F.2 Training and Supervision in Group Psychotherapy
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INTRODUCTION

The development of the group therapist depends on internal factors in the group therapist-to-be and on the details of the context within which the training takes place. Something in the background of each group therapist-to-be attracts the person to the field or helps the trainee work in it. To bring those innate trends and childhood experiences to the fore, the trainee requires a number of external factors, including a teacher who can excite the beginner to emulate the teacher’s efforts in group therapy. The teacher, often charismatic in nature, must have a context that shows clearly that the leader and the field are valued. Of convincing importance is the experience of being in a training group. Yet the early developers of the field were in neither therapy nor training groups; something in the life experience of the person is ultimately more important than formal training. Just as important is the experience of undergoing personal psychotherapy, individually or in a group, although some gifted people require neither. To balance out the work in the group, the trainee should have experience in doing individual psychotherapy, so that both kinds of work fit together in a schema of how the person operates intrapsychically and interpersonally.

When beginning to do group psychotherapy, the trainee must have an opportunity to do it, preferably with more than one group at a time, so that the experience does not prove that the trainee is hopeless or a genius at the work but gives a balanced view of groups and the trainee’s capacities. Patients must also be available for treatment; that requires active work on the part of the training institution to provide a flow of patients. Often, the enterprising nature of the beginner supplies a flow of patients. The trainee must have individual settings to discuss problems in group therapy and have group settings to compare and share experiences, problems, and possible solutions with others at the same level of development and dealing with similar problems. Just as important is a weekly group problems conference, in which therapists at all levels of experience can discuss clinical problems by bringing to bear their different experiences and viewpoints. And the beginner should supervise others doing group therapy; the trainee learns more by teaching and being asked embarrassing questions by others with less experience than in many other ways.

Trainees also need help in approaching the basic readings in the field and some knowledge of its historical development. As trainees get experience, they need to report it in lectures and to publish findings.

Those needs are supplied by various approaches. The above approach mirrors that of Elaine Lonergan (1991) in California. In England, the approach to group training according to Walter Stone begins with a year of attendance at once-a-week training groups for all interested in becoming group therapists. They apply formally to the training institute and are then evaluated.
Strengths and weaknesses are equally kept in mind. The applicants are encouraged to make up whatever is missing in their background, including such unexpected topics as history or philosophy. Trainees are then entered in twice-a-week therapy groups for two to three years. They have didactic classes. To make up for the dominance of biological psychiatry, they are taught psychopathology. They are supervised in group therapy in group sessions in which the trainees and the leader present clinical case material from their groups.

Abe Fenster and Jesse Colab (1991) supplied much of the same, insisting that personal group therapy is essential beyond the training group experience. John T. Salvenyu, B. Robson, and Taras Babiak (1990) stressed that confidence in the usefulness of group therapy grows with the number of hours experienced as a group leader. Thus, different programs (Painey, 1986) try to cover the essentials in their own divergent and creative manners. Furthermore, aiding group psychotherapy programs may be revitalized (Johnson, Howenswine, 1982) by providing active leadership for the program, organizing it so that it interlocks well with the general program of the institution, and providing services for the most troubling patients—borderline and psychotic patients.

**TRAINING GROUPS**

The training group is a useful way to learn about groups because of the leader's caring for the members, regardless of theoretical stance (Flores, 1985). Not by being nice but by welcoming all stances yet protecting the integrity of the group, by seeing the positive in negative attacks, and by supporting the group and uniting them in their disappointments and anger, the leader helps the group members unite, relax, and begin to deal with one another. Trainees have said that they learned more from verbal group process comments than from silent leadership (Green, Stone, Grace, 1983). Regardless of the teacher's theoretical approach, the emotional experience in a group as it goes through its developmental phases is illuminating and persuasive to the beginner. Watching the leader deal in a practical way with what look like challenges to authority and with challenging and frustrating problems in the group, especially aggressive outbursts, gives the participants the emotional conviction of how the approach can be used. The experience of many kinds of feelings coming out in the same setting is an emotional eye-opener to how variegated humans can be in a group.

Group closeness evolves from distrust through angry outbursts to impatient demands that the whole group unite to the slow emergence of genuine caring for one another. Genuine caring implies the frank discussion of disagreements with others and distaste for others. That idea puts the group into perspective for the learner. The emotional experience of watching transferences emerge, develop, and change in oneself and in the other participants is the most convincing method for helping learners try it out on their own. Members imitate the leader and say, "So I tried the group leader's approach, and it worked" or "This is what went wrong." They are encouraged to try it out, to use it if it works or discard it if it does not.

Ultimately, such group experiences are more convincing to the trainee to try group therapy or to stay away from it forever than intellectual approaches may be (Nolber, 1987). The more time is spent in being a member of an experience group and in being a group leader, the more likely the trainee is to become a group therapist. More exposure to didactic material alone seems insufficient to produce a group therapist (Kahn, White, Hawkins, 1986). Occasionally, three-day programs (Lerner, Horwitz, Burstein, 1978) that mix didactic material with an emotional experience can show mental health professionals the value of the group approach. Perhaps that is why some group therapists come, like pilgrims, to group experiences at annual meetings to experience the emotional drama again and again (Coche, Dies, Goettelmann, 1991).

As the field began to develop in the 1930s and the 1940s—before there was so much regulation in the mental health field generally, so much competition from biological psychiatry, and so much diversifying of the various group approaches—a few charismatic and gifted teachers—like Louis Wender, Aaron Stein (Kihb, 1989) and Samuel Slavson in New York; Elvin Semrad (Semrad, Arsenian, 1951) in Boston; and Wilfred Bion (1960) and Siegmund Heinz Foulkes (Foulkes, Anthony, 1957) in London—developed followers in the field by their personal examples. The days of isolated islands of group therapy in a wilderness of psychiatry have gone. By now, people can be trained successfully in the field only in organized contexts.
Group Leader-to-Be

What in the background of the group therapist-to-be leads that person into the field (Slavson, 1962)? Beryce W. MacLennan (1975) thought that future group therapists should be interested in human relations and be aware of intrapsychic and interpersonal forces. They should care about people who are different from themselves, although those people may be destructive of themselves or others. They should have had some experience with leadership and responsibility, so that they are able to face challenges without being aggressive.

In an unpublished study of the backgrounds of group leaders, Ruth Cope found that they came from families in which they were either the first-born or, if later born, felt like the first-born, and in which they assumed caretaker roles and led the sibling group. They came from close-knit families and were ambivalent about such closeness but were able to bear the ambivalence. They found family disruptions a stimulus, not a hindrance, to that kind of work and chose careers on the basis of observing parental education and work satisfaction, although they did not see their parents as mentors. They seemed to respond to serious financial or emotional problems as challenges to achieve something worthwhile in life, rather than as inhibitors of their development. Something in the backgrounds of the group therapists-to-be and in their characters responded to the challenge of suffering by using it creatively; they were neither overwhelmed nor inhibited by the suffering. They must be a self-selected group who chose that professional field because of innate characteristics and early experiences that built on the opportunities and the suffering in their backgrounds.

A study of the backgrounds of people who had group therapy training and remained neutral to the field and of those who had the training and became hostile to it would clarify more of the factors involved in creating the backgrounds for group therapists. But no one should choose applicants for group therapy training on the basis of such characteristics. It may be best to provide the field and the training and to let the factors work as they may, since no one knows all that goes into the making of a group therapist.

Model of the Group Leader

Each successful training program should have a model or example of a person who is interested in the field; works hard at it; is willing to put work, experience, and mistakes in the field on public display for others to evaluate and emulate; and encourages the learners to try to imitate yet find their own ways. Sometimes it means running a therapy group in the open (Rutan, Alonso, 1980), so that newcomers may observe and see how problems, character traits, and symptoms are dealt with week in and week out in an ongoing way, rather than in the “Quick! Deal with the problem!” approach that is prevalent nowadays. The open approach gives the beginners the perspective to see that humans live in an ongoing way and are to be given confidence to work at their problems continually in the same way. An encouraging, nonmagical approach gives trainees the feeling that they will be encouraged, that nothing magical will be expected of them, and that they will not be judged harshly—certainly not as harshly as they judge themselves.

Inevitably, the trainees see themselves as patients of the program leader and try to seduce the leader to serve in that role, or they struggle against those wishes or show both trends at different times. It is not a matter of getting therapy on the cheap, as trainees often like to call it; it is, rather, an expression of the yearning for closeness to the leader, since they see patients as being closer to group therapists than trainees are to group leaders. Trainees idealize the leader as a powerful magician until they themselves develop trustworthy sea legs of their own from their experience. One teacher once jokingly groaned about a highly idealized dream about him: “I wish you wouldn’t dream of me in that way,” the teacher said, not giving full recognition to the necessity of that idealization as a temporary crutch.

Another approach by the program chair is continuous intense interest in every aspect of the program to make sure it works and to see how it does not work when it does not (Lonegan, 1991). The chair begins by overseeing the initial contact of the patient with the institution, the psychiatric evaluation, and the patient’s entry into the group; the chair also supervises the group therapy and evaluates why people leave their therapy groups. Such an atmosphere conveys the impression, to all participants—patients, therapists, other staff members, and administrators alike—that the program counts. When an old program falls into disrepair, it can be salvaged by hard work in these areas (Johnson, Howenstein, 1982).
The program chair has to have some power and prestige in the organization, so that trainees see that the chair's word is valued and, consequently, that the field is seen as worthwhile. The chair can take care of problem patients and produce results, if in no other way than by patients' feeling that they are cared for, so that they produce less of a burden for the administration. This comprehensive, integrated approach mobilizes enthusiasm in the group therapy community, especially if the program is part of a general medical program, where it is only one of many approaches and has to compete with the romance of biological medicine and the broad menu of other psychological approaches.

If the training program exists as an independent entity—say, at a group therapy organization—trainees flock there because of the prestige of the leaders and because of their inner needs for the field. The trainees are self-selected and already convinced. In the same vein, the program chair must publish and lecture regularly, so that the followers see that the chair values the field and is valued by those inside and outside it.

Structure of the Training Group

The structure of the training group is defined by the needs and the resources of the training institution. A medical setting aims for the education of psychiatrist group therapists; the unit must have the depth of feeling to make the other professionals feel welcome. Fifty years ago there were training groups for mixed professionals. Forty years ago there began to be groups for psychiatrists, other groups for psychologists, and still other groups for social workers. By 25 years ago, as resources began to dwindle for psychiatry, training institutions began to invite psychologists into groups with physicians. One institution also invited nurses, mental health workers, social workers, physical therapists, and occupational therapists. Such professionally mixed groups gave the participants an arena to project their personal conflicts onto the reality differences in power among physicians, psychologists, nurses, and social workers. In a professionally homogeneous group of psychiatrists, psychopharmacologists and psychodynamicists look down on one another with uncertainty, envy, and contempt. So the same dynamic is seen, regardless of the professional makeup of the group.

In a yearlong group consisting of 40 meetings over a period of 10 months, one can help the members experience the psychological work involved in beginning to get close while dealing with hostile, voyeuristic, and exhibitionistic wishes and the formation of a group envelope, so that the participants know what belongs inside and what belongs outside the group. Transferences begin to grow, and some become obvious. By the middle of the group's life, the participants have to start thinking of termination. If the group meets for only six months, some of the same material comes out only in a compacted form. The members have less opportunity to see the phenomena develop in a gradual, clearly defined pattern.

Attendance. In some group training programs, attendance in the training group is mandatory (Lonergan, 1991). In the author's experience, the program is best offered on a voluntary basis, since true participation can only be voluntary. One year, two fifths of a training group membership walked out when the leader was too stringent about certain requirements. What probably saved the leader in the eyes of the administration was that it had not happened during the preceding five years; also, the other group the teacher was leading at the same time completed its year with all its members together. Thereafter, voluntary attendance became "mandatory" in that institution. Within three years the members were complaining that they were "forced" to attend. Since people are anxious about going through such an experience, they are more comfortable to feel "forced" to come until they are confident enough to want to come than to choose to do it from the start. In the case of groups that go on for two or three years, some members choose to leave in the second year and some in the third year; others choose to stay on for the full time. If the impetus in the institution is to respect group therapy or if the leader is held in high esteem and works well, people feel forced to attend the group sessions by the institution and continue to attend.

Group contract. The group contract can be implicit or explicit. Each leader decides on what works best, often basing the decision on what was done in the leader's training. Some leaders have a list of clauses to be agreed on by the members. That approach gives the members a feeling of being "forced" until they begin to feel that they want to be in the group. Some leaders even have a paper with several clauses to be signed by each member, including the requirement that, should
they want to leave, they must remain for three more sessions to discuss it.

The author's working agreement is essentially an implicit one, telling the participants that they are there to study how the group operates psychologically; in a general way, it is like all other groups—with a beginning, a middle, and an end. It is also like no other group, because of the specific constituents of forces in it, the members. To learn how it operates, the members are encouraged to feel free enough to be spontaneous and responsible enough to be appropriate. That advice mobilizes all aspects of each member's personality, since it invites the impulsive side of the personality (libidinal and aggressive impulses), the executive side of the personality (ego techniques), and the values, beliefs, and conscience (superego). Such an approach can raise a storm of feeling, since it mobilizes the whole personality. Therefore, the leader asks the participants to love one another with the heart. Nowadays one must add the structure that loving one another does not mean loving with the hands or in bed or just liking one another. It means understanding the members and the group with one's heart. It includes being frank about dishinking one another; since, when verbalized, dislike is the friendliest feeling one can show. The leader tells the members that, when they do not seem to see what is going on, the leader will say it; otherwise, they can do it. The leader is there—say, from 12:00 to 1:00—for the next 40 meetings until the last week in June. Thus, any lateness, any absence, and any uncertainty about the duration of the group can be discussed in terms of motivations, using the working agreement as a standard. Such discussions arouse resentment toward the leader, which unites the membership in that common feeling and directs the anger to the leader and away from the members, so that they feel free to deal with one another. If a member decides to leave the group, one asks the member to stay long enough—not a given number of meetings—until they learn what the departure means in terms of the group. Then the member is free to leave. Often, such investigations help the member stay in the group.

Training groups versus psychotherapy groups. How do training groups differ from psychotherapy groups? The dynamics are, in fact, the same for both kinds of groups. Members of psychotherapy groups are not interested in the dynamics of the group and go along with references to dynamics to please the leader. Some patients with an intellectual bent and those wanting to show off to the leader talk about dynamics. In a therapy group, knowledge of the dynamics is of use to the leader in conducting the group. For the trainees, that knowledge is of use, especially if they are already conducting therapy groups. Members of training groups want to learn about the dynamics for heuristic purposes and to make the venture more intellectual and less painful than it would be otherwise. They also get fed up with dynamics and say, "But what is the answer? You don't answer the question" or "There you go again, bring it back to yourself."

In a therapy group the patients talk about their personal relationships in their lives outside, but professional members find it hard to do so, since they have to deal with the other group members as friends, enemies, cooperators, or competitors for the next 40 years. That limits the details of what they can talk about; what goes on in the group and in the institution and to certain "safe" disasters, such as a patient suicide or something happening to a spouse or a parent. They talk about the same specific trends and problems as do patients in a therapy group but without as much personal detail and historical background. They cannot talk about some inner conflicts or their sexual lives. Sometimes professional members talk of such matters when showing how liberated they feel, when competing with the others for the leader's love by being frank and analytical, when intimidating others, and when on the verge of a psychotic episode. Professional members call it "group therapy" as an expression of their yearning for intimacy. Similarly, patients in group therapy talk of their "private therapist," in distinction to the group therapist, or of being in analysis, as they glance meaningfully at the couch. Despite the inhibitions imposed by the trainees' working together, their problems do come out as they are acted out in the group. The lines between therapy groups and training groups inevitably become blurred (Reddy, 1985).

In trying to deal with the inhibitions of free group interaction imposed by life in a city with a small mental health community, Arthur Burdon in New Orleans referred his residents to private therapy groups, so that they would experience group therapy in the relative safety of being patients among strangers. Salvendy (1985) also found a therapy group to be useful for trainees. Berry MacLennan in Washington found it possible to conduct such a group for six months. Benjamin Sadock and Harold Kaplan (1970) of-
fered a long-term therapy group to their residents on a voluntary basis for as long as three years.

Training groups are similar to therapy groups in the development of the group and in guiding the therapist to deal with the group. They are different for the participants in that the members of therapy groups have no present or future outside relationship, but the members of training groups limit themselves to studying the group interaction intensively, speaking by displacement of safe topics.

Clinical Issues

A powerful part of learning group therapy is the training group experience. It may be called by various names, such as experience group, T-group, and group dynamics seminar. Although the approach described here is a psychoanalytic approach, the underlying human individual dynamics and group dynamics are the same in all groups, regardless of the formal theoretical terms used and the general rules governing the group.

Program. The group members are assembled to learn how a group works by personally experiencing what it is like to be a member of such a group. For the members it means an opportunity to look at the inner workings of all the other members, including the leader, and at the same time the danger of being looked at with all their defects and shortcomings, including their wishes to be taken care of and their competitive wishes to overcome all other competitors, to be the leader's favorite, and to replace the leader. The members face the leader and their helplessness and consequently their need to feel effective, often unconsciously as the fantasy of being loved by the leader. That love is meant to take care of all helplessness, including the yearning for unconditional love and unquestioned acceptance (like Joseph over his brothers), permission to indulge oneself and remain unchanged, and the chance to take over the leadership of the group. Almost from the beginning the members have to consider how they may hurt others, be hurt by the other members, or hurt themselves. Depending on the character structure of the individual members, different aspects of those wishes are accentuated, and different affects are mobilized, including the yearning for love, the love of others, anxiety, envy, shame, guilt, and fear of retaliation—all bathed in anxiety and frequently expressed in anger. Because free interaction is encouraged in the group, it encourages a conflict of such wishes within each member and among the members of the group.

To encourage group interaction, the leader advises the members "to feel free enough to interact spontaneously and responsible enough to interact appropriately." The details of the conflict introduced in the first meeting can never be spelled out or settled by the leader. Rather, the members are encouraged to define these factors in relation to each event when it concerns them; that necessitates group interaction about the issue again and again, mobilizing conflicts between the id forces within each member (free enough to interact spontaneously), ego forces (appropriately), and superego forces (responsible enough).

Different members take on different aspects of those general guidelines, depending on their backgrounds, conflicts, and character structure. The leader does not want the conflict settled, since the conflict itself stokes the fires that keep the group process going and forces the members to define and face group problems. The group attention is focused on the workings of the group. The focus on the here and now protects the members from premature revelations about themselves, to which many are prone because of the seductiveness of the group environment.

The members immediately begin a process of testing the leader to see whether the leader means what was said and really welcomes spontaneity, whether regular and timely attendance is important and significant for revealing suppressed feelings about the leader and the group, whether it is important to write notes, and whether the leader's comments are important at times. The leader's promises can be confirmed only by regular attendance, by remaining quiet and letting the members interact freely, and by consistently investigating the group sources for group phenomena.

The members quickly become concerned about their destructiveness. It begins with concerns that the leader will babble about them to the administration or affect their future careers. The leader has to remind them that a babbling's reputation as such would have become known, and no one would come to the group. Furthermore, the leader cannot write recommendations about people on the basis of the group experience, since the members are not as sick or as healthy as they may appear to be in the group. The members' concern about their own
destructiveness is masked by their insistence on being appropriate. They seem to forget the idea of spontaneity and become ultrasolicitous and fastidious about expressing their curiosity and wants. The lengthy discussions about appropriateness conceal their concern about hurting others, being hurt, and hurting themselves.

Confidentiality. An early problem that presents itself is, "How do we know we are a group?" That concern leads to a series of discussions about what belongs inside the group and what belongs outside the group. Those discussions lead themselves to the creation of the group envelope.

The tension whipped up in a group is so great that many members want to relieve themselves of it at once by continuing the interaction outside with only certain members or with outsiders, thereby circumventing other members and the leader. Doing so robs the group of the energy intensified by the instructions to interact spontaneously but appropriately. To make sure that the energy is kept inside the group, the members lead discussions about confidentiality. All the leader has to do is keep asking if all are satisfied or agreed about the issue. Some members quickly say that they will keep it all in the group. After all, they ask their patients to keep their thoughts to themselves until the next session. Other members tell the group they cannot keep secrets from their partners, lovers, or spouses. Some settle on the idea of feeling free to tell their spouses about their own feelings but not about what other members said. That solution still begs the question of what belongs in the group. Neither a ukase by the leader nor a democratic vote can settle the matter. The ground must be gone over again and again until it is worked through to the satisfaction of all the members and in terms that are meaningful to each member.

Finally, it takes someone's being hurt by a revelation to lead the members to observe confidentiality. Their agreeing to do so has more to do with their growing capacity to bear the anxiety in the group and their growing care for one another than with any thoughts about ethics, boundaries, or logical reasoning. Their being hurt, hurting someone else, or seeing another group spill confidential data leads them to accept the idea of the necessity for confidentiality.

Themes. Certain personal themes (Aveline, 1986) are usually brought up for consideration. They include personal tragedies that cannot be expressed at work for fear of being thought weak, isolation within the institution, giving care and not receiving it; fear that personal problems will damage careers, and the chance for intimate talk and support during personal crises and career decisions. All are serious concerns, but they are low cards in the game of getting involved with the other members. They are safe topics, much safer than the members' inner lives, which take time to be exposed and considered.

Facing the here and now is encouraged by a study of the details of what goes on in the group, who is on time, who is late, and sometimes even why some people are on time when everyone else is late. Those themes make it clear that what happens in the group is what is important. If a member is absent or the leader is absent, the members are polled about their feelings. The reactions are outlined and compared. Although the members may choose to talk about their patients, spouses, or parents or the hospital administration, those discussions merely reflect current interpersonal themes in the group and can be interpreted as displacements from the current interpersonal arena in the group. The leader need not dogmatically insist that only the group be discussed. The discussion of outside matters need not be forbidden and is, in fact, useful for the group work, since it allows group concerns to emerge in a palatable displaced form. After all, if the members could talk directly of their feelings toward one another, there would be no need for the group; they could understand its workings without a leader.

To give the members an objective arena onto which to displace their competitive feelings, they are asked to take turns in writing a 10-line summary of the proceedings of the meeting, to be read at the beginning of the next meeting. That is a deceptively simple request. The members may quickly accept the idea or wrangle for weeks and months about what is seen as a demand by the leader. Yet the summary also serves an educational purpose by helping the members crystallize what happened in a meeting (Aveline, 1986). Even more important, the summary is an opportunity for the members to show off their prowess in recording, summarizing, and reporting, since that is a big part of the clinician's future work.

The summary allows all sorts of competitive impulses to come to the fore, to be played out and worked out. Some people write anonymous notes; others write in the passive form without mentioning names. Some write poetic summaries; occasionally, some write actual poetry. Some insist on giving the details of what each person said. In time, most groups see the notes as
the symbol of holding the group together. The leader usually asks one member to be responsible for holding all the notes, so that they do not fall into the hands of outsiders.

The leader may also have the members prepare three-session summaries at three-week intervals after the group had met at least 10 times. Didactically, those summaries give the members the chance to see how themes developed over periods of time; they could begin to see some perspective in the group beyond what each person recalled. The summaries also give the members the opportunity to work together with two other members who are not necessarily their friends or allies. Competition, leadership issues, and cooperation are thus highlighted.

Interactions. The members protect themselves by a series of inner maneuvers to deal with their feeling strange or lonely in the group. To make themselves feel at home, they develop positive or negative fantasies of familiarity in a counterphobic fashion. Those fantasies may lead to unrealistic alliances or unfounded dislikes. They are the manifestation of early pretransferences. Later on, members may confess to one another about the fantasies' reality or unreality. Only much later can the sources of the fantasies be investigated and understood.

With those fantasies of familiarity come a series of attacks—first transient attacks and later focused victimizations. Those attacks may be enhanced by the leader's analytical attitude of trying to understand the interactions while frustrating the wish for the immediate gratification of settling matters so as to look for the deeper sources. The attacks are a result of the group process and are part of the underpinnings of every group. They occur even when there is a focused, controlled group atmosphere. How they are dealt with varies in every group, depending on the nature of the group and on the leader's style. That analytical attitude forces the members to see that, by their own efforts, they can get to the sources of anxiety and resolve them among themselves. The unspoken motto is that the group can achieve all that and more. They need not be spoon-fed, although they may ardently ask for it.

Some members lend themselves to being victimized or scapegoated by some student personal characteristic, by defending the leader and the leader's aims, and by taking unpopular stands in the group. The leader can help the scapegoat and keep the group from being mired in a series of member attacks by universalizing the issue, so that it becomes clear that the member's unpopular stand of supporting the leader is found to an extent in every member. That leads to the member's relaxing of the provocative stance and to the other members' first turning their anger on the leader and then to paying attention to their other issues. If the leader is offered as a scapegoat, it relieves the anxiety of the members and thereby unites the members.

A powerful member—such as a manic, paranoid, or sociopathic member—can hold the group at bay and frozen in immobility for a whole year with powerful interactions, to everyone's loss. Removing that member from the group momentarily relieves the members of the hateful goal, but such an experience thereafter threatens all the others with also being expelled, should they misbehave. The goading member is a difficult problem that may have to be lived with. At best, the goading member may be encouraged to turn the fury on the leader while the theme is universalized for all the members, so that they become united by joining the troubled member against the leader.

Gradually, as the leader garners the group's anger without retaliation or defense, the group can turn their attention to working together. A state of alliance then emerges at the group level, subtended by multiple transferences. Whenever tension rises, anger is poured out onto the leader, who is there to serve as a lightning rod; thereby making the group safe for the members; they are free to express all their feelings, including their anger. That feeling of great togetherness takes from 20 to 40 meetings to develop, about an academic year, and allows for the formation of a group envelope, a mesh of interpersonal relationships, inner conflicts, and other contexts within which the group takes place. Most training groups lasting that long see the phenomenon and may think it is the desired end. In fact, it is followed by individualization. Training groups that last only six months develop such feelings, too, without getting at their personal sources.

Training groups that develop further or that experience the exaggerated unity sooner than usual and those with few problems of intimacy can then go on to the next phase of individualization. The transferences, which early showed their heads in the fantasies of familiarity and later substaned the group envelope, begin to come to the fore, some openly and dramatically and others silently but just as powerfully. The members
may later tell how they saw the leader or certain members in specific distorted fashions that molded their experiences in the group. Those transferences lead to individualization, which all the members can then enjoy within the context of the group envelope. Individualization often leads to presenting personal data from the past or, more often, data regarding current crises—say, an illness, the death of a parent, and trouble with a mate. It is an opportunity to get to be known by and to get to know the other members, the group's original wish, within the context of the safe alliance, the envelope.

**Termination.** Next, the group is preoccupied with termination. Usually, the first rumblings about termination begin about five or six months before the group is to end. Not only do people need about six months to say good-bye, but also they often think ahead about the end of the group at the very moment that they get close to one another. Since that is also the time when the envelope is forming and cohesiveness becomes stronger, the two issues may be confused and, in fact, are fused.

As the members consider the prospect of terminating, they wish that the group could go on indefinitely. The members begin to acknowledge what they got from one another, the leader, and the whole group experience. To help them in that direction, about two months before the end the leader asks them what they got from the experience and what they should have gotten that they did not get, letting them know that it is all right to voice their disappointments.

In a 10-month group experience, people usually get to see how hard it is to get close to one another, that one cannot force the process, how various personalities deal with each of the steps, and, most important, the growth of their own transferences, many of which may not be put into words. They appreciate what their patients go through in individual and group therapy, and those who will conduct group therapy have a concrete personal experience to guide them in their efforts to find their own way in the field. Often, they consciously do something they saw the leader do. They are encouraged to steal all tricks, try them out, keep them if they work, and throw them away if they do not work.

**Extended Training Groups**

Some training groups can go on for two, three, and even four years. The longer than usual period gives the leader and the group an opportunity to watch the further development of the group process (Sadock, Kaplan, 1970). Individualization proceeds apace within the group envelope, the personalities become fuller and richer, and the transferences grow in all directions. At the beginning of the group experience, material about the past, about the institution, and about patients was often a displacement from feelings about the group, but as the group develops further, the material about the members' current lives becomes richer.

Competition, gingerly approached and denied the first year, is acknowledged in the second and third years. People compete about the first child, the first house or condominium bought, the first paper published, the first research fellowship awarded, and the first book published. The group can help the members accept the reality of competition in professional life. Sometimes, the competition takes on a through flavor. One member invites another to be the coauthor of a book, and the second member steals the book from the first and publishes it.

Sometimes groups break up after two years because professional advancement takes them elsewhere, because they simply do not like the leader or one another enough to stay together, or because they have deep personal revelations to make that they cannot make in that setting. Sometimes the group members like one another so much that they stay together for four years. By then, the group has become more of a therapy group than it was in the beginning. Even after four years, as the members face the inevitable parting, they dream of somehow continuing the group, commuting an hour each way to continue it or commuting by shuttle from Washington to Boston to maintain the pleasant steady state. By then the members have had a chance to see transferences deepen; several layers may be analyzed away, and deep layers become manifest.

One man in a training group felt completely left out the first year. He was so overlooked by the other group members that he did not even miss him when he was away. In the second and third years, he attacked the leader's in-depth, boasting, misunderstanding of the group, and defensiveness. By the latter half of the third year, the member began to make clear his struggle for recognition from his own father, a father who did not allow feelings to be acknowledged or valued and who constantly overlooked his son at home. Gradually, the source of his relationship with the leader became clear in the light
of his past, and the member was able to take a great deal of nourishment from the group and to contribute to others. Never was his hatred of the leader and his contempt for the leader defended against or waved away.

Evaluation

What remains to be seen is how useful training group experiences are in producing group leaders. They may not necessarily lead in that direction. The members may simply use the experience to do better work individually or to run other kinds of groups—mental health centers, laboratories, and research units—applying what they learned in the group to those situations.

Thirty years ago, about 1 in 40 psychiatrists who went through a training group ended up doing group therapy. That was true when the professional pull was toward psychoanalysis, which was not very interested in group therapy at the time. Nowadays, psychiatrists are attracted to psychopharmacology and administration, and psychologists and social workers become involved in group therapy. It is hard to find many psychiatrists in the field of group therapy now.

PERSONAL PSYCHOTHERAPY

Personal psychotherapy is clearly useful for trainees in group therapy, since, the more they know themselves, the deeper they can look into others and the more they can appreciate the complexity of the group. Yet some in the field insist that it must be an experience in group therapy (Fenster, Colah, 1991). However, Raymond Battagyi (1983) found value for the trainees in both the training group and individual psychotherapy. He maintained that experiences in analysis have to be proved outside the analytic situation, whereas in the analytic group the trainee can develop analytic insights to work through transferences and to undergo social learning. That contrast enlarges what the trainee has learnt in the individual analytic situation. However, the early leaders in the field had no experience in therapy or training groups and yet invented the field. Apparently, some people have the capacity to learn about group therapy without having been in group therapy. Whether the psychotherapy should be individual treatment or group therapy is irrelevant. The main thing is that the trainees have an opportunity to look at themselves with close scrutiny. Some trainees have had prior group therapy, individual therapy, psychoanalysis, or various combinations. No one way is best to help them participate in the group. What matters are the trainees' innate capacities for human understanding, the therapist's gifts, the group and its membership, what is and what is not taken up, and the crises that brought the members to therapy at that time. The important thing is that the members felt at a loss and helpless and turned to someone for help in understanding themselves and learned from the help, not necessarily the method used.

Group therapy is not an entirely independent field. Group therapy and individual therapy are inevitably interrelated. The same forces that govern the life of a person play a part in the life of the group, along with group dynamics. Yet group forces play a part in the life of a person, as studies in family therapy have shown. What is important is to have the trainee see that the same principles govern the inner life of the person, whether in individual therapy or in a group setting, although the principles have to be approached differently in each setting. Once each approach is learned, the two may be compared and integrated as two ways of dealing with humanity.

DIDACTIC TRAINING

Each group program follows the writings of its own revered figures, who were instrumental in developing the field locally, along with borrowings from noted authorities elsewhere. The programs usually begin with a history of the field (Fried, 1970; Rutan, Stone, 1984). Then they may consider the mechanisms for change in group therapy (Grunbaum, Solomon, 1982; Fried, 1985). Practical problems, like how to begin a group, are then considered (Ormont, 1957; Cohen, Rice, 1985). The role of the group therapist may then be outlined (Foulkes, 1966; Bach, 1954). Transference and countertransference are considered as powerful forces in the operation of the group (Day, 1977). Individual dynamics and group dynamics are compared (Bion, 1980; Ashbach, Schermer, 1987) for their operation in the group. Specific technical problems—such as resistance, acting in, and acting out—are then considered (Ormont, 1968, 1969; Gannon, Buchele, 1987). Current theories, including self psychology (Wolf, 1983; Harwood, 1983, Alonso, Rutan, 1988) and object relations theory
OTHER TRAINING TECHNIQUES

Supervision

Supervision of beginners for their group therapy work can take place individually, in twosomes or foursomes, or in a group (Cooper, Gustafson, 1985). Individual supervision offers the opportunity to look in great detail at what the therapist and each of the members is doing. Sometimes the members can be more frank in the individual situation than in a group if their fears and competition are directed at peers, rather than the supervisor.

The success of supervision of more than one trainee at a time depends to a great extent on the relationship between the therapists. If they are friends or find that they can become friends, they can help each other by being frank with each other and by learning from each other. If they are incompatible, it may be best to separate them. Therapists with different degrees of experience make it easier for the trainees to learn from one another (Aronson, 1990). It is most helpful if the supervisors feel free to be frank about their own efforts and mistakes, not only their successes.

Observation

Observation of groups (Rutan, Alonso, 1980) allows senior therapists to expose their approaches, talents, and foibles to the beginners. For one thing the beginners see techniques in operation in challenging situations. Observation also serves as an example for the beginners to imitate in exposing their approaches to others in a relaxed manner. Silent observation of the group can be useful if the therapist accepts it. The onlookers are encouraged to look at their own introspections, as they see the patients doing the same.

Cotherapy

Cotherapy (Alpher, Kobos, 1988) can be a useful technique in the training of neophyte group therapists. A beginner is paired with an experienced therapist, and both conduct the therapy. Allowance is made for the senior therapist to be absent at times, so that the junior leader may then take over running the group. This also enables the group members to work through issues of attachment, separation, and loss.

Vignettes

A useful intellectual approach in teaching students and at the same time giving the teacher an objective comparison among the students is provided by giving all the students a clinical vignette from a group (Stone, Klein, 1989). The trainees can then discuss the vignette in terms of the intrapsychic elements, the interpersonal elements, and the group-as-a-whole elements. The teacher can then evaluate the individual students and the whole class.

Case Conferences

Case conferences in psychotherapy have become a rara avis in training institutions. Case conferences for problems in group therapy are now almost nonexistent. They are needed if the field is to be supported and broadened. In case conferences, the fact that many people with varying areas and degrees of experience can compare notes about a given clinical problem helps students find people congenial to them and absorb ideas from many sources, not only from one charismatic teacher. The variety is helpful in allowing beginners to see that many views are possible, which gives them a chance to try their own ways. In such a group setting, much learning goes on silently, and people make mental notes about what applies to their own experiences. That is much like a great deal of the work in therapy groups. For lack of case conferences in institutions, people turn to informal or formal peer groups for support. Perhaps teachers should encourage the creation of group therapy clubs, where people can get together and compare notes, steal ideas from one another, and, without supervisory pressure, try out new ideas and feel free to make mistakes.

Creativity

Creativity can be encouraged in beginners by encouraging them to try out their own ideas about groups. As soon as beginners have had
some experience in group therapy, it is useful to have them supervise others. There is nothing like being asked embarrassing questions to get beginners to worry about the field and to learn. The growth of creativity comes from arranging for them to lecture about their experiences as soon as they feel ready to do so, often as part of a group effort, so that they are among members of the same learning institution, who present segments of their experiences. Such a group venture gives beginners the strength to face the dread of performing in public. It is also useful for teachers advanced in the field to enlist the help of beginners in collecting data for joint publications.

SUGGESTED CROSS-REFERENCES

The history of group psychotherapy is presented in Section A.1. Group dynamics is discussed in Section A.3, the selection and the preparation of patients and the organization of the group in Section A.7, the role of the leader in Section A.8, countertransference and therapist in Section A.9, resistance and working through in Section A.10, termination issues in Section A.11, psychoanalytic group psychotherapy in Section B.2, object relations in Section B.5, self psychology in Section B.6, family therapy in Section B.15, cotherapy in Section B.18, combined individual and group psychotherapy in Section C.1, and the qualities of the group psychotherapist in Section E.2.

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