

Group Members' Assessment of Their Conductor in Small Analytic Group

Mirela Vlastelica¹ and Ivan Urlić²

¹ Private psychiatric practice, Split, Croatia

² Department of Psychiatry, University Hospital »Split«, Split, Croatia

ABSTRACT

In this pilot study the authors present the group members' assessment of their conductor in group analysis – the treatment conducted in accordance with concept »group-as-a-whole« of S. H. Foulkes. There will be presented the results obtained by scale for evaluation of characteristics of the group therapist. In the scale, developed by the authors of the study, there were 30 items and by factorial analysis it gave three interpretable factors: authenticity, empathy and distrust. By self-evaluation the members of three small groups, i.e. 20 patients, ranked characteristics of their conductor. The patients, assessing the degree of their accordance with 30 items of the evaluation scale, expressed whether and how much they experienced their conductor as an authentic, empathic and trustworthy person. While in the beginning of the group analytic process the conductor's role was important, his importance decreased as the group-as-a-whole developed. Group experience became more important than the conductor. In other words, the group itself became the therapist, what is one more the proof of the Foulkes' concept of »the group-as-a-whole«.

Key words: psychotherapy, group analysis, conductor

Introduction

Notwithstanding the well known Foulkes' statement on a group-analysis conductor (group analyst) being but a group member – »nothing more and nothing less«, his specific role cannot be denied: it is the conductor who creates the group and selects its members according to indication for group analysis, it is he who as-

sembles them, provides place and time for group-analytic sessions. By free floating attention, he follows the course of the session and development of coherence and matrix. He cares for risk group-members and potential drop-outs. He pays equal attention both to individual group member and the group as a whole.

In order to perform his role, a group analyst is to undergo certain education and training. According to our opinion, one of more adequate ones presently is the tripartite training model offered by the London Institute of Group Analysis, in Croatia adopted by the Institute of Group Analysis in Zagreb. According to this model, as stated by Pines¹, a unique dynamic frame contains personal group-analytic therapy, learning of theory of group analysis and supervision of therapeutic work. In practice it is the supervision where this integrative process takes place, where a group-analysis trainee may link his own therapeutic work with the ideas learned in theoretical seminars. Pines² also states that a group analyst who accepts the Foulkes' concept has a double interpreter role: namely, he contributes both to therapy of individual group-members and the dynamic of the group as a whole.

In the USA, however, Grotjahn³ deems the therapist's personality to have a significant role in treatment, especially in a group therapy, the personality including his appearance, age, sex, cultural background as well as his system of values and honesty.

On the other hand, a patient's experience of the therapist significantly influences his reactions to the group experience. As stated by Dies⁴, a therapist's skills, integrity, empathy and warmth are important for an efficient group treatment. However, a group therapist with these characteristics is no guarantee for success. Quality of relations between group members is of much greater importance for the therapeutic change. While the analyst is the primary interpreter in an individual therapy, in a group analysis, in line with its principles, this role is gradually being taken over by the very group. After all, Foulkes⁵ has defined *group analysis as analysis of the group, by the group, including the conductor*.

Urlić⁶ studied the group-therapist's roles with various types of groups, including the groups of psychoses. While in inpatient groups he is rather a leader, in outpatient analytically conducted groups he is the conductor. Aware that a group is to be conducted as a whole, the group therapist concentrates upon the interpersonal relations network, offering himself as the conductor from the very beginning.

A successful therapist should be able to create a wide scope of instructive experiences for his patients. His style and technique are indeed linked to the therapeutic outcome⁷. Lieberman⁷ emphasizes the crucial importance of group therapists' understanding and systematic use of their influence in conducting group members towards a therapeutically important behavior. The same author⁸ deems that a therapist's influence is important for development of cohesion, offering some guidelines such as, for instance, as simpler interventions as possible, and avoidance of emphasizing of a single context within a session, etc. Patients who have experiences more positive feelings from the conductor show greater therapeutic improvement. However, confrontation and inducing of tension by the conductor are also of essential importance to the patient's change. It is also interesting, according to Yalom's⁹ studies, that although every group prefers a self-disclosed therapist, therapists not disclosing themselves were marked and valued by the group members better than the disclosing ones. The effect of the therapist's self-disclosure indeed depends on such variables as the type of the group, group developmental stage, the very content of disclosure, etc. In a group analysis, the conductor, while maintaining an analytic approach, does not offer himself as a private person, wherefore he does not disclose himself in this sense.

A Yalom's⁹ study of 12-month short-time group psychotherapy of eighteen

groups revealed that 42% of group members (these are average percent across groups) deemed it was other group members rather than the therapist who helped them, and 28% of them stated they had been helped by both. Only 5% of group members deemed that it had been only the therapist who helped them. Hurley¹⁰ in his work supports Yalom's findings by adding that in some groups every member experienced positive changes, with no damages, whereas in some other groups no member experienced any benefit.

As the group analysis is very specific form of group psychotherapy, established by psychoanalytical concepts and difficult to measure by objective instruments^{11,12}, it is very interesting to try to describe the conductor, i.e. the group analyst. This is the purpose of the study – to see *the main characteristics of group analyst involved during the course of group analytic process* (lasting approximately 4–5 years), and increasing strength of the *group-as-a whole*, which is therapeutic medium itself.¹³

Patients and Methods

In this pilot study, the group conductor – group analyst (in this case- the first author of the study, female, psychiatrist, psychotherapist and group analyst with about twenty years of experience), were valued by members of her three small groups (labeled as »Monday«, »Tuesday« and »Wednesday« group according to the days in the week when these patients attended their small groups), twenty patients in total. According to psychodynamic and psychoanalytic nomenclature, the »Monday group« was the group of the »difficult patients« i.e. borderline personality disorders and narcissistic disorders. »Tuesday group« consists of more neurotic, than borderline and narcissistic personality. Finally, the »Wednesday group« was

the group of »healthiest« patients or »ordinary neurotics«. Patients are of both gender (8 male and 12 female), 25–40 years old (in average 31.2), high school and university education. The group is composed and conducted accordingly Foulkes' group analytic principles.

The GTH (group therapy) questionnaire is developed by the authors of the paper and their colleagues (all of them are group analysts, of course) and represents the scale for valuation characteristics of a group conductor. The scale consists of 30 items, represented by 30 statements. The patients describe their group conductor, or rather their experience of the group conductor, by marking their degree of agreement with the statements on a 5-point Lickert scale (0 = »I do not agree at all«, 1 = »I do not agree«, 2 = »I neither agree nor disagree«, 3 = »I agree«, and 4 = »I agree completely«).

There is applied a factorial analysis done by the statistician that has produced descriptions of three factors (named authenticity, distrust, empathy). Each of the factors is described here below. The scale was applied at the end of the second year and the end of the fourth year of group analysis. Each group therapy, as it is usual in group analysis, last approximately 4–5 or more years.

The subject of the study is to establish whether, and to what extent, the group experiences the therapist as *authentic, trustworthy and empathic* person.

Authors made comparisons in valuating group analyst's characteristics between each group, and comparison between second and fourth year of the treatment. They expected importance of conductor's (let's say) »personality«, but also of the group-as-a-whole.

Further, authors made correlation between results on this scale with real life changes that happened to the patients during their group analytic treatment.

Factor no. 1 AUTHENTICITY

2. The conductor is able to express my feelings correctly and precisely.
4. The conductor has done so much for me.
9. I can help myself best.
12. The conductor is telling me fixed phrases.
14. My group conductor is a nice person.
15. I feel the conductor to be true and honest.
16. I see that the conductor experiences with me what I describe to him.
17. The group conductor is a dear person.
19. The conductor is able to phrase what I feel.
20. The conductor tutors us scholarly and abstractly.
21. The conductor goes for a goal in a planned manner.
23. The conductor is an asexual person.
28. The conductor herself is an insecure person.
30. I feel the conductor to be a true member of the group.

The first factor is named authenticity, and it relates to the patient's experience of the conductor as an authentic person accepted by the patient positively. This factors covered 51.2% of the variance. The authenticity factor is based upon the items stated above.

Factor no. 2 DISTRUST

1. I am quite disturbed by the pauses during our conversation.
3. The conductor's restraint made me feel insecure.
5. The conductor avoids issues that are important for our mutual relation.
7. There is something preventing me to tell the conductor all that bothers me.
8. I feel that the conductor prefers some group members.
18. The conductor is not active enough.
24. The conductor provides unclear instructions that cause insecurity.
27. I do not know how I would go on if there were not the conductor.

The second factor relates to distrust and suspiciousness and to unacceptance of the therapist's personality. This factor covered 28.2% of the variance. The factor is based upon the items stated at left.

Factor no. 3 EMPATHY

6. I feel that the conductor respects me as a person.
10. The conductor is impatient with me.
11. I believe that the conductor cares for me.
13. The group conductor tries to be polite, but he actually despises me.
22. I do not think that the conductor herself is as successful as she demands us to be.
25. The conductor performs her job coldly and professionally.
26. The group conductor wishes me to be better.
29. Group members helped me at least as much as the conductor.

The third factor is called the empathy factor. It demonstrates as to what extent the patient experiences the conductor as empathic and a person caring for the patient. This factor covered 12.4% of the variance. The factor is based upon the items stated at left.

Life changes are described as possible positive outcome of psychotherapy in general (for example divorce or successful marriage, parenthood, better educational status, better job, better financial situation, disappearance of symptoms, better sexual functioning, more social or cultural activities, sport, hobby, etc.) Patients evaluated these life events as positive, negative or neutral for themselves attributing them to the efficiency of the treatment. Authors tried to connect those changes with characteristics of the conductor and expected decrease of the conductor's importance in more mature group.

Results

At the end of the second year, there was noticed statistically significant difference between the Monday group (comprising more difficult patients) and the Wednesday group about experiencing the conductor as *authentic* ($t = -5.65$, $p < 0.001$). The average Monday-group result is $x = 2.43$, $SD = 0.17$, whereas the aver-

age Wednesday-group result is $x = 3.20$, $SD = 0.32$. Thus, the conductor is experienced as more authentic by the Wednesday group than by the Monday group, which confirms the hypothesis that *a healthier group experiences the therapist as an authentic, real person and accepts him well*. Regarding the other two factors (distrust and empathy) there are no statistically significant differences between the groups, i.e., all three groups experience the therapist equally *empathic and trustworthy*. The performed two-way analysis of variance (F-ratio) showed the direction of the differences, besides their significance. The three groups differ statistically significantly only with regard to their assessing the psychotherapist's authenticity ($F = 8.3$, $p = 0.003$), these differences having a positive direction (Table 1).

At the end of the *fourth year* there are no statistically significant differences between the groups with regard to their valuation of the therapist's authenticity, empathy and trustworthiness. *The difference in authenticity at the second year valuation has been obliterated under influence of the group-analytic phenomena*. In other words, improvement in group development results in the group's more positive and accordant valuation of the conductor (Table 2).

In further analysis, it was interesting to study the differences in conductor valuation created within each of the three groups at the end of the second and the fourth years of group analysis. The Monday group found the therapist to be more empathic and authentic than after the second year of group analysis, however, the trust with him is lesser.

TABLE 1
COMPARISON OF RESULTS OF THREE SUBSCALES OF THE CONDUCTOR VALUATION QUESTIONNAIRE FOR ALL THREE GROUPS (N=20) AT THE END OF THE SECOND YEAR OF GROUP ANALYSIS

2 nd year	Monday group (N=7) X (SD)	Tuesday group (N=6) X (SD)	Wednesday group (N=7) X (SD)	ANOVA F-ratio
Authenticity	2.70 (0.21)	3.00 (0.43)	3.39 (0.28)	$F = 8.30$, $p = 0.003^{***}$
Distrust	1.95 (0.62)	1.90 (0.77)	2.60 (0.51)	$F = 2.36$, $p = 0.120$
Empathy	2.95 (0.63)	3.20 (0.38)	3.40 (0.64)	$F = 0.97$, $p = 0.397$

TABLE 2
COMPARISON OF RESULTS OF THREE SUBSCALES OF THE CONDUCTOR VALUATION QUESTIONNAIRE FOR ALL THREE GROUPS (N=20) AT THE END OF THE FOURTH YEAR OF GROUP ANALYSIS

4 th year	Monday group (N=7) X (SD)	Tuesday group (N=6) X (SD)	Wednesday group (N=7) X (SD)	ANOVA F-ratio
Authenticity	3.1 (0.18)	3.3 (0.49)	3.3 (0.34)	$F = 0.59$, $p = 0.563$
Distrust	2.3 (0.32)	2.7 (0.72)	2.3 (0.62)	$F = 1.26$, $p = 0.308$
Empathy	3.3 (0.41)	3.4 (0.30)	3.6 (0.35)	$F = 1.51$, $p = 0.248$

TABLE 3
COMPARISON OF VALUATIONS OF THE CONDUCTOR AT THE END OF THE SECOND YEAR
AND AT THE END OF THE FOURTH YEAR FOR ALL TESTED GROUPS (N=20)

Monday group (N=7)	X (SD) 2 nd year	X (SD) 4 th year	Paired t-test
Authenticity	2.7 (0.21)	3.1 (0.18)	-3.68, p = 0.010***
Distrust	1.9 (0.62)	2.3 (0.32)	-1.93, p = 0.101*
Empathy	2.9 (0.63)	3.3 (0.41)	-2.47, p = 0.049**
Tuesday group (N=6)	X (SD) 2 nd year	X (SD) 4 th year	Paired t-test
Authenticity	3.0 (0.43)	3.3 (0.49)	-2.54, p = 0.052**
Distrust	1.9 (0.77)	2.7 (0.72)	-1.60, p = 0.171
Empathy	3.2 (0.38)	3.4 (0.30)	-1.03, p = 0.350
Wednesday group (N=7)	X (SD) 2 nd year	X (SD) 4 th year	Paired t-test
Authenticity	3.4 (0.28)	3.3 (0.34)	0.64, p = 0.548
Distrust	2.6 (0.51)	2.3 (0.62)	3.74, p = 0.010*
Empathy	3.4 (0.64)	3.6 (0.35)	-1.41, p = 0.208

TABLE 4
CORRELATIONS BETWEEN POSITIVE LIFE CHANGES AND
EXPERIENCING THE GROUP CONDUCTOR (N=20)

Authenticity 2 nd year	Authenticity 4 th year	Distrust 2 nd year	Distrust 4 th year	Empathy 2 nd year	Empathy 4 th year
r = 0.20	r = 0.32	r = 0.49	r = 0.29	r = 0.09	r = 0.09
p = 0.915	p = 0.165	p = 0.032**	p = 0.212	p = 0.686	p = 0.696

The Tuesday group finds the conductor even more authentic at the end of the fourth year, as compared with the second year experiences.

The Wednesday group, after the fourth year of group analysis, finds the conductor even more trustworthy (Table 3).

Important correlation is the connection between the belief in group-analytic treatment efficiency and positive outcome, and the trust with the conductor. However, this correlation is valid in the second year of the treatment, and loses the significance in the fourth year (Table 4). So, the importance of the conductor's role decreases. Group experience, both personal experience and experiencing *the*

value of the group-as-a-whole, becomes more important than the conductor, according to Foulkes' group-analytic concept.

The conductor's role is gradually losing in importance, as confirmed by the Foulkes' group-analytic concept.

Discussion

Having accepted the Pines' formulation of conductor as a dual interpreter who contributes both to individual group member and the dynamics of the group as a whole, the authors of this pilot study support the attitude that the group conductor is a member of the group indeed. Since the conductor is, at first, a group

member, it appeared important to see how the group experienced the conductor, how the patients – group members value their conductor.

Therefore, each patient completed a GTH questionnaire – scale for evaluation of the conductor's characteristics, developed by the authors of this pilot study. It is very important that the group experiences the conductor as an empathic, trustworthy and authentic person. It is well known that patients who experience more positive feelings from their conductor, achieve greater therapeutic success. However, their experiencing the conductor does not depend on the conductor's qualities only, but on the very patient's qualities as well. The study has shown that more difficult patients, the Monday group (Table 1), value the conductor as less authentic and accept him to a lesser degree. Furthermore, the valuations within such groups of patients are less accordant than valuations within the other two groups.

It also proved that the more the group lasts, the more accordant experiencing of the conductor by the group are achieved. The differences in valuations are always greater in the second than in the fourth year. Also, the conductor is given much more positive marks in the fourth than in

the second year (Table 2). All this, besides the very conductor's qualities, emphasizes *the development and importance of transference and the degree of the patient's regression.*

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Conclusion

A group analyst acts therapeutically if he is experienced as a trustworthy, empathic and authentic person. However, *more important than the very conductor becomes the group experience, both personal experience and experiencing the values of the group-as-a-whole, whereas the conductor's importance decreases. It is in accordance with Foulkes' group-analytic concept.*

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M. Vlastelica

Private psychiatric practice, Vukasovićeva 10, 21000 Split, Croatia

PROCJENA VODITELJA MALE ANALITIČKE GRUPE OD STRANE ČLANOVA

S A Ž E T A K

Autori u pilot studiji prikazuju kako članovi grupe procjenjuju svog voditelja. U ovom istraživanju prikazani su rezultati dobiveni skalom za procjenu osobina grupnog terapeuta, koju su sastavili autori – grupni analitičari. Skala se sastoji od 30 čestica – tvrdnji, iz kojih su faktorskom analizom dobivena tri interpretabilna faktora: autentičnost, empatija i nepovjerenje. Članovi tri male analitičke grupe, njih 20, ocjenjivali su osobine svog voditelja grupe. Ocjenjujući stupanj svog slaganja s navedenih 30 tvrdnji u evaluacijskoj skali, pacijenti su izražavali doživljavaju li, i u kojoj mjeri, svog voditelja kao autentičnu, empatičnu i osobu od povjerenja. I dok je u početku grupnog procesa uloga voditelja značajna, razvojem grupe kao cjeline njegova važnost sve više opada. Od voditelja postaje važnije grupno iskustvo, drugim riječima grupa sama postaje terapeut, što još jednom potvrđuje koncept Foulkesove grupne analize.