

Teaching Dynamic Psychotherapy

GROUP ANALYSIS AND LARGE GROUPS THERAPY AT A SWEDISH UNIVERSITY

The teaching of a combined model of humanistic psychotherapy, covering person-centred/Psychodynamic, Psychoanalytic and Group-Analytic Psychotherapy, at a University level, is of considerable significance for the development of a humanistic society. Unfortunately only few universities have reached this stage of development, and most do not yet offer such psychodynamic courses.

It is highly significant that in such a technological, modern society as Sweden, the new trend during the last few years - since 1972 - is to *re-humanise* psychology, and to introduce the teaching of dynamic psychotherapy into the academic setting, on both the M.A. Clinical level and the Postgraduate Doctoral level. This was in answer to the demands of the students, who clearly wanted to study real dynamic human psychology, not physiological reflexes and rat-psychology. Perhaps it was also an important answer, given by the students themselves to the tendency towards *total alienation*, rampant in modern technological society. It was also prompted by the government's concern for optimal social development. In any case, the fact is that already for some time the psychologists in Sweden have shown an increasing distaste for behaviourism.

Because of the nature of the long-lasting democratic tradition in Sweden, there is more inclination to keep in touch with the democratic trends and public feelings, in the various sectors. This is also more natural in a country where the population is relatively sparse, and where there is a tradition of pragmatic-mutual consultation and agreed decisions about developments. It is also a fact that students have a comparatively high degree of social consciousness. The students wanted academic teaching which could answer the real needs in society, and also studies relevant to their future clinical work, for which they come for graduate training. In this context a combination of interpersonal/psychoanalytic and existential person-centred therapy, a dynamic psychotherapy where the social dimension is properly considered, appear to be the appropriate answer.

A two year Community Mental Health Teaching Programme started in 1972 with Gary Tuckman (USA). This included twenty students in an intensive training programme, of both interpersonal psychotherapy and supervised intensive clinical work. It led to the setting up of a Clinical Centre within the University of Goteborg - the Institute of Psychology. When I was appointed, together with a colleague, a continuation of this programme was set up. We found a body of students, who were enrolling for postgraduate courses - M.A. and Ph.D. level - Clinical Training courses, and who had a marked interest in continuing graduate training in Individual and Group Psychotherapy, within a combined approach as described above. In the present teaching programme, which includes Psychoanalysis and Post-Freudian developments, Group Analysis

takes up a central position in training in depth for work in the fields of group psychotherapy. Each term, there is an enrolment of some fifty graduate students on either M.A. - 'PEG' Therapy Training Programmes, or in Doctorate Seminars, which include lecturers and research students from within the Institution; these students work within intensive Clinical Supervision Seminars with their Clients, and we cover in this way some 100 clients, who are undergoing Individual and Group Therapy at any given time. In this manner the University Clinical Service comes to provide a *completely free therapeutic service* for hundreds of clients within the community of Goteborg.

As to the content of the Teaching Programme, it includes:-

a. Student participation in their *own group therapy experience* which starts with 40 hours of subsidised therapy by the University, and usually continues for two years' attendance in a Process Oriented/or Group Analytic oriented group psycho-therapy. Personal psychotherapy is recommended.

b. **Basic psychoanalytic theory** and developments in Freud's theory and technique within psychoanalysis. Theory of basic personality formation in childhood (0-7) from a social and dynamic-analytic point of view, linked with Child Therapy. Post-Freudian developments, including the special contributions of Reich, Sullivan, Fromm, Horney, Laing and Marcuse, Winnicott and Guntrip, Rogers and Perls. These are of special interest among the students, who can choose most of their own reading material and develop their own integrative psychotherapeutic approach in their work, according to their individual preferences.

c. **Theory of Group Analysis** is emphasised in the teaching programme. It includes discussion and seminar work on the basic theoretical contributions of S.H. Foulkes, Slavson, Rogers (*Basic Encounter*) and other relevant theoretical and clinical contributions to the field of Group Psychotherapy. Process Study is included in the field of Group Analytic Psychotherapy, (Dr. Doron's use of the term "Analytic" here refers more to the Reichian approach than to the Freudian version. (Ed. note) with emphasis on the study of Psychodynamic Processes in Outpatients Groups, in Parents' Groups and in Group Therapy with children. Dream Analytic Workshops are conducted, where Group Analytic principle are combined with the training of students in dream symbolism and interpretations, as a new training method.

d. **Large Group Therapy** is both studied theoretically and experienced, and we find it a great help in Community Dynamics within the Institute itself, where it also helps to deal with structural problems in relation to the University. We could certainly not have weathered all the institutional problems without a self-directed student community group. The Large Group Therapy experience started in 1975 and continued weekly through the autumn of 1975, for twenty meetings. These meetings served as a most dynamic forum to air any individual student and staff problems. (In fact, no serious problems escaped the notice of this forum.) The continuation of this group in the Spring Term of 1976, was a *Self-Directed Community Group*, composed of the students-in-training. This teaching programmes and institutional problems, devoting time to discussions and decisions, if this was necessary.

e. **Case Conference** are held weekly where students present their intake and development of the process of therapy in both their individual and group therapy work. This is a very important feature of the training programme in sensitising the students to the psychodynamic approach. Special emphasis is placed on Character Analysis in both the Intake conferences and the Therapeutic Process Analysis. Character Analysis and Personality Structure Analysis are also combined in Dream Analysis.

f. The most important feature in the clinical teaching programme is however the *Intensive Supervision Seminar*. These Supervision Seminars have only 4-6 student participants, who meet weekly for 4-5 hours, during the whole academic year. In these meetings, students discuss intensively their therapy cases and develop their psychodynamic-therapeutic approach from direct clinical work, combining theory with practice. Students work for one year with 2-3 cases under Intensive Individual Psychotherapy. Concurrent with this they conduct Group Psychotherapy - with a group Analytic orientation, if the supervisor has this background. They work mainly with psychoneurotic cases.

g. The students can choose to do their *clinical dissertations* in the study of Psychodynamic Psychotherapy in Outcome of Process Study. For this purpose they can use Clinical Data from their own work with individuals and groups, or observe other groups, if they wish to do so. There is a theoretical part in their final dissertations, in which they have to show overall theoretical integration and knowledge in the field of Dynamic Psychotherapy.

h. Special *Doctoral Seminars* are held each academic year on Group Analysis and on Intensive Individual Psychotherapy. These seminars are given to people such as lecturers in Psychology, some of whom already work in therapy, and similarly provide:-

1. *Intensive supervision in their own clinical work*
2. *Attending Group Therapy themselves (1-2 years)*
3. *Advanced Theoretical Seminars on developments in Psychotherapy and Psychoanalysis.*

The success of the therapeutic work in the University Clinic is due, I feel, to the following reasons:-

- a. *that we work on the basis of full Psychodynamic and Process oriented Psychotherapy, which is at the same time existential and person centred*
- b. *that sufficient consideration is given to the actual social dimension in the psychic structure of the individual, and to the real life conditions of the person who comes for therapy.*

Our work so far corroborates the following conclusions:-

1. The therapeutic problem of the individual is only a symptom of the basic contemporary tendency towards total alienation and dehumanisation. We are in a historical period which increasingly produces massive alienation and

THE PSYCHOTHERAPY EDUCATION IN PEG

Preliminary interviews		CLINICAL CASE CONFERENCES (1) Intakes (2) Students own therapy- working presentations (1½ h each second week alternating with TECHNICAL & THEORY SEMINAR on special Clinical Problems in Psychotherapy. Students from Adult and Child Therapy attend together	EXPERIENTIAL WORKSHOPS & EXISTENTIAL COMMUNITY GROUP (2 hours per week) Dream Analysis Workshop Basic Encounter & Art Therapy (10 hours)	OWN THERAPY GROUP continuing for 2 years and starting with 40 hours subsidized
Basic Theory Seminars				
Basic Personality Formation - The Dynamic - Analytic concept Basic Concepts in Dynamic Psychotherapy Psychoanalysis and psychopathology Post Freudian & International Theory Basic concepts in Group Analysis Family Therapy & Communication Theory Child Psychotherapy - Dynamic & Rog. Client Centred Therapy (Rogerian) Other methods (bioenergetics, Ben.Mod)				
Clinical Supervision - starting first term 1 Ind. - Psychotherapy - 2 h sup. per week in 2 groups of 7 + 7 students				
Start of supervision				
Intensive Supervision group (4 - 5 stud)	Intensive Supervision group (4 - 5 stud)	Intensive Supervision group (4 - 5 stud)		

Each student works with 2-3 individual Psychotherapy Clients under supervision-
 1 Group Psychotherapy (with a co-leader)
 The Clinical supervision is for 2 terms,
 3-4 hours p. week, 40 weeks for 2 terms

Adult Therapy
 Child Therapy

Subjects:	Group
(a) Psycho-dynamic concepts in individual Therapy - Transference, Catharsis, Working through, Resistances, Insights, etc.	Advanced Theory & Practice - Process Study (4 hours)
(b) Working with special Clinical Problems: Depression, Obsessional Neurosis, Anxiety Neurosis, Character & Personality Disorders, Psychosis	Group & Community Therapy. (10) hours Gestalt Therapy (2 hours)
	Character Analysis & Bioenergetics (4 hours)

Responsibility for the Psychotherapy training rests with the Supervisors and the Clinical Teaching Team

Final Dissertation (Uppsats)
 Connected with own work in Psychotherapy - Process & Outcome Study (integral part of training)

sensory deprivation, which paralyses people right to their central, vital activity core, to the extent that more and more people cannot master the conditions of their lives, cannot solve problems nor overcome difficulties on their own momentum. Only historical and political actions can solve the magnitude of these problems.

2. Psychotherapy can only counteract to a certain degree this process of dehumanisation. Given a reliable and continuous supportive situation, in an atmosphere, people can regain their basic confidence and their ability for fighting and mastering their existential problems.

3. Therefore, the process of psychotherapy is a *self-assertive* process of social significance -of regaining human-ness and social strength. This is a process in which the forces of anger and love, previously paralysed by anxiety, are experienced, re-expressed and released. Thus the individual can start to function again.

4. The roots of neurosis and psychosis are of autistic nature, (which was also S.H. Foulkes' opinion). It is the *self-deprivation of the system internalised in the psyche* -a psychic structure of isolation and self-alienation. This is in fact a harsh internalisation of the alienations and rigidities of the system, in the individual. Their inculcation is made possible by the malleability of the infant and his dependence upon his parents. This appears in the grownup individual in various forms of anxieties about authority in relation to spontaneity or, in other words, the establishment of a 'strict super-ego system' (1), which blocks the spontaneous functioning of the organism, as a self-regulating system, because of the dependencies and heavy anxieties.

5. That, as both Reich and Freud pointed out, the *maintenance* of this internalised system of self-repression, which is what the strict super-ego system is, depends primarily on the expression of the forces of anger and love being cut off from awareness and channelled into *surplus anxieties*. Thus the spontaneity of the individual, his social and creative assertiveness, and his love-life capacity are impaired and transformed into forces which work *against* him. (2) The actual current life situation is also self-negating and, most important, is maintaining this self-repressive system of deprivation through the complete relationships in which one lives. Spontaneity is given up because of the increased anxieties and security operations - the need to keep the belonging and the need to keep the security - even if the situation is impossible (the over-emphasis upon security needs is in itself a neurotic phenomenon.)

6. Consequently, psychotherapy is the reversal of this process of self-negation and dehumanisation; it is an emotional re-assertion of the individual and his needs. The individual releases himself from this bondage, re-integrates himself and accepts the split-off and denied parts of his personality. He restores his real spontaneous core-self, his sense of completeness and his sense of concreteness, through releasing the anger from behind his anxieties. He regains his ability to fight - or his *social-assertive character*, and his capacity for a satisfactory love-life - *his genital character*. In this way he regains his sense of completeness and his sense of belonging - his sense of freedom on a new existential level.

7. This is similarly seen when we follow systematically what actually happens in the therapeutic process, in Group Analytic Psychotherapy. The main process of what we call 'therapy process', is an emotional destructuring, based on the new group security, on the building of new relationships, a process of self-integration and a new level of participation and personality strength. It is the split in the integration of the personality, in the spontaneous functioning of the self, that rendered the person helpless before, destroying his initiative and willpower. This also meant a split and isolation from meaningful and gratifying relationships with others. We see marked positive changes in this area, following the therapy process.

One of the most characteristic points in the therapeutic development of a group in psychotherapy, is the move from a structure of dependence of its members on authority, to a group-centred, democratic and self-reliant structure. This points to the importance of the social dimension in the curative process - and the socio-political source of neurosis.

Group Analytic Psychotherapy has provided us with a deep, humanistic and analytic model of therapy, which is invaluable in training students, both in the clinical and in the academic fields - as the experience in Sweden has been proving to us.

References

1. "The super-ego is the representation of the external social reality (that is, of the existing social order whatever it may be) *within* the individual. . . **W. Reich** 'The Impulsive Character and Other Writings', *New American Library*, 1974, p.85.
2. "The blocking of either an aggressive or libidinal drive produces anxiety but anxiety is avoided whenever the aggression is blocked or turned against the self - in other words, when it has become a self-destructive trend. . . *Ibid*, p.98.

Gaie Houston

The Hierarchy of Horror

As much as a year ago I began writing an article under this title, supposing that I was into a light Thurberish piece that might raise, in some, a fleeting giggle of self-recognition, and in others a stomach-warming flush of complacency at not being into this bag or hang-up or whatever weird word describes for you the weird state I am going to talk about.

I set off on the article as a cheery Eskimo might set out on a sleigh-ride. Mush! Mush! And other appropriate cries. The dogs of invention ran forward over the smooth surface, whisking me and my idea along for a while, until with a nasty lurch and jolt we all just stopped in time to find we were peering