

Group Analytic Psychotherapy

Working with affective, anxiety and
personality disorders

STEINAR LORENTZEN

Group Analytic Psychotherapy

Group analytic psychotherapy is internationally recognized as an effective treatment for people struggling with mental distress, personal development and interpersonal problems. Integrating psychoanalytic and social psychological thinking, and providing a group setting for self-discovery and developing social skills, long- and short-term courses in this type of therapy are increasing in popularity.

This book provides a detailed description of both long- and short-term versions of group analytic therapy, with rich and vivid clinical examples to illustrate theory and techniques. *Group Analytic Psychotherapy* describes in detail what a participant may expect, differences between short- and long-term therapy and how to behave as a group member, as well as the main issues the clinician has to deal with. Topics covered include:

- group analytic theory
- methodology
- clinical examples
- therapist adherence and competence.

Providing a basis for understanding the dynamics of groups that offer emotional support and a positive atmosphere, *Group Analytic Psychotherapy* is ideal for clinicians, students and informed patients as well as all psychodynamically oriented professionals in the field. It is an essential manual for those looking to learn the main attributes of group intervention.

Steinar Lorentzen is a trained psychiatrist, psychoanalyst and group analyst and a founding member of the Institute of Group Analysis, Norway. He is also Professor of Psychiatry at the University of Oslo.



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Foreword

Molyn Leszcz

Steinar Lorentzen makes a contribution of great value to the practice of contemporary group psychotherapy in his manual: *Group Analytic Psychotherapy: Working with Affective, Anxiety and Personality Disorders*. This book is an important advance in addressing the important challenges which the field of group psychotherapy and group analysis must confront with regard to working within an evidence-based practice framework. It is essential in so doing that the field synthesizes both the science and art of psychotherapy. This important bridge between science and art has often fallen short, leaving the broader field polarized between clinicians on the one side and researchers on the other. Dr. Lorentzen is both an outstanding clinician and an outstanding scientist-researcher and brings that expertise to bear in this manual.

Group analysis and group analytic psychotherapy are widely practised in particular in the European context. In the hands of its practitioners it is viewed as an effective treatment and broadly accepted by patients as well. Dating back to its early origins there has been a certain resistance to the application of research methodology to the clinical field for fear of contaminating the clinical substrate by the research methodology. It is essential, however, that we as a field overcome this antipathy towards research and more rigorous evaluation if we are to continue to be an important pillar in mental health treatment in a world that demands accountability and evidence.

The development of this manual, which synthesizes the important historical work of Foulkes in the area of group analysis and contemporary developments in the field of group psychotherapy along with important contributions from the clinical research of Dr. Lorentzen and colleagues, addresses an important component of practising in an evidence-based fashion. Dr. Lorentzen's integration of clinical and research expertise challenges the misconception that our field lacks empirical evidence as demonstrated by his work in the Short- and Long-Term Group Analytic Psychotherapy (SALT-GAP) randomized controlled trial comparing these two treatments. This trial is a comparison of group therapy of 20 sessions duration versus 80 sessions in the treatment of 148 prototypical patients presenting with depression, anxiety and mild to moderate personality disorders, a highly representative clinical sample which

adds to the utility of this manual. Nine therapists were trained and supervised and monitored with fidelity checks, and the manual includes the evaluation of fidelity and the competent application of the group analytic techniques. It emphasizes a form of group therapy that uses the group as an agent for change – analysis carried out in the group by the group and of the group.

It is becoming more and more recognized that evidence-based practice includes empirically supported therapies but also includes the use of clinical practice guidelines (Bernard *et al.*, 2008) and patient-centred tracking for the compiling of practice-based evidence. The use of the manual as designed by Lorentzen is very much allied with the clinical practice guidelines approach to evidence-based practice. The use of such manuals is more engaging and hopefully acceptable to practitioners than the more rigid and narrow view that evidence-based practice is restricted only to empirically supported therapies that meet rigorous standards of randomized controlled trials and replication. The intent of clinical practice guidelines or manuals such as this is to influence and inform practitioners and in so doing to increase the likelihood that participants in psychotherapy will receive a similar kind of treatment in the hands of a range of different practitioners. It is intended to supplement rather than supplant clinical judgement and, unlike other manuals that may dictate ‘this is what the therapist does in session 1 and this is what the therapist does in session 2’, it is more in the spirit of the manual, for example, for supportive expressive group therapy that David Spiegel and colleagues (Spiegel and Classen, 2000) constructed in a series of research trials looking at supportive expressive group therapy in the treatment of women with breast cancer. It is less prescriptive and focuses more on the gestalt of treatment and is truly dynamic in the sense of mapping out clinical theory, clinical interventions using clinical illustrations and evidence from the psychotherapy literature to articulate a substantive and reliable base for the practice of group therapy. Manuals such as this reduce the idiosyncratic application of a therapeutic model, either at the hands of an exemplary and outstanding group therapist whose work cannot be replicated by others, or by someone who practises in their own interpretation of the field without attention to the science of our work.

This manual is well written, thoughtful and provides excellent illustrations of clinical interventions. It follows important principles of fidelity in psychotherapy by articulating what interventions are essential and unique; what interventions are essential but not unique; what interventions may be utilized but are not essential nor unique; and, also proscribes interventions that would interfere with the application of the group analytic model (Waltz *et al.*, 1993). This manual will be of use both to therapists in training and to more experienced therapists to help remind them of the risk of therapeutic drift and moving away from a more rigorous application of technique influenced by counter-transference or other attenuating factors.

This manual will also be of great utility to prospective patients. There is abundant evidence that more informed participants in treatment, in particular where there is convergence with regard to patient and therapist expectancies, strengthens the therapeutic alliance which in turn improves clinical outcomes. We are dealing evermore with a patient base who truly want to make informed choices with regard to consent for treatment. This readable and accessible manual will help achieve that goal as well.

The fidelity measurements demonstrated that the group leaders were both adherent and competent in their administration of group analysis. Therapist competence was equal in both formats ranging from moderate to high, and there were no differences in therapeutic alliance or group cohesion. As anticipated and hoped, the short-term group work involved more work on circumscribed problem foci and a greater emphasis within the here-and-now, as suggested in the treatment manual. Interestingly, the level of therapist activity was equal in both the short-term and long-term groups modified by the prior findings.

My experience as a supervisor of group therapy trainees for many years has crystallized the clear impression that trainees hunger for interventions illustrated to them that are embedded in theory that is clear and robust. This is an important developmental step for them as they embark upon developing their own personal style. Until they achieve that, they want to learn, like surgical trainees, from experienced and effective practitioners with regard to technique and the rationale guiding that technique, underscoring the key principles throughout.

Particular areas that will be of use to readers include guidelines for the therapeutic use of self and how essential it is for group analysts to understand their own natural impact on their patients and what they habitually bring to the clinical environment. Also of great value are the technical distinctions between leading short-term groups and long-term groups underscoring that short-term work and long-term work are likely more on a continuum of differential emphases than being two distinct models of intervention. Importance of attention to boundaries in short-term group work is beautifully illustrated by Dr. Lorentzen and relevant to all practitioners in reminding us about the essential task of focusing attention on the resistance patients may present to accessing their internal world.

Practitioners more familiar with American approaches to group psychotherapy, for example *The Theory and Practice of Group Psychotherapy* (Yalom and Leszcz, 2005), will see much constructive interface with regard to the group analytic emphasis of the interpersonal nature of contemporary psychological difficulty and the important role of the group in creating a forum for illumination, learning and repair. Differences between models have more to do with figure-ground emphases rather than with radically different applications as they relate to working in the here-and-now; the group-as-a-whole, and the interface of here-and-now versus then-and-there foci that must be held in mind.

This manual also strikes a very important tone that may be part of the hidden curriculum in education and training of therapists. It is evident in Dr. Lorentzen's clinical illustrations and his style of writing and presentation. At the heart of this work is the delicate balance that effective group therapists must maintain between the dualities of assertion and humility, recognizing the limits of our knowledge and the hazards of blind spots while yet being persistent in being willing to open up, explore and investigate, working at various levels of inference captured well in Dr. Lorentzen's distinction between open and guided facilitation – again synthesizing the art and science of group analysis.