was so therapeutic she said that it is: "Because it gets reconstructed, something gets deconstructed and then reconstructed through that experience". The helpful change is that the experience can then be "translated" into other group situations, and the unhelpful response will therefore not be repeated. I.3 was also an individual psychotherapist, and there is a suggestion here of re-enactment and re-casting in the present, in the transference, of disabling old ways of relating to others.

I.4. chose 'trusting the group over time', and emphasised "…the importance of the relationships in the group" and the idea that time has passed while they have been together in the group, and that the group is "the place where they have learned to talk about things". The passage of time together "triggers a deeper level of connecting". She then told, as an illustration, a story from a group, about a very isolated patient, for whom the attention of the group became increasingly vital. She then added that the group, over time, becomes more important than the group analyst, and therefore in itself the primary agent of change: "…it was no longer me, it was the whole experience of the group".

The second sub-question was specifically about the interviewees' theoretical views, in particular the relationship between their view of what was most important and conventional group analysis: "how do you think that relates to

the generally accepted view in group analysis?" I.1. was reluctant to commit

herself to this, claiming that she could not know the accepted Foulksian view,

feeling that there was no "accepted wisdom" in the IGA. The IGA was "catholic",

and then more confidently asserted that "difference" was the "essence" of

group analysis: "different opinions and different approaches and different ways

of understanding". She then speculated about what became an important

consideration throughout all the interviews, the relationship between individual

and group psychotherapy, feeling that group analysts with an individual training

would emphasise the importance of the conductor, and felt that this applied to

Foulkes himself. She also then made a complex point about group analysts who

had not had an individual training who might then also, in reaction, "over-

emphasise" individual dynamics and the importance of the conductor: "...we

try to deny our origins, be something else in order to compensate". I.2 also

found it difficult to acknowledge that there was an accepted view in group

analysis, and thought that her most important element, of speaking freely in the

group and saying what was on one's mind, was not "necessarily the accepted

view". Some group analysts would say the same thing, but others would not.

Other group analysts might regard the most important thing as being to

"promote self-reflection", or to "adapt their behavior", whereas others with a

more purely psychoanalytic orientation might regard it as most useful to make

interpretations. She then went on enthusiastically to emphasise what was most

important to her: "free exchange in which everybody has something to put in".

Group members should not "monologue", the change process arose from

"interaction", "engagement" and the "interpersonal element". It was not about

"the analyst knowing it all, it's about the matrix", or "the exchange in the

matrix". I.3. thought that "repetition and differentiation" was the most

important of the three, and expected that other group analysts might agree. She felt that her individual training led her to expect "psychic change", or "internal change", as an outcome, which she thought some group analysts would not expect, being possibly more concerned with social functioning. For her, internal change in the group members arose from the process of understanding what was being repeated for them in the course of the group. She then clarified this, saying that a change in social functioning, in the group, came first and was then followed by understanding, which arose from "insight", which she speculated was not really a group-analytic term. She felt that an individual analytic view or "your own curiosity" helped with this process, whereby the group first of all opened up the differentiation process, and this could then could lead to something "deeper". I.4 answered this sub-question quite decisively. For her what was most important was the experience of the group over time, and then expanded this to make a strong statement of how group analysis works: "the commitment to the fact that ordinary people, for me, ordinary people can help each other as much as the conductor can". The group members were "more broad-minded than conductors", and she felt that there was a group analytic concept "that everybody can really help each other in the right sort of environment". She then gave a long and complex clinical example of what she was trying to explain. At the end of the anecdote the group member was explaining, towards the end of a long treatment, that he had made some gains and said that "what I have discovered is that I am really interested in other people and other people like me and are interested in me, and so I am beginning to make friends".

They were then asked in the third sub-question about the relationship between their other two choices and accepted theory. I.1. had chosen composition and the conductor but argued that the former was dependent on the latter, and both again, on the setting. The group analyst is likely to be "unconsciously choosing people", possibly "with the same sort of psychopathology", but also the choice is consciously or unconsciously affected by the setting, the kind of patients available to the conductor, or the conductor's wish to make a particular type of group. She then emphasized again the importance of difference on group analysis: "different traits, different ages, different social backgrounds, different presenting problems". This led her to talk at length about the change process: the differences allow the group to explore "repressed" or "denied" parts of themselves through a "mirroring process". Seeing then leads to exploration, understanding and verbalization: "we all have things in common, all of us", and, "It's like universality, we are all in the same soup". For I.2. her choice of containment was, in her view, a basic principle of all analytic psychotherapy, but trust was more complex. I.3. felt that what was important and shared was "the sense of belonging, being part of something, being less isolated" and then talked at some length about what ideas were shared. She talked about how common it is for group members to feel that the group is working for them, but not to understand why: "these people may not have thought very much about their stories but feel better in the presence of others". She then related this further to Foulkes and the matrix, and again emphasized the common purpose: "you're all in it together and somehow you change some individual things". This was a good example of an interviewee working something out for themselves as they spoke, and going on to relate this to Foulkes' concept of the network, the 'group-mind', and then again to a

description of the change process as a sequence over time. Reverie allows

reflection and mirroring, and this leads to verbalization through identification

with others in the group, which then allows the differentiation of experience.

This complex line of thought will be discussed further in the next chapter.

Question 2

This question had one main question and two sub-questions: "What is special or

distinctive about group analysis compared to other forms of psychotherapy,

both individual and group?" I.1 immediately replied, saying that it was what she

always thought about in group therapy: 'figure and ground'. She then explained

this, which is an important and central group analytic idea, vividly and at length,

describing the always changing, "backwards and forwards" relationship, in the

group analyst's mind, between the individual and the group: "changing the

frame". In addition she emphasized the counter-transference and the group

analysts' "contribution" to the group-as-a-whole, and went on to describe the

significant differences between the counter-transference in group and in

individual therapy. I.2. first answered by saying that it is the job of the group

analyst to teach the group to work in a group-analytic way, it is a "kind of

investment", a process that the group needs to learn. She then re-thought the

question and talked about the importance of the "interaction" and the

"emergent process that is so visible to me as the group analyst", and then spoke

intensely about the need for the group to have a free rein to be able to work,

and to move to "areas and new experiences that haven't been there before". It

is "multi-faceted", and there is a potential for so much development, which she linked with creativity. Comparing this with individual psychotherapy she took the interesting line that group analysis has changed her individual psychotherapy work, particularly the "power relationship", and she is now much more of a "partner on an equal level" with her patients. She then drew another important distinction about this, saying that she was always in an "authority position as far as dynamic administration" but was "alongside the patients in terms of the analytical work". This then led her to talk about the richness of the group analytic experience, the "various patterns" and drew an analogy with Jung's idea of circumambulation (Jung ref…): "You have to walk around it so that you look at the issues, or the problem, from all the different sides that issues, a problem, has. In a group you have already got that through the setting". What emerged as most important for her, most distinctive about group analysis, was the clinical experience of feeling free to let the group work, and of "using the group". She put this in two similar ways, first that the idea of using the group "takes a burden off me, I don't need to know it all, you don't need to direct the process"; and second, that "group analytical thinking has freed me from feeling that I need to know it all". I.3. was confident that what was most distinctive for her about group analysis was "the group being the therapeutic agent…building a group and that everybody is part of that process", including the conductor. This is of course closely related to I.3's view. Each member of the group is "contributing to therapy", and "the answer lies within the group, that it is not always in the therapist". "Everybody's voice counts" in this process of understanding. I.4. talked at length about her own experiences in group and individual therapy to illustrate her view that what is most important

for the individual group member is the involvement with the other people in the group, this was for her the distinctive "therapeutic factor" in group analysis.

The first sub-question, following on from question two, was: "Is it those things that are particularly important in the change process? And, if so, which, for you personally, is the most special, distinctive and useful?" I.1 first worried about the meaning of 'change' in relation to the therapeutic factors. Did change mean the loss of symptoms, or that the problems were lessened, or became less distressing, or that there was a change in how the symptoms were experienced or understood? She then went on to talk about the stages of group development in relation to change. As the group becomes more mature and settled: "it can take more emotionally demanding exploration of disturbance". She then talked about the group and the individual members changing differently, implying that early departure from the group may result from being left behind by the development of the group as a whole, which "will continue changing and maturing". She then stated her strongly held view that "change is more to do with the capacity for flexibility, the capacity to withstand quite disturbing emotions". This then led on to her view of the role of the group analyst, when this is at risk, from, for example, a traumatised patient who is distressed, and possibly exhibitionistic in the group: "That is where the conducting takes place", and the group analyst has to intervene, and a mature group the group can work with the patient at this point. I.2. also spoke at length in response to this question. Her view was that group analysis works well because it offers "a kind of relationship on an equal sibling level, it is not an authority model, parent-child". If fully engaged this makes a "different

developmental process available". Then, while thinking about the implications

for both her individual and group psychotherapy practice, she summed up by

saying that: "I don't think that we have quite fully understood group analysis".

She then used an analogy from education. A teacher had said to her: "we don't

learn from our teachers we learn from our peers", and this was for her in the

"group-analytic paradigm". It meant that the group analyst was not directing

the process, but was "in the problem like everybody else". Again, in teaching,

she added: "if one child learns it then the other children learn it slightly

quicker", and then in the group: "one person makes a shift others are drawn on,

drawn into that too". This might be connected, she thought, with the neuro-

science concept of the mirror neurons. This sub-question also led I.3 to talk

enthusiastically about what was most important for her. She first described this

as a process of "taking back projections", through a process of understanding

that what the individual hates in another group member is "part of yourself that

you see in others". It is "the hall of mirrors…a variety of mirrors back about

yourself and what you, you are denying in yourself and see in others". The

group process ensures that the individual takes it back and becomes more

understanding and "more fully human". She enlarged on this: "more fully

developed in all aspects of your emotional life". The different views in the group

make the group "more expansive in its possibilities", because there are "more

voices in a group, and more directness and frankness", and this again forces the

individual to "confront different aspects of yourself". I.3. also immediately

answered at length, giving a complex response. The individual group members

need to know that "their therapist is on their side", that they have a "special

relationship with the conductor…a personal individual relationship…a sort of

connection…they know you understand something about them as a person in

their own right". At the same time she stated that "the most important thing in a group is the other group members". What the group and the individual members need is "the therapist's mind…an emotional mind". All the various theories of the transference, counter-transference and inter-subjectivity all mean a process like the Foulksian idea of 'translation', which she described as giving it "some kind of language". Then in a strong statement of her clinical mind-line she said "…so I use all sorts of theories, I don't really care, if I think it is helpful to the patient, I just use it". She further explained that the group analyst had to "allow yourself emotionally and actually just to get lost because you know that you are going to be able to use your mind to recover yourself". This process then led, through translation, to the group member feeling recognised or understood.

The next sub-question was: "What is most difficult to do, or to understand, in group analysis, particularly in respect to the change process?" I.1. answered straight away with a complex statement about the difficulty of group analyst being that "the analyst is in the group, is another member of the group" and is therefore subject to the dynamics and forces of the group, and it is then difficult to "disengage…and know what is really going on in the group". When a group "lose their way or become stuck" then many group analysts, she thought, have said "I don't have a clue what is going on in that group". She expanded on this: "you don't know what is going on…you can't understand the group as a whole…what is it that is going on?" Group analysis is hard because it gets "amplified" by the seven or eight group members and the group analyst has to "contain" and think about all the individuals and the group-as-a-whole, and

"sometimes is it not the same thing". I.2 started by saying that the most difficult thing was knowing how to "provoke' the process of development to maturity. How do the group learn. She gave an example of the group analyst having to stop one group member from "monologueing". That person may feel angry, hurt or rejected and it then becomes important to work with the negative transference. She then drew an interesting distinction between understanding group analysis, which she saw as intellectual, and comprehending, which was "much more holding the whole thing". Like I.1. she made a long spontaneous statement about the group analyst feeling lost: "for long, long times I haven't had a clue about what was going on and I found that always really awful, so that is terrible to tolerate, that as a group analyst I should know what is going on, I should be able to help the group develop this capacity for change and I don't know how to do it".

The result was a feeling of "being overwhelmed by everything that happens in the group". This feeling was strongest in a new group when she had not yet got her "bearings". The process was quite complex. The most difficult thing was her state of mind when she then felt "not good enough at this job", and did not know what she was doing and did not understand the group. The way through was reminding herself that she did not have to understand it, it is "really just holding it and letting it find its own development". This made her think first of Foulkes, and 'trusting the group', and then Keats's idea of 'negative capability', and therefore, by implication, Bion (Bion, 1970, p. 125; Williams & Waddell, 1991, p. 119).

I.3. took a different direction at the beginning, and felt that the group's resistance was the most difficult thing, and gave the example of a group that

she had taken over from another group analyst and a for a year had a "terrible time", not getting down to "what I think happens in group therapy". The resistance was to "working in the group", to opening up, and by unconscious attacks on her and by always talking of leaving the group, which she thought might be about testing her resilience. This resistance was frustrating for her, and she had to lean to tolerate this. This led her to talk about the psychoanalytic concepts that she called on, in difficult clinical situations, as part of her clinical mind-line, like Winnicott's concept of the destruction and survival of the object (Winnicott, 1974, p. 105). I.4 in her answer also emphasized the importance and difficulty of "holding back", being patient and "staying there with it". She added: "If I give a group time to explore it themselves they really do change a lot more". She also talked about the need to adapt technique to individual patients and told a story about a very difficult patient who needed her to change some aspects of the way that she worked. What was also very hard for her was a group member leaving before she thought they were ready. She gave an example of a patient who wanted to leave, "go out into the world" and also thought this was a mistake, she felt she should support her because " I didn't want her to go out into the world feeling that she had done the wrong thing for herself".

Question 3

This question was intended to explore the personal use of clinical concepts as a central part of the clinical mind-line: "What theoretical concepts and ideas are

most useful to you personally as a group analyst when you think about your

clinical group practice?" I.1 gave a full and confident response to the question,

listing the basic psychoanalytic concepts like "trying to make the unconscious

conscious", which led to the need to help people in the group "verbalise" and

explore their "unconscious processes" and the group-as-a-whole, which she

connected with Bion. She added the "Foulksian approach" of "all the time

changing the lens": "looking at the individual, looking at the group, looking at

yourself". She had also tried to use the concept of the social unconscious

(Hopper, 1999) thinking about how the group was affected by social and

political trauma in the outside world, and how this might contribute to shared

paranoid and dissociative defences. I.2 also answered straight away with matrix

and translation. She felt that the concept of translation was "totally

undervalued" in both individual and group analysis. It is one of the "major

pieces of work" for psychotherapists. She added that mirroring is also

important. She felt that "many people in the field don't quite know how to work

with the negative transference', it is too frightening. But for her the matrix was

the "main idea" it was a "complex and rich" concept. She added the

'condenser', a less common Foulksian notion. After talking about how easy it

was to forget all the other Foulksian concepts she remembered "malignant

mirroring" (Zinkin, 1983), which again went back, in her view, to the negative

transference. I.3. also went straight to 'translation' and then the general

importance of being patient and waiting "for something to unfold…to be put

into words", the "process of something getting to be articulate". She added

metaphors in groups, and this was linked to translation as the metaphor is

discussed in the group. The importance of metaphors was to do with the "group

becoming, attempting to cohere, to find a shared way of describing… what

could be a struggle in the group at that time" or a "more palatable way of bearing very difficult feelings". The matrix was also important, and trusting the group, and finally, the importance of the setting, the circle of chairs, and the dynamic administration. I.4 began with mirroring, which she sometimes used in the group, but interestingly she said that she did not rally understand what Foulkes meant by the matrix, and preferred herself to talk about "the building of a web of relationships", whereby "relationships become familiar" in the way that babies become familiar with their mother's smell, and then the smell of the rest of the family. The group "build up a place where they feel comfortable". The "comfortable routine" then was for her, a "kind of matrix". She also felt that transference and counter-transference were important, and the associated "family resonance". She added another concept, for which she felt there was a not a group analytic term, which was the way that group members "borrow each other's pathology and they rehearse their understanding of it through other people". The group members "can help others with problems that they themselves have, but they can't help themselves".

The first sub-question was designed to build on the responses to the main question: "When you are working in a group, which working concepts come most often to mind, and which are most helpful to you?" I.1 gave an interesting first response to this, indicating what she felt was an important part of group-analytic technique. What she tried to get hold of was "unconscious communication": "what is this person saying and… how can I facilitate the group to respond to that person in a way that is helpful, that is not going to alienate this person from the group". If a group member was communicating by being

provocative, for example, the group analyst must find a way to "pre-empt" the

group's possible attack on that member, and to help the group to explore and

to think about what was happening rather than react. She related this to

mentalisation (Bateman & Fonagy, 2006). What was also important was "not to

present yourself as if you know" but to help the group to explore and reach

their own conclusions, or at least, to "arouse their curiosity". Interestingly, she

also felt that the importance of not being the expert was conceptualized in

group analysis by the use of the words conductor or facilitator. I.2. went

immediately to projection and projective identification, but apologised for these

not being purely group analytic concepts, and then emphasised that she would

never use these terms in a clinical group, but might "explain that people try to

put things into you to get rid of their own stuff". Denial and transference, and

the Jungian idea of the shadow were also important, and "victim/perpetrator

dynamics". What was however, most useful to her clinically, particularly when

she felt lost and anxious, and when she thought to herself "Oh my God, I'm

supposed to deal with this, I haven't got a clue", then she called on the idea of

keeping "an open mind", and sometime imagined this to herself as "opening her

head like this and see what comes into it". She expanded on this important and

very personal statement of trying to stay open to experience when under

pressure in the group: "The weird thing for me is that I don't think I will open

myself to the unconscious in that way, I am opening my mind, but it certainly is,

I can relax when I remember that, to keep an open mind, to start relaxing, and

another process can start because I relinquish control really, which is the

reverie, so that's most useful for me, I think". I.3. started with a long discussion

of counter-transference, which she relied on "all the time", and related it to the

differences between group and individual psychotherapy. I.4. went straight to

the central idea that the group analyst "should let the group do it", as she

herself found it so hard to hold back, not because she did not trust the group

but because she herself became "excited and involved". Another very

important, but hard to define idea for her was the need to help the group to

keep hold of a piece of work, "I do something about not letting it get lost…I sort

of try and keep the link alive".

The second sub-question built on the previous response: "Can you give a recent

example?" I.1 started by talking about the early stages of the group and the

difficulty of the demands on the group analyst because of the early dependent

stage of the group and their wish for the group analyst to have all the answers.

For the Foulksian group analyst it was important to resist the temptation and

possibly to interpret the dependence, at the same time "encouraging them to

think about their predicament". She then gave the example of taking over a

group from an unwell group analyst. The group were dependent, believing they

could not function without their old group analyst and not accepting and

attacking their new therapist. The new group analyst had top work to get the

group to see that they were all still here and how important the group had

been, not just the therapist. This then enabled them to mourn for the lost

therapist and return to the therapeutic work. The group analyst was therefore

one more member of the group. She then developed this into a wider account

of the importance of concepts about mourning and their use in everyday group

analysis: loss of self, denial, anger, blame and even a delusional stage. She

added: "The group mourns all the losses". I.2. went straight into an example of

a group member saying that she wanted to talk about sexuality, and then

instead talking at great length about her mother. She felt angry with this patient, who had a tendency to "go off in her own mind…around in circles…and she is not actually talking to the room", and so interrupted her and said this was not about sexuality. Interestingly, at that point another group member said that when they got anxious about talking about relationships, they instead talked about their family.

She felt that this was a bad example, as it was not analytical enough, although it had been very helpful, but in fact it was a good example of the group analyst feeling open enough to say what was on their mind, and this then moving the group forward. I.3. also moved immediately into an example of a long-term group member who was talking in a very encapsulated way about everything being much better, but mentioned in passing that her partner did not want children The group analyst, thinking about a family connection and her own work with mothers and babies, used her counter-transference perception to point out what was missing from the patient's account was her own wish for a child. The group became involved with her then, and one group member shared their own inability to conceive, which gave rise to an emotional silence as the patient "felt much more part of things". This was then a good example of trusting and following her counter-transference feelings and thoughts. I.4's example was about a group patient who was always very silent in the group, and was "preoccupied with all the time things that couldn't be put into words". Helping her to find words in the group for her despair could be achieved by helping her to make contact, perhaps in a sibling-like relationship in the group.

This is a version of translation, "the symptom begins to speak" as part of the

process of 'finding a language".

Question 4

This question was also clinically oriented: "Can you think of comments that your

patients have made in the group, particularly at the end of the session, or at the

end of treatment, about the ways in which the group experience was helpful to

them?" I.1. hesitated and then said that working with borderline patients, one

of them had said that: "it is the group has kept me alive and I couldn't have

survived without coming to this group. I would have killed myself a long time

ago". Another patient, who was in both individual and group psychotherapy had

started by "denigrating" the group but then realised that both were helpful. Her

individual therapist would make a comment which she denied but when all the

other members of the group said the same thing, then she listened, "it

clicked…this is what I do". Even in the group, the group analyst can be dismissed

more easily than the other members, "who are themselves sufferers". When

the group members are working as therapists in the group: "that is another one

of the most extraordinary things about group analysis". She then gave another

example of a group member who was always very helpful to all the others, and

they pointed out to him that he avoided his own need for help by helping others

and said: "it is almost like you are at sea and these people are like these pieces

of wood that you can grab hold of to keep yourself afloat". I.2. said that a group

member, on finishing therapy, said that she "had never worked at such a deep

level…went to places that she never got into before". This referred to

"infantile", borderline material, which interested her because of her belief in

Winnicott, and particularly 'Fear of Breakdown' (Winnicott, 1963). She went on

to say that some group members thank her and the group, but generally she

stops the session exactly on time, often in the middle of something, and it is

hard to recall actual comments by the group. I.3. hesitated and then gave some

examples: "I don't feel so alone with things…I don't feel so alien…I don't feel so

mad, actually, sometimes…and all those things are usually linked up. I don't feel

so mad because I have realised that I am not the only one who feels like this".

She then added that there are different kinds of thank-you: "very warm, well

that's a relief, you understand me…thanks for recognizing me, how I feel, what

happens, or else thanks, thank god that's over". The more negative remarks

would be: "you know it is just one and a half hours now I have got the rest of

the week and now I have just got to leave". The problem here is group members

who don't feel safe "left to their own devices", and who cannot yet think of

"taking the experience into my life outside". For I.4. what came to mind first

was a group member who had experienced a great deal of loss and who found

the "on-going metaphors" wonderful in the group as a way of beginning to talk

about difficult matters. But this patient had also discovered in the group that

other people found her funny and entertaining and enjoyed her company. This

was "something about a life-force, about bringing her alive in the group".

Another group member talked about his dreams into which much of his

imaginative emotional life had gone. When he talked about the dreams and the

group members were interested he began to take more interest in other

people. In another group four people with very lonely lives became very

involved with one another in the group, a "connection with each other that it is

sort of like having brothers and sisters to grow up with, that only they could recognized something that they had all been through together that nobody else could".

Question 5

This question was designed to help the interviewees think in a slightly different way about the change process itself: "What useful metaphors or images come to mind when thinking about the change process in group analysis?" For I.1. the ruling metaphor was the family, more than mother and child. She thought that the group assigned each member a "particular role" which was connected with their role in their family of origin, and that if this role was associated with a "disturbance at a particular stage of development" then that would be repeated in the group. She then gave the example of a group member who was always treated as "the clever one" in their family of origin, and then the group "unconsciously" expect this member to repeat this; or the "stupid one", who did not feel that their views mattered in the group. The change process is then driven by the group analyst and the group "helping them not to get stuck in that role". I.2. talked at length in response to this and immediately thought of the Jungian concepts derived from alchemy, the pot or alembic, in which alchemical transformation takes place. The circle of the group was a "container", like an alembic, and group members would say things like "I need to put this into the middle...or put this in the pot", and in the alchemical metaphor, the distillation, which was closely connected for I.2. with the Foulksian concept of the

"condenser". Further, she said, groups can be depressed, and this was connected with the alchemical stage of the "nigredo", the dark stage (Papadopoulos, 2006, p 100). She then added that for her the matrix could be imagined as a physical network, and that group members could fall out of it, or not connect to it. She then brought these two sets of metaphors together by imagining the absence of the table in the middle of the circle of chairs as a "crater", "plug-hole" or "black hole" down which the disconnected group might fall, if it is not held together by the network of the matrix. The table therefore also was a receptacle and a metaphor for the meal that the group cooks together; the containing and holding function of the matrix. I.3. also talked at length about what was for her the very important group of metaphors to do with water: the sea, diving, drowning and re-emerging. The image was of diving into the group, going down to the bottom and finding a way to "swim to the surface" and breathe again. For her this was connected with the unconscious, with the womb, birth and rebirth and then further with the subjective experience for individual group members of feeling "terribly overwhelmed and claustrophobic", and she added that in dreams about death there were often images of water. This then led to muse about the group analyst's subjectivity in the group, and being "tuned in at some deep level", and gave the example of a group talking at length about pets when her pet was unwell. Was this because the group analyst unconsciously communicated interest or lack of interest in a topic, by smiling or nodding, or by changing body posture? For I.3. cinema was important, and she used an image from a film of a woman attempting suicide by drowning, but then "choosing life" and coming back "up to the surface", to illustrate a group and individual process of "plummeting to the depths of your own unconscious". This was an example of her own preoccupations

"resonating" with those of the group: "a template of…co-construction between group conductor and group members…the co-construction of narrative and construction of identity". She then further connected this image of the group and the group analyst constructing "something together" with mother and infant, and with Pines' paper on "mirroring" (Pines, 1982), and the myth of Narcissus and Echo. She also said that in short term focused groups there was often imagery about water, and gave the example of a group for compulsive eaters speaking about their fear of the boat capsizing. She finished her answer by saying: "And we feel at sea quite often as group analysts, without drowning but without kind of getting out of the water". I.4, an experienced training group analyst, felt that she had to separate out trainees from patients to answer this question. For trainees the metaphor in her mind was "complete collapse and madness". The impact of the group "triggers the madness that they came into therapy to deal with", and there is process of "fragmentation and madness…having to fragment and pull together again". But in a long-term group then the group gradually became "more understanding about the process themselves, and more alongside me…because they are kind of celebrating an understanding of themselves".

Question 6

The last question was designed to help the interviewees summarise: "So, finally, what is the change process in group analysis? How does group analysis help the members of the therapy group?" I.1. felt that she had answered this question in

the process of responding to the previous question. The process of giving up a family role, which was re-experienced in the present in the group along with the developmental disturbance associated with it, was the principal agent of change. The "developmental task" is completed, and the group members can then "put in place" what was "missing", and are "able to be more robust and withstand whatever is thrown at them". I.2. gave two examples of change in a group, emphasising that the two patients had changed a lot alongside the changes in the group. One group member had learned to "listen and talk with less anxiety", had "learned trust…less fear of talking to others…and speaking her mind", and found that "it can be enjoyable to connect…or converse…the pleasure of talking to another human being". The other group member, who was anxious and reluctant to join a group, and talked about "hating human beings and not being interested in them", had also changed and was now interested in others. She felt that he had changed largely because when he told the group that he hated everybody and was very provocative the group did not retaliate, but asked him why he thought that way. The group, in other words was interested and "not judgmental". I.3. answered with a description of the general process of change as she saw it: "fundamentally overcome isolation, to be part of something shared…finding yourself in a group, differentiating…finding your own individuality and voice".

She added, thinking it through as she spoke, that the group process helps "regulate everybody, a rebalancing…the group itself being the way, as a body that regulates or some object that regulates, calms them down" and that this process is "a function of mothering". I.4. drew a distinction between short and long-term groups. In the short-term groups the most important part of the change process was the "feeling that the symptoms they had were shared by

others, they were not alone, I am not the only one". In the longer-term groups it

was the "sense of going through things over a period of time and seeing how

differently they tell their story, like when they come back to it, and new

members join". So group members become more aware of "what they know

and what they understand". What is also important is the "feeling that the

group will be alongside" the group member over time. For some group

members with severe problems the group "sufficiently sustained

them…because they had enough of a relationship that they could manage and

that stopped them from feeling so alone and so isolated and so different from

everyone else"

THEMATIC ANALYSIS

The Interviews

As described in Chapters 3 and above, the interviews were recorded and then

transcribed by the researcher. The transcribed material was then subjected to

the first stage of a thematic analysis (Boyatzis, 1988; Braun & Clark, 2006,

2013). This involved a careful scrutiny of the interview material, looking for

single 'units of meaning' (Braun & Clark, 2013; Saldana,2009). These were

words or phrases that appeared to carry significant meaning or explanatory

value for the interviewee, forming an important part of an argument,

explanation, clinical story or statement of belief about the group therapy

process. These formed the codes, the basis for the first level of the thematic

analysis. (See Appendix C for an excerpt from a coded interview).

Codes, secondary codes and themes

Over all of the interviews there were a total of 340 individual codes (these are

listed in full in Appendix B). These included single words for feelings (for

example: excitement, gratitude, anger); for symptoms (depression, anxiety, loss,

trauma); ways of relating (interaction, support, belonging) and technical terms

(projection, resonance, matrix). There were many codes consisting also of two-

word and longer phrases (being overwhelmed, projective identification, finding

yourself in the group). Most of the words and phrases were in ordinary

language, as were the interview responses as a whole. Not only was there an

apparent reluctance to refer to authorities, but also a sparing use of jargon and

technical terms.

The codes were initially sorted into seven secondary coding groups as follows:

1. Cohesion, belonging

2. Mirroring, repetition, reflection

3. The group analyst

4. Theories

5. The change process

6. Group process and experience

7. The group unconscious

After further study it became clear that there was overlap and confusion in these seven categories, and there were too many to allow more through-going analysis.

However, the seven categories proved a useful basis for narrowing down. The first secondary code of 'cohesion and belonging', and the second, 'mirroring, repetition and reflection', clearly could have been joined in one category. Together they clearly reflected a shared view on the group process: what was, in the opinion of the interviewees, most valuable to the group change process and most helpful to the group members. These then together constituted a revised first secondary coding: 'the group specific factors', in which there were eighty initial codes. The next two secondary codings, 'the group analyst' and 'theories', then fell together into a revised secondary coding category 'group analysis and the group analyst'. Talking about their work in the group, the interviewees did not make a separation between themselves, as individual group analysts, and what they personally did or thought. In this new category there were seventy-five codes. The fifth original category of the change process, the 'change process' remained as a new third secondary sub-theme, of sixty-four codes, and the last two, 'group process and experience' and 'the group unconscious' also fell naturally together as a fourth revised secondary code of 'group process', containing one hundred and twenty one codes.

The codes were then resorted and re-themed in the light of the revised secondary codes. This allowed more interesting material to emerge. Within each new secondary code the individual codes fell into several different sub-sections. It then became clear that the four new secondary codes could be further brought together into two over-arching themes of 'the group analyst in the group' and 'the group change process'. Braun and Clarke, in their authoritative study of thematic analysis, describe this process of the themes narrowing down as the analysis proceeds over time (Braun and Clarke, 2006, 2013). The final structure of the thematic analysis was therefore as follows:

THEME 1. The Group Analyst in the Group

A. Group Specific Factors

B. Group Analysis and the Group Analyst

THEME 2. The Group Change Process

C. The Change Process

D. Group Process

The findings of the coding process will now be described in more detail.

A. Group-specific factors

The eighty separate codes of this first section were organized into eight

categories:

1. General Features of Group Analysis

2. Group difficulties

3. The work of the group

4. The setting

5. The therapeutic factors (Foulkes)

6. Mirroring/reflection/self

7. Cohesion/sharing

8. Family/mother and child

In the first category there were seven codes, all rather generalized, and mostly

concerned with linked pairs of concepts: individual/group, subject/object,

past/present, inside/outside. Each of these appeared once, along with other

general ideas of the importance, and work of the group. One code,

complexity/multi-faceted appeared twice. In the second, concerned in a general

way with group difficulties, there were eight individual codes like trauma, loss

and idealization. The third category also contained rather general concepts like

safety, understanding and interaction, concerned with the work of the group.

Three codes however, stood out. Equality and group-as a-whole were each

mentioned twice, and trust four times.

In the fourth category, of three codes, there was a stronger agreement about some central group matters. Setting appeared seven times, the circle as container twice, and the group-room table also twice. The fifth category of the therapeutic factors (Foulkes) contained twelve codes. The matrix appeared seven times, containment four times, translation (a Foulksian term) three times and the condenser, exchange and dynamic administration each twice. The pattern of central pre-occupations and matters of agreement seemed to be emerging early in the findings from the thematic analysis. This was confirmed in the next two categories. In Mirroring/Reflection/Self, with eight codes, there was substantial confirmation of an interest in self/denied parts or aspects of self seen or reflected in others. This complex code appeared nine times, and the related code, mirroring/hall of mirrors, five times. The code understanding/differentiation of experience appeared four times, so there was a great deal of repeated agreement between the interviewees in this category. The other five codes in this category were all related to the above codes: mirror neurons, bearing witness, reflective about others, experience repeated in group, group as separate from family, but they were recorded as separate codes as the individual interviewees attached a particular meaning to them. In an overall analysis, the whole category constitutes one important set of ideas about the work of the group and this is argued in Chapter 4. The next category of Cohesion/Sharing, with eighteen codes, is important for the same reasons. The most significant was the code, part of something/sharing, with seven mentions, and then the closely related codes of part in story, cohesion/cohere, things in common, belonging, not alone/alien and learning from each other in the group/peer learning, each mentioned twice. In the last category of

Family/Mother and Child, with five codes, there was some overlap between

three mentions of parent/mother and child, and three of the reflection of

family/child in family in the group/family transference, and two mentions of

siblings. It was clear at this early stage of the analysis that certain significant

concepts were strongly shared, and this will be discussed further in Chapter 4.

B. Group Analysis and the Group Analyst

The seventy-five codes in the second sub-theme fell into six categories:

1. References

2. General factors of group analysis

3. The group analyst's qualities

4. Difficulties in conducting a group

5. The group analyst

6. Theoretical concepts

There were six codes in the first category, sixteen of which were Foulkes, which

is very notable, two for Bion, two for Nitsun and one each for Pines, Jung and

Garland. In the second category there were eighteen separate references to

differences between individual and group therapy, which is also notable. All the

rest were single references. In the third, the Group Analyst's Qualities, among

single codes about what the group analyst should do, like excitement,

commitment and engagement there were four mentions of curiosity, four of not knowing/not being the one who knows and two of patience. The fourth category, with nine codes about difficulties in running a group was a mixture of single codes about problematic matters in the group, like sex and politics; difficult feelings felt by the group analyst, like being overwhelmed or trapped by despair; and difficult behaviour in the group, like avoidance and borderline symptoms, or, most notably, unconscious attacks on/testing the GA with two mentions. The fifth section, about the Group Analyst, with fourteen codes, overlapped to some degree with the section about the Group Analyst's Qualities, but there was a greater emphasis in these responses about the group analyst's work in the group, like the use of self, and resulting problematic behavior and attitudes, like the GA's blind spots, or the GA's vulnerability. One important fact was the nine mentions for the term conductor, which is the central Foulksian term for the group therapist. There were five mentions for the GA in/part of the group, another significant theoretical commitment, and two for the GA's mind.

In the sixth category, Theoretical Concepts, there were twenty-one codes, mostly single references to the sort of theoretical ideas that came to the interviewees' mind in the group, often from outside Group Analysis, like reverie, projective identification, fear of breakdown, the shadow, and from within, like resonance and figure/ground. The most significant code was the matrix, with four mentions, which is a central Foulksian concept. Next was counter-transference, with three mentions, and transference, projection, transitional object appearing twice each.

C. The Change Process

There were sixty-four codes in this section, and they fell into four categories.

1. The Group Change Process

2. The Group as a Whole

3. The Group Analyst in the Change Process

4. Group Change Factors

All of the categories in this section tended to show large numbers of single reference codes, which may reflect the difficulty in conceptualizing the dynamics of the change process. But in the first category of the Group Change Process, with twenty-five codes, there were three mentions of speak freely/say what's on mind/telling/speaking mind, and two each of connecting, putting into words, the group on their side, and the value of ordinary people. In the second category, of The Group as a Whole, with eighteen codes, there were two each for human, narrative and family repetition, but there was also some possible overlap between other single codes, which addressed important matters in slightly different ways. Being alive, alive exchange with others, the group kept me alive and the life-force of the group are all struggling to get hold of different aspects of an idea that is both very general and quite specific, which also further overlaps with being human.

The third category of the Group Analyst in the Change Process had four codes, but this was clearly significant, with <u>trusting the group</u> in four mentions and <u>not knowing</u> in three. These were also very close to the other two codes of <u>letting the group do it</u> and being <u>alongside the group</u>. The fourth category, of the Group Change Factors, with seventeen codes also contained a lot of single codes. However, <u>understanding/insight/meaning</u> had four mentions, <u>connecting/deeper level/engagement</u> had three and <u>growth and change</u> two.

D. Group Process

The fourth sub-theme of the Group Process had a total of one hundred and twenty one codes, which fell into four categories.

1. Group Process: Negative Factors

2. Group Process: Positive Factors

3. Group Process: General features

4. Group Process Metaphors

As in some of the earlier sections, there were a large number of single codes in these categories, again possibly reflecting the difficulty in conceptualizing the process. In the first category of the Negative Factors, there were forty-one codes, covering a wide variety of theories and group and individual problems.

The most agreement was over anxiety/fear/danger, with seven mentions;

getting lost/loss of self/losing way/not found with six;

collapse/madness/breakdown/fragmentation, with five; depression and not

understanding, with four; and anger, holding back/hesitation, isolation and

negative transference with three each. Being overwhelmed, being vulnerable,

stuckness, denial, illness and rejection/being left each had two. Many of the

single codes, like not connecting, and no way in, were also only slightly different

from some of the other more frequently mentioned problems in the group. It

striking that there were so many, and such vivid, codes for difficulties and

dangers in the group process and possible reasons for are this discussed further

in Chapter 4.

There were thirty-two codes for the positive factors in the group, and the most

frequent were to do with the group behavior, with seven mentions of

interaction/involvement/engagement/investment, four for exploration, three

for the related interest in group/other people and for awareness/self-

awareness. There were two each for enjoyment of others, reflection/self-

reflection, freedom, relaxing/comfort, understanding, processing

feelings/working-through, listening and hearing and joining/being part of things.

In the third category or the general features of the group process there were

forty-two codes, and there were eight mentions of the centrality of group

development and change, and six of the group change process, and three each

for metaphors, trauma, allowing/capacity for change, the web of relationships

and defences. There were two each of focus on GA, group material, group as a

whole, symptomatic change, resonance, interpretation, dreams, verbalization,

sharing time and expectations. Finally, in the last section, Group Process

Metaphors, there were six slightly overlapping codes, with three mentions of

water/boats/sea and two of drowning and remerging, with other single codes

for diving, surface and the depth of the unconscious.

Theme 1: the Group Analyst in the Group

This first theme arose from the combination of the two major sub-themes of

'Group Specific Factors' and 'Group Analysis and the Group Analyst'. In the first

of those sub-themes, the most frequent code, mentioned nine times, was

self/denied parts or aspects of self seen or reflected in others. This complex

code, containing references to a number of important and related ideas, was

clearly central to the interviewees' understanding and conceptualization of

what was specific to group analysis. The next most important, with seven

mentions, were part of something/sharing, setting, and matrix, followed by

mirroring/hall of mirrors with five references, which is in itself very clearly

related to the first and most frequent code through the obvious connection of

reflection and mirroring. The next important codes for the group-specific

factors, each with four mentions were trust, containment,

understanding/differentiation of experience, followed, with three mentions, by

translation, parent/mother and child and reflection of family in group. This

shows the difficulty of the initial coding process, whereby very similar, or at

least related, concepts are described by the different interviewees in quite

different language, arising perhaps from the use of the concept in a different context.

In the second sub-theme, Group Analysis and the Group Analyst, the most frequent code, with eighteen mentions, was the difference between individual and group therapy. This is clearly very important. It covers both the theoretical differences, as the interviewees saw them, between group and individual therapies and the differences in their own practice, as most of the interviewees also did a lot of individual psychotherapy. Perhaps it indicates a continuing preoccupation with, and awareness of, the special nature of the group process. The significance of this code will be discussed at greater length in the next chapter. This is followed by Foulkes which appears sixteen times, and which is perhaps an indicator of the lively presence of Foulkes and his concepts in the group analyst's mind. The next most frequent code, with nine mentions, is conductor, which is the Foulksian term for the group therapist, and then, with five mentions, group analyst in/part of the group, also a very Foulksian idea. There are four mentions of curiosity, and again, matrix, as the most important theoretical concept in the group analyst's mind. Counter-transference appears three times.

Theme 2: The Group Change Process

In the first sub-theme, of the Change Process, the most frequent codes, with for mentions each were trusting the group and understanding/insight/meaning,

followed, with three mentions, by speak freely/say what is on one's mind, and not knowing. It is striking that there was a majority of single codes in the this sub-theme, perhaps, again, reflecting the difficulty of the concept of, or the reluctance to conceptualise, the change process in group analysis. In the second sub-theme of Group process generally, there seemed to be more shared views. There was a strong endorsement of the change potential in group analysis with nine mentions of group development and change, and seven of interaction/involvement/engagement. There was also a lively awareness of the difficulties of group analysis with seven codes for anxiety/fear/danger and six for getting lost/loss of self/not found. There were at the same time six codes for the more affirmative group change process. The continuing awareness of the problems of group analysis appeared in five mentions of collapse/madness/breakdown/fragmentation, and four mentions of depression and not understanding. Exploration, as part of the work of the group, appears four times, and interest in group/other people, awareness/self-awareness, allowing/capacity for change, web of relationships all have three mentions, as do metaphor and water/boats. Group problems appear three times each, as isolation, holding back/hesitating and defences.

Summary

This chapter has given an account of the findings of the research interviews, which were examined in two ways: first, through a descriptive, sequential account of the interview process; and second, through a thematic analysis of

the transcripts. A full list of the codes and themes is in Appendix B, and a

sample extract from a coded interview is in Appendix C.

The significance of these hierarchies of codes within the sub-themes and

themes is rich and complex, and the implications of the findings, and how the

findings of the thematic analysis interweave with the interview process, in the

process of building a model of the group-analytic clinical mind-line, will be

discussed in full in the next chapter.

CHAPTER 5

DISCUSSION

Introduction

In this final chapter, the significance and meaning of the transcribed interviews and the thematic analysis is discussed in detail. All of the interviewees were involved in a continuous debate, conscious and pre-conscious, with theoretical influences and senior authorities in group analysis and psychoanalysis. Because of this, the discussion of the results of the thematic analysis also includes attempts, when required, to set these findings in the explanatory context of the literature of both theory and practice, and the rich lines of thought of the individual interviewees, and the complex theoretical influences on their clinical decision making. Overall the thematic analysis seemed to reveal a basic structure to the shared clinical mind-lines of Foulksian group analysts: a

framework of ideas, concepts and theories held more or less in common throughout the interviews. These findings and their complex connections are then enlarged upon, in an attempt to elucidate, from different perspectives the shared group-analytic clinical mind-lines. In the conclusion to this chapter there is a tentative account of what the clinical mind-lines of a Foulksian group analyst might be. An attempt to show these in diagrammatic form is in Appendix A. The thematic analysis revealed a basic possible structure to the clinical mind-line. The analysis first identified and then collected the codes from the interviews, the individual significant units of meaning. These codes were then put together in various ways to discover the most useful structure for analysis. What finally emerged was a set of four sub-themes and two overall themes. This gave a background to the concept of the clinical mind-line. The codes were then reassembled into clusters and nodes of meaning, as a way of taking a second look, from a different direction to the thematic analysis proper, at the mind-line. The two nodes were two particular and special collections of concepts or working theories, which were connected with all the six clusters, and therefore, it is argued, were always on the group analyst's mind, knowingly or unknowingly, in the clinical situation. The six clusters were separate groups of conceptually-related working theories which could be connected at various times and in various ways to one another, and which were all connected, all of the time, to the two central nodes in the mind-line. This organisation of the research material arose from an attempt to create a more dynamic and adaptable structure for the description of the mind-lines which would reflect both the changeable and unstable nature of moment-by-moment clinical thought and decision-making, and the quality of the group analyst's pre-conscious and non-conscious thinking.

The Thematic Analysis: the Use of Ordinary Language

The results of the formal coding process saw the individual codes fall into four overall themes: group-specific factors; group analysis and the group analyst; the change process; and group process. These were then gathered into the two over-arching themes of 'the group analyst in the group' and 'the group change process'. In other words the interviewees organised their responses to the questions almost entirely around these two underlying preoccupations about the complexity of the relationship between the group and the group analyst and about the relationship between group process and group change. One general observation, which emerged immediately, was that group-analysts used very little jargon or specialised technical language and tended not to explicitly state theoretical constructs and positions. There were a few important exceptions to this, which arose in the course of the detailed examination of the findings, and they are considered later in this chapter. A further consequence of this apparent decision not to use theoretical language was instead what seemed to be a determination to use ordinary language to address the complex phenomena of the group. In this discussion it was important to note that these interviewees often used ordinary language to describe what appeared to be similar or related group-phenomena, which could have been, and are more usually, described in technical or theoretical language. This may reflect the simple clinical need of group analysts to communicate clearly with seven or eight people at once in an analytic group. An analytic comment or interpretation made to the group needs to be made in the shared language of

the group, a language which will be dependent on both the capacity and mutual trust of all the members of the group. It may also of course arise out of an anti-theoretical, pragmatic, in-the-present-moment quality to group-analysis as a whole, and the associated complex relationship between theoretical and common-sense views of what are, in some sense, profoundly ordinary, universal group-relations. In evolutionary terms, for example, it is well-known tht early hominids emerging from the protection of the forests to the dangers of the open savannah could only survive by learning to cooperate and work together in supra-familial groups. To be social is to be human. Group analysis as a treatment for mental and emotional problems is predicated on the idea that neurosis arises from loss of, or damage to, the ability to relate, and that this loss, or damage, can best be repaired by cultivating and practicing a highly specialised kind of human relations in the analytic group. There was an example of this choice of ordinary language in the first section, 1.A.1-4, which consisted of the four first general themes of the Group-specific Factors. The interviewees used a mixture of ordinary language words and phrases for codes describing 'the work of the group', which all described similar and related phenomena to do with the positive working atmosphere or attitude of the group: trust, safety, affinity, understanding, and recognition. In these same sections they also used ordinary language terms, which have a generally understood special meaning in psychoanalytic psychotherapy: trauma, dependency, loss. They also used a few specialised terms and phrases: idealisation, role-suction, and free association, for example.

Binary Concepts

A further important aspect of this section was the tendency, reflected on occasions throughout the interviews, to describe pairs of linked, usually polarised, concepts. This is of course not uncommon throughout depth psychology, as a way of encapsulating complex theoretical concepts, concerned with internal conflict, psychic reality and the dynamic unconscious, as in: ego/id; self/other; introvert/extravert. Something similar ran all the way through the interviews but in this section it was very marked: individual/group; inside/outside; subject/object and past/present. It could be argued that the most significant of these was individual/group, and later in the thematic analysis it emerged that there were eighteen mentions of the individual therapy/group therapy code. In other words the interviewees kept coming back to this basic binary concept, a linked pair of opposites, the most important of which was group/individual. These are not in a simple way opposed, or set against one another, but seem to be instead in a continuous dynamic relationship, appearing throughout the interviews in slightly different versions (as above). This may be driven by the necessary restlessness of group-analytic work, where the group analyst's attention is continually pulled back and forth on a moment-by-moment basis between the two sides of these binary concepts: group/individual; self/other; transference/counter-transference; here-and-now/there-and-then. This is an important observation and is linked with a basic Foulksian concept, mentioned twice in the interviews, of 'figure and ground'. As already described in Chapter 1, this concept arose in group-analysis as the result of the influence of the German Gestalt Psychologists' studies of the psychological mechanisms of perception on Foulkes, when he was training as a neurologist, before the second world war. In those studies the figure, the

foregrounded primary object of perception, was always understood to be seen

only in relation to the ground, or background, and therefore the ground only in

relation to the figure, moving back and forth in the process of perception.

Foulkes then applied this, later, to the process of the group, whereby each

member, and the group analyst, saw the individual (the figure) in relation to the

group (the ground), and vice versa, in a continual dynamic process (Foulkes,

1990; Foulkes and Anthony, 1957; Behr and Hearst, 2005). What is important

about this concept is that it seems to be part of an important set of connections

in the group analyst's clinical mind-lines. It brings together these linked codes:

individual/group, individual therapy/group therapy and figure/ground and then

connects further with Foulkes and his intellectual formation.

Foulkes and the Matrix

This dynamic of figure/ground and the associated binary concepts joins up again

with another central Foulksian concept, the matrix, which has 11 mentions in

the interviews. Foulkes himself links these explicitly: "…every event in a group is

considered as having meaning within the total communicational network - the

matrix - of the group, though more often particularly relating to one or several

of the members. This constitutes a 'figure-ground' relationship within the

group." (Foulkes and Anthony, 1957, p 256). Foulkes was mentioned 16 times as

a code in the interviews, and there was apparently a connection between the

three of the most frequently mentioned codes: Foulkes (16), individual/group

(18) and the matrix (11). These group analysts appeared to be continually

processing and working with this shared set of ideas and influences. Foulkes'

describes the matrix as a "total communicational network" (ibid, p 256), and the

"total field" is "…best understood in terms of figure and ground", and: "In order

to see something whole…we have, I believe, to see it in relation to a greater

whole, so that we can step outside of that which we want to see" (Foulkes,

1973, p 230). What Foulkes implies is that, clinically, in the group this is a

continuous process, and the group analyst is always having to "step outside"

the primary object of attention (usually an individual or a pair in the group) in

the present moment in order to see the group clearly (ibid, p 230). A similar

process is also vividly described by Caroline Garland in her paper, 'Taking the

Non-Problem Seriously' (Garland, 1982), which describes how, for example, one

patient in a group may be making a fuss, getting attention and being 'the

problem', when the group analyst should instead be paying attention to the

'non-problem', which is why the rest of the group are letting it happen. This

therefore clearly has strong implications for the nature of the change-process in

group-analysis, and for the mental formation of Foulksian group analysts. The

three linked codes, according to the thematic analysis, are often in their minds

when they are thinking about how the group develops. There is therefore an

important building block here for the construction of the group-analytic mind-

lines, a complex triangle of at least four codes: individual/group, which also

takes in figure/ground, the closely related concept of the matrix, and Foulkes as

an always present theoretical influence. Interestingly, there is little other

explicit mention of Foulkes' theories, apart from the matrix, given the emphasis

on the 'therapeutic' or 'group-specific factors' in the literature (Foulkes and

Anthony, 1957, pp 149-162). The important concept of translation was

mentioned four times, and resonance , the condenser and exchange each twice.

Of all Foulkes' concepts, therefore, it is only the matrix that appears to occupy a

strong position in the clinical mind-line.

Reflection and Mirroring

The next most important cluster of codes was 1.A.6, 'Mirroring/reflection/self'.

This sub-theme included eight over-lapping codes with, in particular, nine

mentions of Self/denied parts or aspects of the self seen or reflected in others .

This was then followed nine mentions of the code mirroring/hall of mirrors and

the related code understanding/differentiation of experience. This section is

important. These two last codes are related through a complex process that all

the interviewees described, all in slightly different ways. The argument is that

the group member's idea or perception of the self, or parts of the self, are seen

more clearly or more truthfully as a result of being mirrored back and forth

between other members of the group and the group-as-a-whole. From the

beginning of group-analysis Foulkes recognised this as a central element in the

change process of group analysis and in 1948 he called it the "mirror reaction"

(Foulkes, 1948, p 167). He later elaborated on the concept: "A person sees

himself or part of himself - often a repressed part of himself - reflected in the

interactions of other group members…He also gets to know himself – and this is

a fundamental process in ego development – by the effect he has upon others

and the picture they form of him" (Foulkes, 1964, p 110). There is a link,

through the psychoanalytic line, back to Freud. In 'Recommendations on

Analytic Technique' he advised: "The doctor should be opaque to his patients

and, like a mirror, should show them nothing but what is shown to him" (Freud, 1912, p 118). This is more of a one-way process for Freud, and less developed as the interactional or inter-subjective process that it later became, in Foulkes' work on group analysis. Freud was Helene Deutsch's psychoanalyst, and she analysed Foulkes in Vienna. He in turn analysed Malcolm Pines, the British psychoanalyst and group analyst, in London, and Malcolm Pines is one author who is mentioned twice in the interviews, particularly in respect to the influential Foulkes lecture that he gave in 1982: 'Reflections on Mirroring' (Pines, 1982, Supp. pp. 1-32).

In this lecture, which two of the interviewees explicitly referred to, Pines makes an interesting connection between the two related meanings of 'reflection': "…the self, as seen in self-reflection and how the mind's mirror is cast in the matrix of human relationships…the same word, reflection, is used for the mirror image and for the process of reflective thought…" (ibid, Supp. p. 5). What is important here is also the explicit connection of the concept of the mirror reaction to the concept of the matrix, which suggests another central point in the group-analytic clinical mind-lines. In the thematic analysis there were clustered together a group of 17 related codes: the processes of self/denied parts or aspects of self seen or reflected in others (9 codes); mirroring/hall of mirrors (5 codes); and 3 related single codes, mirror neurones, bearing witness and reflective about others. What were also connected to this cluster, which the interviewees talked about in the interviews, were these others: understanding/differentiation of experience , experience repeated in group and group as separate from family. This was extremely important to the

interviewees, and in fact seemed to be central to their conceptualisations of the change process in the group. It is concerned with the attempt to explain how individual group members can see aspects of themselves in others in various ways and can be helped to recognise this by other group members. They may see parts of themselves that they cannot usually recognise or deny by seeing a version of it in another, or see it mirrored back to them, or by having other members of the group help them to see it differently, or by realising that their customary family or relational roles do not work in this group and trying something different. This family aspect links this further to 1.A.8, the sub-theme of 'Family/mother and child'. These were not mentioned frequently, only ten mentions of seven codes, but two of them connect to the importance of the reflecting capacity of the group: family resonance and reflection of family in group/family transference. The other single codes are to do with connecting the relations in the group to family relations or to mother/parent and child.

Pines also mentions Winnicott in his lecture, who also made a significant contribution to concepts of mirroring and development, comparing it carefully to the analytic relationship (Pines, 1982, Supp p. 5). As has already been shown in Chapter 4, the interviewees in this study often seemed to acknowledge some analytic influences by implication, rather than directly, most often Winnicott and Bion. In Hamilton's language this would be 'preconscious' (Hamilton, 1996). Connecting up Pines, and through him Foulkes, with Winnicott, is helpful here as it may illuminate part of the struggle that group analysts apparently have to theorise the connections between mother and child, and analyst and patient, which is of course the common imagery of psychoanalytic work, and the family,

the group and the group analyst. What Winnicott says is: 'This glimpse of the baby's and child's face seeing the self in the mother's face, and afterwards in a mirror, gives a way of looking at analysis and the psychotherapeutic task. Psychotherapy is not making clever and apt interpretations; by and large it is a long-term giving the patient back what the patient brings. It is a complex derivative of the face that reflects what is there to be seen" (Winnicott, 1971, p 137). It seems to be the case that aspects of this complex phenomenon, as described by Winnicott, in group analysis are very significant in what group analysts think of as the change process. The process of continually reflecting back and forth in the group between the members, the group-as-a-whole and the group analyst was an engine for change and in particular the way that this process related to mother/child and self/family dynamics in the group, and this became clearer in the next section of this chapter when the interviewees explain this in more detail in clinical examples. This is of course connected to, but not identical with, both a generalised idea of the analytic transference, and Yalom's formulation of what he called "The corrective recapitulation of the primary family group" (Yalom, 1975, pp 3 & 97).

This is complex of thoughts and ideas is important as the basis for a second cluster in the group-analytic clinical mind-lines, which brings together these central concepts of reflection, mirroring and the re-enactment or recapitulation of past family dynamics in the present group, as a central part of the change process. The first cluster, to return to it, is the individual/group and figure/ground formulation. This relates one way to the node of Foulkes, and another way to the node of the matrix, but they then connect both with to

another, and then forward to this second major cluster of reflection, mirroring

and family re-enactment.

Cohesion and Trust

The third cluster combines another set of complex ideas, described by the

interviewees in differing terms. In 1.A.4, under the sub-theme of 'the work of

the group' the code of <u>trust</u> is mentioned 4 times and this seems to be closely

connected to 1.A.7, the sub-theme of 'cohesion/sharing', although the code

<u>cohesion/cohere</u> is only mentioned twice. There are however another 17 codes

in the same range of meaning. There are 7 mentions for the two codes <u>part of</u>

<u>something shared</u> and <u>part of something/sharing</u>; 2 for <u>part in story</u>; 2 for <u>things</u>

<u>in common</u>; 2 for <u>belonging</u>; 3 for <u>not alone</u> and <u>not the only one</u>; 2 for <u>learning</u>

<u>from each other in the group/peer learning</u> and one each for <u>connecting</u>,

<u>coming together</u>, <u>feeling valued</u>, <u>something to offer</u> and <u>all in the same soup</u>.

This wide range of similar and overlapping words may be partly an example of

the idea stated earlier that imprecise or flexible ordinary language is a factor

specific to group analysts as a way of ensuring group-wide comprehension. It

may also be a marker of the group analyst's more personal, engaged and

important pre-occupations about group analysis. It was noticeable, for example,

in the interviews that the interviewees tended to become more incoherent and

more ungrammatical in their speech, the more that they spoke about matters

to which they were either personally committed, or which were more exciting

or more puzzling. This difficulty in committing to more shared terminology

reflected by the wide range of slightly different codes may also point to a similar phenomenon.

Cohesion is indeed a more difficult concept than it first seems. The use of the word 'cohesion' to describe a quality of the group relationship that is necessary for group analytic work to proceed is not straightforward. It is not used formally very often in earlier British writing about group analysis, and Foulkes, for example, never uses the term. Two important exceptions are Hopper and Hinshelwood. Hopper, writing more recently about order and disorder in social systems, including groups, first of all distinguishes 'cohesion' from 'adhesion', using the analogy of the physical sciences, in that it is "bonding together of particles…in such a way that the particles do not lose their individual identity", and then goes on to define cohesion in this way: "…the cohesion of groups refers to the experience of the unity of feelings and purpose that enables at least three people to work in harmony within similar roles towards a common goal" (Hopper, 2003, pp. 197-8). Hinshelwood, looking mainly at therapeutic communities, is interested in the difference between resilient/ flexible and fragile/rigid communities. One of the mediating forces is cohesion: "cohesion in a group is important for two general reasons. One is the group's rational pursuit of its task; the other is a defensive need" (Hinshelwood, 1987, p 192). This is an echo of Bion's idea of the 'work-group function' and its obstruction by the basic assumptions (Bion, 1956).

The situation is very different in the United States. Yalom, for example, explains

the importance of cohesiveness as being the equivalent in group therapy of the

'relationship' in individual therapy, and reviews the evidence for cohesiveness

as being one of the curative factors, although he also maintains that

cohesiveness is in fact not only a curative factor but is a "necessary pre-

condition for effective therapy" (Yalom, 1975, p 47). This difficulty with the term

may explain why it is only mentioned twice in the interviews, but the

combination of the 17 slightly different codes suggests that the interviewees

felt strongly that something very like cohesion was central to their view of what

was needed for the group to function. Perhaps the problem is that what is

needed is a term which describes the subjective feeling of being cohesive.

Putting the interviews together suggests that the feeling, in ordinary language,

of the group feeling, all in the same soup, belonging, connecting and coming

together, got nearer to what is so central to the life of the group and the move

towards change. Yalom calls this "group-ness", or the "attractiveness of the

group for its members" and suggests that research shows that: "groups with a

greater sense of solidarity or "we-ness" value the group more highly" (Yalom,

1975, p 46). This connects back again to ordinary, common-sense views of

relating, and is at the same time important for the clinical mind-line, and links

up immediately to the concept of the matrix, which can be construed, in one

way, to use Yalom's word, as the "group-ness" of the group-as-a-whole.

Another sub-theme which is important here is that of the 'setting', 1.A.4, in

which there were only 3 codes, but seven mentions of the setting, and two each

of the circle as container and the table/and loss of table. This last refers to the

small table, which is customarily in the middle of the room in group analytic

sessions, and the psychic consequences for the group if the table is missing. But

all of these three codes are about the analytic setting, a familiar concept since

Freud, which protects the safety and reliability of the analytic work and

therefore facilitates the emergence over time of unconscious material in the

session. In group analysis, where the setting is larger and more open, and

therefore more at risk, this is called 'dynamic administration', and comprises

the group analyst's need to take care of all the administrative requirements of

the work as an essential part of protecting the setting and therefore the

therapeutic work. This is well described by Behr and Hearst (2005, pp. 42-55).

Clearly in terms of the clinical mind-lines the group analyst is protecting the

'group-ness' of the group.

This brings the discussion back to the code of trusting the group, which

appeared four times. This not only refers to the common-sense notion of each

group member trusting all the other group members to be respectful, honest

and confidential, but also to the group analyst's need to trust the group to do

the analytic work, and to trust the individual members of the group to be the

therapists for one another, and for the group-as-a-whole. One of the pre-

conditions for cohesion and group-ness must therefore be trust, which is then

further related to speaking openly. In 2.C.1, the sub-theme of the 'group change

process' there are again a wide range of single codes which cover similar

concerns, which may suggest, as argued above, an area of complex

preoccupation and concern. The code of speak freely/say what's on one's

mind/telling/speaking mind is mentioned three times, but there are also codes

for putting into words with two mentions, and one each of learning to talk

about things, hearing others/being heard, sharing with others, individuality and

voice, asking the group and directness and frankness. This central theme of

finding a voice and speaking out is connected back to cohesion, in that the

group has to feel confident in its "group-ness" for trust to emerge, which then

in turn allows the freedom and confidence to speak, which then facilitates the

change process. The related code of connecting, with two mentions, which

appears also in 2.C.1, is also part of this extended and central process. The

related single codes are not the only one, internalising the group, intense

involvement in others and overcoming isolation. This then moves through

believing that others are interested, to working with each other, to finding

yourself in group, to forming relationships and new experiences, all with one

mention, to the group on their side and the value of ordinary people, both

mentioned twice. This lively sense of the interviewees' trust in the development

and growth of therapeutic space over time in the group seems to be central to

what they appear to understand about the change process. This process of

connecting and speaking is also closely related to the themes of trust and

cohesion, and the setting, and this therefore together constitutes the third

cluster in the clinical mind-lines, it being increasingly the case that each node or

cluster seemed to relate, in both simple and complex ways, to each of the other

nodes and clusters.

The Work of the Group

There were three other possible clusters of concepts from the thematic

analysis, which are in some ways more straightforward. The first included the

change process in group-analysis and the positive work of the group. The

second was the opposite, the negative aspect of group analysis and the

obstacles to change. The third comprised the duties, work and responsibilities

of the group analyst, and the difficulty of the task. The interviewees were asked

directly about the change process but their responses to the other questions

also revealed their preoccupations about this complex problem. In the sub-

theme 2.C.1, 'the change process' there were twenty single codes, many of

them different but overlapping, which may be an indicator again of an area of

special personal or individual difficulty with understanding and describing the

group change process. These codes also connected up and overlapped with the

node or cluster of cohesion and trust, for example the two mentions of both

connecting and speaking freely. But this list of single codes can, if sequenced,

chart, through the words and phrases of the interviewees, the progress of a

group member through the change process in the group. The group member

realises that they are not the only one, and then by connecting and believing

that others are interested, by learning to talk about things, by speaking freely,

sharing with others with directness and frankness and using the group and then

asking the group, they then begin forming relationships, overcoming isolation

and enjoying new experiences. Hearing others and being heard and working

with each other and developing interest in the group, listening to more voices in

the group they grow into an intense involvement with others, internalising the

group. This then results in a sense of individuality and voice, increased ego-

strength/internal capacity and finding yourself in the group, and finally,

celebrating the understanding of self. It is interesting, in the light of this collage

of codes put together to create as sense of movement through the course of

the change process, that the final stage of <u>celebrating the understanding of the</u>

<u>self</u> is quite close as a concept to the highest scoring of the 60 sorted categories

in Yalom's well-known research about the curative factors: "Discovering and

accepting previously unknown or unacceptable parts of myself" (Yalom, 1975, p

80).

In 2.C.2. the sub-theme of 'The group as a whole' there are again a majority of

single codes, which again probably indicates the interviewees thinking through

a complex matter. This was a much more various and individual set of codes,

but the concept of the group-as-a-whole is difficult and contentious, and this is

reflected in the answers. The two codes with two mentions were <u>family</u>

<u>repetition</u>, which can therefore be seen as an element in the group-as-a-whole,

and this links on further to the node or cluster around reflection, and <u>human</u>.

This connects with other codes about the humanity and life of the group-as-a-

whole: <u>being alive</u>, <u>alive exchange with others</u>, <u>the group kept me alive</u>, <u>the life-</u>

<u>force of the group</u> and <u>life-giving</u>. The group-as-a-whole is seen as a <u>group</u>

<u>mind/brain</u> but also is <u>the group as a body that calms and regulates</u>. The group

proceeds by <u>deconstruction and reconstruction</u>, by <u>co-construction</u>, by

<u>routine/ritual</u>, by the <u>uniqueness of each group</u> and through <u>the group</u>

<u>members as therapists</u>. In the end <u>for each member the answer is in the group</u>.

In 2.D.2, the sub-theme of 'Group process: positive factors' some of these

preoccupations emerge. The most significant, with seven mentions, is

interaction/involvement/engagement/investment, and this is obviously linked

with interest in group/other people, and joining/being part of things, listening

and hearing which then moves on to reflection/self-reflection, and exploration.

Relaxing/comfort and then processing feelings/working through lead to

understanding. This collaged sequence seems again to be straightforward, and

consistent with what is usually understood about the psychotherapeutic

process: the need to connect with another in order to change oneself. In 2.D.3.

the sub-theme of 'Group process: general features' there are forty-five codes,

again almost all single, overlapping codes, like building a group, and group

becoming, but there are eight mentions of group development and change and

six of group change process, and more specifically, three for the web of

relationships, which is again the matrix, three for metaphors and three for

allowing/capacity for change. Within this influential cluster or node of the

change process and the positive work of the group there seems to be a

continual affirmative and forward-moving process at work in the working theory

or mind-line of the group analysts: the 'life-force of the group'. This cluster is

therefore apparently close, in the group analyst's mind-line, to Foulkes'

idealistic maxim, which he called the 'Basic Law of Group Dynamics' to the

effect that: "… collectively they constitute the very norm from which,

individually, they deviate" (Foulkes, 1948, p 29 & Foulkes, 1964, pp 297-8).

At the same time there is another, more straightforward related cluster of 45

codes, with 74 mentions, in the mind-line, which is concerned with the

difficulties, fears and dangers of group analysis. Again with this cluster there are

a large number of single codes, although in 2.D.1. 'group process: negative

factors', there are seven mentions of anxiety/fear/danger; six mentions of

getting lost/loss of self/losing way/not found; five of

collapse/madness/breakdown/fragmentation; four each of depression and not

understanding; and three each of isolation, negative transference, anger, and

holding back/hesitation. To again collage these codes would show a continuous

lively awareness in the group analyst's mind-line of the negative and difficult

aspects of the work of group analysis. It would be possible to argue that this

node is not only connected to, and standing in contra-distinction to, the

preceding cluster, in direct opposition, for example, to Foulkes' 'Basic Law of

Group Dynamics' (ibid), but also is a negative confirmation of the importance of

the cohesion cluster and the matrix. What this recognises is a particular anxiety

of group analysts, the sense of obligation to hold the group together, and to

keep it going in the face of difficulties. Without cohesion and a functioning

matrix, there is a great fear that, in the words of the poet Yeats: "Things fall

apart, the centre cannot hold" ('The Second Coming').

The Group Analyst

The cluster concerned with the difficulties, is also closely connected to the final

cluster, concerned with the person and task of the group analyst. In 1.B.3., 'The

group analyst's qualities' the two most significant codes, each with four

mentions each were curiosity and not knowing/not being the one who knows,

then patience, with two. In 1.B.5., 'The group analyst' there were nine mentions

of the code conductor, which is important, because it is the preferred group-

analytic word for the group psychotherapist, and confirms further the

interviewees commitment to Foulksian thinking and terminology. It also links in

a complex way to the next most important code in this section, with 5

mentions, of the group-analyst in/part of the group, which is a difficult and

unresolved concept about what sort of member of the group is the group-

analyst, given the difficulty of maintaining a stance as a pure transference

object in the group, as would be the case in conventional psychoanalytic theory.

There were two mention of the group-analyst's mind, and the rest were single

mentions of a range of concepts. Some were positive ideas like the good

enough group analyst, with its echo of Winnicott; the subjectivity of the group

analyst and the use of self/availability; and adapting technique to the

group/patient. The rest were more negative and critical: the group analyst's

vulnerability, illusions, psychopathology and blind spots; and the group analyst's

therapy from the group and the unconscious choice by the group analyst of the

group. Finally, in 2.C.3., 'The group analyst', there were four mentions of

trusting the group and the two related single codes of letting the group do it

and alongside the group, and again an affirmation of not being the expert,

which is related to trusting the group, with 3 mentions of not knowing.

Nodes, Clusters and Themes

There were, therefore, at the end of this stage of the discussion of the results of

the thematic analysis, a structure of two nodes and six clusters in the mind-lines

of these group analysts. The two mediating nodes, connected in multiple ways

across the network of the mind-line were:

A) FOULKES

B) THE MATRIX

The first three more theory-based clusters were:

1) GROUP/INDIVIDUAL

 2) COHESION/TRUST

3) REFLECTION/MIRRORING.

The three more practice-based clusters were:

4) POSITIVE GROUP CHANGE

5) NEGATIVE GROUP FACTORS

6) THE GROUP ANALYST.

These six clusters and two nodes were also related to the initial sorting of the

codes into themes and sub-themes. The first theme, of the Group Analyst in the

Group, with the two sub-themes of Group-Specific Factors, and Group Analysis

and the Group Analyst connects with all six clusters and both nodes in different

and complex ways, with both the theory and practice-based-clusters, but in

particular 1, 2 and 6. The second sub-theme, Group Change Process, with its

two sub-themes of the Change Process and Group Process, likewise connects

with all the clusters and the two nodes in different ways, in particular 2, 3 and 4.

It therefore seems reasonable to assume that the two clearly identified major

themes of the group-analyst's working theories, the <u>Group Analyst in the Group</u>

and the <u>Group Change Process</u>, which emerged from the first stage of the

thematic analysis, do accurately reflect the same overall shape or structure of

the group analytic clinical mind-line that arose from further examination of the

research interview material. This would suggest that, at any one moment in

time, in the analytic group, the group analyst's conscious and/or pre-conscious

working attention is always moving back and forth between two areas of

thought, one concerned with the group analyst in the group (self/self and

self/other) and the other with the group process and the work of change

(other/other and other/self).

The Clusters in the Interview Process

A similar pattern could be seen in the process and content of the interviews.

The first question, for example, was about the "three most important things

about group analysis that…help group members to change". All twelve answers

were strongly connected with the clusters. The majority (eight) were primarily

associated with the cluster of COHESION/TRUST: 'the composition of the group',

'a safe enough setting', 'containment', 'trust and building trust', 'to speak freely

what is on your mind', 'a sense of belonging', 'trusting the group over time' and

'routine and ritual' (as a means of establishing mutual trust). Two answers were

primarily about REFLECTION/MIRRORING: 'parts of the self reflected in others'

and 'bearing witness and repetition'. One was about the GROUP ANALYST: 'the

conductor', and one, the most complex answer of the twelve, was in the

GROUP/INDIVIDUAL cluster: 'internalising the group as a whole and individual members'. It was clear that these "three important things" were very available to the interviewees' thought processes when they were conceptualising the change process in group analysis, and it is striking that eight of the answers were in the COHESION/TRUST cluster, confirming the centrality, for group analysts of the themes, ideas and concepts that cluster around and represent the 'group-ness' of the group. In the background, of course, for each answer, as became clearer in the body of the interviews, was also a continual preoccupation with both the POSITIVE GROUP CHANGE and NEGATIVE GROUP FACTORS, and with the GROUP ANALYST. How should the group analyst act at any one moment to progress the group, to promote change and limit the effect of negative factors? The interviewees gave long and thoughtful answers to the first question (described in Chapter 4) and all answered the sub-question, as to which of the first three choices was the most important, with more difficulty, three choosing 'the safe enough setting', 'speaking freely' and 'trusting the group over time', all of which belong to the COHESION/TRUST cluster, and one choosing 'bearing witness and repetition', which belongs to the REFLECTION/MIRRORING cluster. This increasingly complex process continued through the interviews, but in the course of answering all of the questions the interviewees made choices, as in the first question, which confirmed the prevalence of the six clusters in the clinical mind-line, with much greater emphasis on COHESION/TRUST and REFLECTION/MIRRORING. At the same time all of the interviewees, as can be seen in Chapter 4, returned all of the time to their own internal debate with Foulkes and Group Analysis. They felt, in answer to various questions, that there was "no accepted wisdom" or "accepted view" in Group Analysis: "difference was the essence", it was "catholic", and they did

not think at any one time that other Group Analysts would necessarily agree with them, or that they would agree with Foulkes. At the same time the thematic analysis showed that they referred to Foulkes and, in particular, to the central Foulkesian concept of the matrix, more than any other authority. One explanation of this would be that group analysts tend to be in a continuous lively exchange with Foulkes and Foulksian theory, in a long-running developmental dynamic of agreeing/disagreeing and following/rejecting, which is both conscious and pre-conscious, tacit and explicit, procedural and declarative, and which forms an essential structuring part of the group analytic clinical mind-lines.

Summary

One of the interviewees made a strong claim: "…so I use all sorts of theories, I don't really care, if I think it is helpful to the patient, I just use it". This is a very useful statement of the conscious, declarative, explicit part of the group analyst's working knowledge, that there is a range of, presumably, equally useful theories to be pulled down, consciously, as needed to suit each patient. It is a robust and very patient-centred view of theory. A moment later, however, the same interviewee emphasised how important it was for the group analyst to: "…allow yourself emotionally and actually just to get lost", which is an equally strong statement of the non-conscious, procedural, tacit working theories, letting something develop with a life of its own, rather than directing it to happen through conscious choice. Another interviewee emphasised the need

for the group analyst to be aware that they are "in the group, another member of the group", subject to the same dynamics as the patients and to recognise that the group analyst at that point does not know what is "really going on in the group" and cannot understand. For another interviewee the process of what they called "using the group", was the most distinctive aspect of group analysis for them: "…feeling free to let the group work…I don't need to know it all". Group analysis is not an: "authority model, parent-child", because the group analyst was not directing the process, but was "in the problem like everybody else".

These few quotes from the interviews (already quoted in full in Chapter 4) indicate that in group analysis, according to these interviewees, the group itself is always both the patient and the therapist and the primary agent of the change process, and when they are working well as group analysts they are primarily letting something happen that is always potentially already there in the group. They group analyst needs to "trust the group" to do its work. Although in many ways different, following a slightly different emphasis in their responses, all of the interviewees seemed, according to the thematic analysis, to share a rich set of clinical mind-lines, of which they were not necessarily consciously aware. Most importantly they all followed this view, as above, of the primary importance of the group itself, which they all referred to as "trusting the group", a central concept in Foulksian group analysis, and they all were in a continual conscious and pre-conscious debate with Foulkes and his ideas, particularly the concept of the matrix. This is referred to so often and invested with such importance that it required two separate nodes in the mind-

line, one for FOULKES and one for the MATRIX, as almost all of the theorising,

thinking and explaining in the interviews related in some way or another

(agree/disagree, reject/accept) to both nodes. In addition the interviewees

shared six clusters of thought in the mind-line, which all inter-related in various

ways to each of the other clusters and the two nodes.

For example, the group analyst might have a patient who says, unexpectedly, in

the group that they want to leave group therapy immediately. What does the

analyst call on at that moment? An individual therapist would look first to the

transference. What did that patient feel about the therapist, and, what can the

therapist call on, in their own subjective experience of the patient, the counter-

transference and reverie, to clarify that in relation to the wish to leave? In the

group the group analyst might think about both of these, but at the same time,

with both FOULKES and the MATRIX in mind, they would think about both in

relation to the group as a whole, and to sub-groups and other sets of

relationships in the group. Is the patient leaving in response to the group's

attitude to them (GROUP/INDIVIDUAL), which may be imagined or real

(NEGATIVE FACTORS) or to one or two other people in the group

(COHESION/TRUST), or to attack the analyst (GROUP ANALYST) or the group as a

whole? Can the analyst help the patient and the group understand that this is a

repetition of an earlier event in the patient's life, or a characteristic type of

relationship failure for either the patient or the group

(REFLECTION/MIRRORING), and, if so, is it possible to make something

therapeutic of it (POSITIVE FACTORS)? This is a necessarily over-simple example

of the process of instantaneous pre-conscious internal scanning that takes place in the group analyst's mind at any moment-of-time-in-the-group.

What this research project has attempted to discover is the set of organising mental constructs that help the group-analyst in that moment to find a way to the most helpful therapeutic action in the group. The research suggests that the group analyst organises their mind, for the purpose of clinical decision-making, into this structure of theoretical clusters and nodes, and that this structure enables the group analyst, at any one moment-of-time-in-the-group, to call on both their conscious and pre-conscious, explicit and tacit knowledge.

CONCLUSIONS

This research project attempted look into the working theories of Foulksian group analysts. The research did uncover a complex network of influences, theoretical assumptions and working practices that were largely shared among the four interviewees and postulated a way of describing the organising structure for group-analytic clinical decision-making through a set of mental clusters and nodes.

There were however two limitations to this study. First, there were a relatively small number of interviewees, all of whom were of a similar age and range of experience. More subjects, with a greater range of experience, would be helpful if the study was continued. Second, it would be interesting, if the study was extended, to interview other psychoanalytic psychotherapists, who were not group analysts, in the same format, as a comparison group. Taking this into

account, there seems to be sufficient usefulness in this study to continue it in an extended form, but modified in the light of two limitations listed above.

The study also suggested that there was always a mixture of tacit and explicit, conscious and pre-conscious theories in operation at the same time at any one moment-of-time-in-the-group, necessarily, given the complexity and confusion, or messiness and turbulence (Gabbay & Le May, 2011), always present in an analytic group. The research also confirmed that it is possible, to some degree, to access tacit and pre-conscious theories by an interview process of indirect, repetitive, open questions, followed up by both a common-sense descriptive account, enabled by psycho-analytic attentiveness, and a more rigorous thematic analysis.

Therefore the four working hypotheses outlined at the beginning of the study, that underlay the research question, have been shown to be useful. These were: first, there is a set of distinctive shared ideas; second, that these are held as both explicit and tacit knowledge; third, that it is possible to access them through an interview study; and, fourth, that these can be said, tentatively, to constitute a group-analytic clinical mind-line.

This study, and any future extension of it, might also be helpful in thinking about clinical training and teaching, and in particular for the management of supervision and clinical seminars.

WORD COUNT: Thesis   **38046**

          Appendices & References: 3726

Appendix A

                EXTRACT FROM CODED INTERVIEW

Interview 2: Question 3.1.

(Codes are underlined)

Interviewer: OK. So…Clinical again, so… when you are working in a group, which

working concepts come most often to mind, and which are most helpful to you?

Slightly overlaps again, but…

Subject: I was thinking already before, you know, projection obviously is

permanently there between two people, and sometimes I point it out and

sometimes I don't, you know, but that's not a group-analytic concept, so that's why I didn't say it. And projection, but…

Interviewer: That's why I said working concepts, anything…that is a conceptual tool that you use a lot in the group.

Subject: And projective identification. You know people come full of stuff that has happened during the day or in work, and that is something they have taken in from somebody else, and it needs to be unpicked, so I wouldn't necessarily use the term, projective identification, but I would sometimes explain that people try to put things into you to get rid of their own stuff. Yes, so projection, projective identification. Denial is quite important and obviously transference is, but I think the groups know that, because transferences are even generally talked about these days, or shadow is talked about generally, you know, shadow aspects, so you, so they notice these things even, and when I talk about denial I don't need to, and another thing that comes in the one group that is twice a week a week here now, victim-perpetrator dynamics, actually they came in my group in X as well, they are often talked about.

Interviewer: Which of those do you find the most helpful?

Subject: For my work? So I misunderstood the question?

Interviewer: No it's both. I mean, is there one that you call on?

Subject: It's what comes. What I call on?

Interviewer: Yeah

Subject: What I call on is not a clinical concept, when I am so lost, and I don't know what's happening, yes, and I get a bit anxious sometimes, you know, I

think, Oh My God, I'm supposed to deal with this, I haven't got a clue, I do something which is not a clinical concept at all. I don't know if that's what you want to know?

Interviewer: Yes, sort of…

Subject: What I do then is I say keep an <u>open mind</u> and I imagine sometimes when I remember it, to open my head like this (gestures) and see what comes into it.

Interviewer: Right

Subject: So that's not a clinical concept

Interviewer: It is really, isn't it? Yes, it is just that there isn't a name for it. Except that it is sort of trusting your reverie.

Subject: Yes, exactly

Interviewer: So it is like that.

Subject: A few minutes or so, but the interesting thing for me…

Interviewer: It's the weird thought that falls in is often the helpful thing.

Subject: Exactly. The <u>weird</u> thing for me is that I don't think I will <u>open myself</u> to the <u>unconscious</u> that way, I am <u>opening my mind</u>, but it certainly is, I can <u>relax</u> when I remember that, to keep an <u>open mind</u>, to start <u>relaxing</u> and another process can start because I <u>relinquish control</u> really, which is the <u>reverie</u>, so that's most useful for me I think.

Comment

There were in this extract 28 codes:

Projection 3, projective identification 3, relax 3, open mind/open myself 3, denial 2, transference 2, shadow 2, group-analytic concept, taken in from someone else, victim-perpetrator dynamic, being lost, don't know what is happening, anxious, weird, relinquish control, reverie, unconscious

Because of the questions at this point in the interview these codes fell mostly into Theme 1, the **Group Analyst in the Group**, and then into sub-theme 1.B, **Group Analysis and the Group Analyst**. In the clinical mind-line they would have been activated in the **Group-analyst** and **Negative Factors** clusters.

Appendix B

CODES AND THEMES

1) THE GROUP ANALYST IN THE GROUP

A. GROUP SPECIFIC FACTORS

1. Cohesion, belonging
2. Mirroring, repetition, reflection

B. GROUP ANALYSIS AND THE GROUP ANALYST

3. The group analyst
4. Theories

2) THE GROUP CHANGE PROCESS

C. THE CHANGE PROCESS

5. The change process

D. GROUP PROCESS

6. Group process and experience
7. The group unconscious

1A. GROUP SPECIFIC FACTORS

1. General features of group analysis

Individual v. group 1

Complexity/multi-faceted 2

Inside/outside 1

Importance of group 1

Work of group 1

Subject/object 1

Past/present 1

2. Group Difficulties

Dependency 2

Trauma 1

Loss 1

Victim/perpetrator dynamics 1

Idealisation 1

Role suction 1

Social class and deprivation 1

Attacks 1

3. The Work of the Group

Trust 4

Equality 2

Safety 1

Affinity 1

Understanding 1

Recognition 1

Free association 1

Interaction 1

Difference 1

Group's use of GA's mind 1

Group unconscious 1

Group-as-a-whole 2

Feeding 1

Network 1

Symptom speaking 1

Group roles 1

4. The Setting

Setting 7

Circle as container 2

Table (and loss) 2

5. The Therapeutic Factors (Foulkes)

Therapeutic/curative factors 2

Matrix (container/process) 7

Translation 3

Condenser 2

Exchange 2

Support 1

Figure and ground 1

Dynamic administration 2

Social unconscious 1

Malignant mirroring 1

Containment 4

Boundaries 1

6. Mirroring/Reflection/Self

Mirror neurones 1

Bearing witness 1

Self/denied parts or aspects of self seen or reflected in others 9

Reflective about others 1

Mirroring/hall of mirrors 5

Experience repeated in group 1

Understanding/differentiation of experience 4

Group as separate from family 1

7. Cohesion/sharing

Part of something shared 3

Part in story 2

Cohesion/cohere 2

Part of something/sharing 4

Things in common 2

Belonging 2

In it together 1

Everybody part of process 1

Everybody's voice 1

It's your group too 1

Not alone/alien 2

Not the only one 1

Connecting 1

Coming together 1

Feeling valued 1

Something to offer 1

All in the same soup 1

Learning from each other in the group/peer learning 2

Isolation in the presence of others 1

8. Family/mother and Child

Family/mother and child 1

Parent /mother and child 2

Maternal containment 1

Family resonance 1

Child in the family 1

Reflection of family in group/family transference 2

Siblings 2

1.B GROUP ANALYSIS AND THE GROUP ANALYST

1. References

Bion (Keats) 2

Pines 1

Jung 1

Nitsun 2

Garland 1

Foulkes 16

2. General factors of group analysis

Differences between individual and group therapy 18

Subjective process 1

Scientific/intuitive 1

Essence of GA 1

Acceepted/wisdom of GA 1

Catholic 1

Frame 1

Identification 1

Dream 1

Stories 1

Metaphors 1

Starting a group 1

Facilitation 1

Process 1

3. The group analysts' qualities

Waiting 1

Excitement 1

Commitment 1

Curiosity 4

Patience 2

Tolerating frustration 1

Truth 1

Engagement 1

Trusting the group 1

Mother/maternal 1

Not knowing/not being the one who knows 4

4. Difficulties in conducting a group

Repression 1

Sex 1

Politics 1

Avoidance/anxiety 1

Being overwhelmed 1

Encapsulation 1

Trapped by despair 1

Borderline 1

Unconscious attacks on/ testing the GA 2

5. The Group Analyst

Good enough group analyst 1

GA in/part of group 5

GA＇s mind 2

Subjectivity of the GA 1

Unconscious choice by GA of group 1

GA＇s vulnerability 1

GA＇s illusions 1

GA＇s psychopathology 1

GA＇s blind spots 1

GA＇s self awareness 1

Use of self/availability 1

GA＇s therapy from the group 1

Adapting technique to gp/patient 1

Conductor 9

6. Theoretical Concepts

Matrix 4

Transference 2

Counter-transference 3

Circumambulation 1

Shadow 1

Projection 2

Playing 1

Transitional object 2

Social unconscious 1

Projective identification 1

Neuro-science 1

Holding 1

Impingement 1

Reverie 1

Fear of breakdown 1

Survival of the object 1

Psychodrama 1

Figure ground 1

Resonance 1

Alchemy 1

Narcissus and Echo 1

2. C THE CHANGE PROCESS

1. The group change process

Connecting 2

Not the only one 1

Internalising the group 1

Intense involvement in others 1

Overcoming isolation 1

Learning to talk about things 1

Hearing others/being heard 1

Working with each other 1

Interest in the group 1

Sharing with others 1

Finding yourself in group 1

Individuality and voice 1

Ego strength/internal capacity 1

Forming relationships 1

New experiences 1

Speak freely/say what's on mind/telling/speaking mind 3

Celebrating the understanding of self 1

Using the group 1

Asking the group 1

Believing that others are interested 1

More voices in group 1

Directness and frankness 1

Putting into words 2

The group on their side 2

The value of ordinary people 2

2. The Group as a Whole

Group mind/brain 1

Uniqueness of each group 1

Group as a body that calms and regulates 1

Deconstruction and reconstruction 1

Co-construction 1

Routine/ritual 1

Group members as therapists 1

For each member the answer is in the group 1

Fairy tales and group roles 1

Family repetition 2

Mature group 1

Being alive 1

Alive exchange with others 1

The group kept me alive 1

Life-force of the group 1

Human 2

Life-giving 1

Narrative 2

3. The Group Analyst

Not knowing 3

Trusting the group 4

Letting the group do it 1

Alongside the group 1

4. Group Change Factors

Right sort of environment 1

Whole experience of group 1

Immaturity 1

Growth and change 2

Therapeutic potential 1

Regulation and rebalancing 1

Opening to the unconscious 1

Connecting/deeper level/engagement 3

Non-verbal communication 1

Safety/safe place 1

Open mind 1

Saying/noticing what is on mind 1

Understanding/insight/meaning 4

Mothering 1

Tolerance 1

Capacity for flexibility 1

Capacity to withstand strong feelings 1

2.D GROUP PROCESS

1. Group Process: negative factors

Going round in circles 1

Going off in own mind 1

Mind going blank (GA) 1

Not good enough 1

Painful state if mind 1

Negative transference 3

Not talking to the room 1

No way in 1

Group resistance 1

Getting lost/loss of self/losing way/not found 6

Collapse/madness/breakdown/fragmentation 5

Being overwhelmed 2

Being vulnerable 2

Isolation 3

Uncontained/unstable 1

Suicide 1

Stuckness 2

Not understanding 4

Exhibitionism 1

Helping others bu tont self 1

Delusion 1

Vomit 1

Paranoia 1

Attacking the gp/GA 2

Denial 2

Anxiety/fear/danger 7

Illness 2

Depression 4

Dissociation 1

Bullying 1

Doing the wrong thing (GA) 1

Anger 3

Projective identification 1

Aliencation 1

Holding back/hesitation 3

Rejection/being left 2

Not connecting 1

Infantile aspect 1

Destructive process 1

Leaving too soon 1

Coming and going 1

2. Group process: positive factors

In touch with feelings 1

Gratitude 1

Familiarity of relationships 1

Making connections 1

Special relationship with gp 1

Recognition 1

Depth 1

Daring to talk 1

Interest in group/other people 3

Enjoyment of others 2

Reflection/self-reflection 2

Work of group 1

Adapt behaviour 1

Interaction/involvement/engagement/investment 7

Remembering 1

Awareness/self-awareness 3

Freedom 2

Unpicking 1

Relaxing/comfort 2

Richness 1

Group movement 1

Understanding 2

Holding 1

Being seen and heard 1

Life force 1

Projections taken back 1

Exploration 4

Helping the group to understand 1

Working in a healthy way 1

Processing feelings/working through 2

Listening and hearing 2

Joining/being part of things 2

3. Group Process: General Features

What is going on? 1

Unconscious communication 1

Borrowing pathology 1

Network 1

Being present 1

Group becoming 1

Building a group 1

Waiting for the group 1

Focus on GA 2

Group material 2

Group development and change 8

Group change process 6

GA in group 1

Group as a whole 2

Symptomatic change 2

Group survival 1

Web of relationships 3

Rhythm 1

Leaning a language 1

Pivot 1

Life and death 1

No monologuing 1

Therapeutic factors 1

Inside/outside 1

Moment to moment 1

Trauma 3

Allowing/capacity for change 3

Emotional mind 1

Accounting to patient 1

Resonance 2

Early failure 1

Mothers and babies 1

Metaphors 3

Counter-transference 2

Interpretation 2

Sexuality 1

Dreams 2

Verbalisation 2

Sharing time 2

Expectations 2

Defences 3

Bearing difficult feelings 1

Courage 1

4. Group Process Metaphors

Water/boats/sea 3

Drowning and re-emerging 2

Diving 1

Surface 1

Depth of unconscious 1

Alembic as container 1

REFERENCES

Abram, J. (1991) The Language of Winnicott: a Dictionary of Winnicott's Use of Words. London: Karnac

Agazarian, A & Peters, R. (1981) The Visible and Invisible Group, RKP, London

Barnes, B, Ernst, S. and Hyde, K. (1999) An Introduction to Group Work. London: Macmillan.

Baron, C. (1987). Asylum to Anarchy. London: Free Associations

Bateman, A & Fonagy, P. (2004) Psychotherapy for Borderline Personality Disorder: a Mentalisation Based Treatment. Oxford: OUP

Beck, A., & Lewis, C. (2000). The Process of Group Psychotherapy: systems for analysing change. Washington: American Psychological Association.

Behr, H., & Hearst,L. (2005). Group-analytic psychotherapy: a meeting of minds. London: Whurr

Billow, R.M. (2003) Relational group psychotherapy: from basic assumptions to passion. London: Jessica Kingsley.

Binder, J. (2004). Key competencies in brief dynamic psychotherapy: clinical practice beyond the manual. New York: Guilford.

Bion, W.R. (1961). Experiences in groups and other papers. London: Tavistock

Bion, W.R. (1970) Attention and Interpretation. London: Tavistock.

Blackwell, D. (2005) Counselling and Psychotherapy with Refugees. London: Jessica Kingsley.

Bloch , S. & Crouch, E. (1985). Therapeutic factors in group psychotherapy. Oxford: OUP.

Boston Change Process Study Group (2010) Change in Psychotherapy, Norton, New York

Boyatzis, R. (1988) Transforming Qualitative Information: thematic analysis and code development Sage, London

Braun, V. & Clarke, V. (2006) "Using thematic analysis in psychology", Qual. Res. Psych, 3:77-106

Braun, V. & Clarke, V. (2013) Successful Qualitative Research: a Practical Guide for Beginners. London: Sage

Bridger, H. (1990) 'The discovery of the therapeutic community: the Northfield experiments'. in Trist and Murray (1990) pp 68-87

Brown, John Seely & Duguid, Paul. (2000) The Social Life of Information. Harvard UP, Boston

Budman, S.H. et al. (1989). 'Cohesion, alliance and outcome in group psychotherapy'. Psychiatry, 52.

Burlingame, G. et al (2011) 'Cohesion in Group Therapy' in, Norcross, J.C. (ed) (2011) pp 110-131.

Burlingame, G. et al. (2013). 'Change mechanisms and effectiveness of small group treatment' in Lambert, M. (ed) (2013) pp 640-689.

Centre for Psychological Services Research, School of Health, University of Sheffield (2009) A Systematic Review of the Efficacy and Clinical Effectiveness of Group Analysis Analytic/Dynamic Group Psychotherapy: http//www.groupanalysis.org/uploadedfiles/workshops/IGA_GAS_FINAL_REPORT_UPDATED.pdf

Chazan, R. (1999). 'The group as therapist for psychotic and borderline personalities'. In V.Schermer & M.Pines (Ed.), Group psychotherapy of the psychoses: concepts interventions and contexts (pp. 200-220). London: Jessica Kingsley.

Collins, H. (2013) Tacit and Explicit Knowledge. Chicago: University of Chicago Press

CORE-12 Task Force (2006) Core Battery-Revised: an Assessment Tolo Kit for Promoting Optimal Group Selection, Process and Outcome. New York: AGPA.

Crouch, E., Bloch, S. & Wanlass, J. (1994). 'Therapeutic factors: interpersonal and intrapersonal mechanisms.' In A. Fuhriman & G.M. Burlingame (Ed.), Group psychotherapy: an empirical and clinical synthesis (pp. 269-318). New York: Wiley.

Cytrynbaum, S. (2000) The member-leader scoring system. In A. Beck & C.Lewis (Ed) The process of group psychotherapy: systems for analysing change (pp.175-218). Washington: APA.

Dalal, F. (1998). <u>Taking the group seriously</u>. London: Jessica Kingsley.

De Mare, P. (1985). 'Major Bion' in Pines, M. ed (1985)

Dies, R. (1994) 'Therapist variables in group psychotherapy research'. In: A. Fuhriman and G.M.Burlingame (ed) pp 114-154.

Duncan, Barry L., Miller, Scott D.,Wampold, Bruce E. & Hubble, Mark A. (2011). <u>The Heart and Soul of Change: Delivering What Works in Therapy</u> (2nd ed), APA: Washington.

Elliot, B (2003). <u>Containing the Uncontainable: Alcohol Misuse and the Personal Choice Community Programme</u>. London: Whurr

Ezriel. H. (1950) 'A psychoanalytic approach to the treatment of patients in groups' <u>Journal of Mental Science</u>, 96, pp774-9.

Fonagy, P. (2004) 'Foreword', <u>in</u> Richardson et al (eds) pp xix-xxvii.

Foulkes, E. (1990a). 'S.H.Foulkes: a brief memoir'. In E. Foulkes (Ed<u>) Selected papers of S.H.Foulkes: psychoanalysis and group analysis.</u> (pp 3-20) London: Karnac

Foulkes, E. (1990b) (Ed<u>). Selected papers of S.H.Foulkes: psychoanalysis and group analysis</u>. London, Karnac.

Foulkes, S.H. (1948<u>). Introduction to group-analytic psychotherapy</u>. London: Heinemann

Foulkes, S.H. & Anthony, E.J. (1957<u>) Group psychotherapy: the psychoanalytic approach</u>. Harmondsworth: Penguin.

Foulkes, S.H. (1964<u>). Therapeutic group analysis</u>. London: George Allen & Unwin.

Foulkes, S.H. (1968). 'On interpretation in group analysis.<u>' International Journal of group Psychotherapy, </u>18, 432-444.

Foulkes, S.H. (1975<u>). Group-analytic psychotherapy: method and principles</u>. London: Gordon & Breach.

Frankfurt Institute for Social Research. (1973) Aspects of Sociology. London: Heineman.

Fromm, E. (1970) <u>The Crisis of Psychoanalysis: Essays on Freud, Marx and Social Psychology</u>. London: Penguin

Fuhriman, A. & Burlingame, G.M. (1994) <u>Handbook of group psychotherapy: an empirical and clinical synthesis.</u> New York: John Wiley.

Fuhriman, A. & Burlingame, G.M. (2000). 'The Hill interaction matrix'. In A.Beck & C. Lewis. (pp 135-174)

Gabbay, J. & Le May, A. (2011). <u>Practice-based Evidence for Healthcare: Clinical Mind-lines</u>. Abingdon: Routledge.

Gans, J. (2010) Difficult topics in group psychotherapy: my journey from shame to courage. London: Karnac.

Garland, C. (1982) 'Taking the non-problem seriously', Group Analysis, 15, 1 pp 4-14

Garland, C. (2011) The Groups Book. London: Tavistock

Gascoigne, N. & Thornton, T. (2013). Tacit Knowledge. Durham: Acumen.

Gibbs, G. (2007) Analysing Qualitative Data, Sage, London

Greenberg, L & Pinsof, W.M. (1985) The psychotherapeutic process: a research handbook. New York: Guilford.

Greenberg, L. (2000). 'Foreword.' In A.Beck and C.Lewis (pp xxiii-xxvi)

Greene, L.R. (2000) 'Process analysis of group interaction in therapeutic groups'. In A, Beck and C.Lewis (pp 23-48)

Hamilton, V. (1996) The Analyst's Preconscious. New Jersey: The Analytic Press.

Harper, D. & Thompson, G.R. (2012) Qualitative Research Methods in Mental Health and Psychotherapy, Wiley Blackwell, London

Healy, K .(2001) "Working hypotheses in psychoanalytic psychotherapy", in Mace et al (2001)

Harrison, T. (2000) Bion, Rickman, Foulkes and the Northfield experiment. London: Jessica Kingsley.

Hinshelwood, R.D. (1987). What happens in groups: psychoanalysis, the individual and the community. London: Free Association Books..

Holmes, J. (1993) John Bowlby and Attachment Theory, Routledge, London

Hopper, E. (2003). Traumatic experience in the unconscious life of groups. London: Jessica Kingsley.

Hopper, E. (1999). The social unconscious : selected papers. London: Jessica Kingsley

Horwitz, L. (2014) Listening with the Fourth Ear: Unconscious Dynamics in Analytic Group Psychotherapy . London: Karnac.

Joffe, H. (2012) 'Thematic analysis', in Harley and Thompson (2012) pp209-223

Karterud, S. (2000). The group emotionality rating system'. In A. Beck & C.Lewis (pp113-134)

Kennard, D., Roberts, J. & Winter, D. (1993) A workbook of group analytic interventions. London, Jessica Kingsley.

Kreeger, L. (1975) The Large Group. London: Constable

Kutter, P. (1982) Basic Aspects of Psychoanalytic Group Therapy. Routledge, London

Kvale, S. (2007) Doing Interviews, Sage, London

Lambert, Michael J. (ed) (2013) Bergin and Garfield's Handbook of Psychotherapy and Behavior Change (6th Ed). Wiley, New Jersey

Leiper, R & Maltby, M. (2004) The Psychodynamic Approach to Therapeutic Change, Sage, London

Lepper, G. & Riding, N.(2006) Researching the Psychotherapy Process, Palgrave, London

Lewis, C., Beck, A., Dugo, J., & Eng, A.M. (2000) 'The group development process analytical measures'. In A.Beck & C.Lewis (pp 221-262)

Lieberman, M. (2013): Social: why our brains are wired to connect. Oxford: OUP

Lorentzen, S. (2014) Group Analytic Psychotherapy: Working with Affective, Anxiety and Personality Disorders. London: Routledge.

Mace, C, Moorey, S. & Roberts, B. (eds) (2001) Evidence in the Psychological Therapies: a critical guide for practitioners, Brunner Routledge, London

McLeod, J (2011) Qualitative Research in Counselling and Psychotherapy, Sage, London

McPherson, S., Richardson, P. & Leroux, P, (eds) (2003) Clinical Effectiveness in Psychotherapy and Mental Health. Karnac, London

Maratos, J. (ed) (2006). Resonance and Reciprocity: Selected papers of Dennis Brown. Hove: Routledge.

Marcuse, H.(1962). Eros and Civilisation: a Philosophical Inquiry into Freud. New York: Vintage Books.

Marcuse, H. (1970) Five Lectures. Boston: Beacon Press.

Marrone, M. (1998). Attachment and interaction. London: Jessica Kingsley.

Murray, H. (1990). 'The transformation of selection procedures: the War Office selection boards'. In Trist and Murray (eds) (pp 45-67)

Norcross, J.C. (ed) (2011). Psychotherapy Relationships that Work: Evidence-based Responsiveness. New York: OUP

Natterson, J.M. & Freidman, R.J. (1995) A Primer of Clinical Subjectivity. New Jersey: Jason Aronson

NICE (National Institute for Health and Clinical Excellence). https:\\www.nice.org.uk

Oakely, C. (1999) (Ed). What is a group? A new look at theory in practice. London: Rebus Press.

Ormont, L.R. (1992) The group therapy experience: from theory to practice. New York: St Martins Press.

Ormont, L.R. (2001) The technique of group treatment. Madison: Psychosocial Press

Papadopoulos, R. (ed) (2006) The Handbook of Jungian Psychology. London: Routledge

Pines, M. (1982) 'Reflections on Mirroring' Group Analysis, Supplement, 15,2 pp 1-26

Pines, M. ed(1983). The evolution of group analysis. London: RKP

Pines, M. ed (1985) Bion and Group Psychotherapy. London: RKP.

Piper, W. & McCallum, M. (2000). 'The psychodynamic work and object rating system'. In A. Beck and C.Lewis (pp263-282)

Piper, W.E. et al (2002) Interpretive and Supportive Psychotherapy: Matching Therapy and Patient Personality. Washington: APA

Polanyi, M. (1958). Personal Knowledge. Chicago: University of Chicago Press.

Polanyi, M. (1966) The Tacit Dimension. Chicago: University of Chicago Press

Richardson, P. (2003) 'Evidence-based practice and the psychodynamic psychotherapies' in McPherson et al (ed) (2003) pp 49-70

Richardson, P. & Hobson, P. (2003). 'In Defence of NHS Psychotherapy', in McPherson et al (ed) (2003) pp 27-42

Richardson, P.,Kachele, H. & Renlund, C. (eds) (2004) Research on Psychoanalytic Psychotherapy with Adults, London: Karnac.

Roberts, J & Pines, M. (eds) (1991) The Practice of Group Analysis. London: Routledge

Robson, C. (2011) Real World Research, Wiley, London

Rosenthal, L. (1987) Resolving resistance in group psychotherapy. Northvale: Jason Aronson.

Ryle, Gilbert (2000) The Concept of Mind, Penguin, London

Saldana, J (2009) The Coding Manual for Qualitative Researchers, Sage, London

Schermer, V.L., & Pines, M. (1999) Group psychotherapy of the psychoses : concepts, interventions and contexts. London: Jessica Kingsley.

Shedler, J. (2010) 'The efficacy of psychodynamic psychotherapy'. American Psychologist 65(2) pp 98-109

Stacey, R.D. (2003). Complexity and group process: a radically social understanding of individuals. Hove: Brunner Routledge.

Sutherland, J.D. (1990). 'Bion revisited: group dynamics and group psychotherapy' In Trist and Murray (pp 119-140)

Trist, E. & Murray, H. (eds) (1990). <u>The Social Engagement of Social Science</u>. Free Association Books, London

Walton, H (Ed) (1971) <u>Small group psychotherapy</u>. Harmondsworth: Penguin

Wampold, B.E. & Imel, Z. (2015) <u>The Great Psychotherapy Debate</u>. London: Routledge.

Weegman,M. & Cohen, B. (eds) (2002) <u>The Psychodynamics of Addiction</u>. London: Whurr

Williams, M.H. & Waddell, M. (1991) <u>The Chamber of Maiden Thought</u>. London: Routledge.

Wilson, A.T.M., Trist, E. & Curle, A. (1990) 'Transitional communities and social reconnection: the civil resettlement of British prisoners of war'. <u>In</u> Trist and Murray (eds) pp 88-110

Winnicott, C., Shepherd, R. & Davies, M. (eds) (1989) <u>Psychoanalytic Explorations: D.W. Winnicott</u>. London: Karnac

Winnicott, D.W. (1947) 'Birth memories, birth trauma and anxiety' <u>in</u> Winnicott, D.W. (1958) pp 174-193.

Winnicott, D.W. (1958) <u>Through Paediatrics to Psychoanalysis: Collected Papers.</u> London: Karnac

Winnicott, D.W. (1963) 'Fear of Breakdown' <u>in</u> Winnicott, C. et al (eds) (1989) pp 87-95

Winnicott, D.W (1974) <u>Playing and Reality</u>. London: Penguin

Yalom, I. D. (1975). <u>The Theory and Practice of Group Psychotherapy</u>, Basic Books, New York

Zinkin, L. (1983) 'Malignant Mirroring', <u>Group Analysis</u>, 16,2 pp 113-126)