

Chapter 7

Reflective practice groups – a hall of mirrors

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Introduction: Narcissus, Echo, and reflective practice

The loneliness of Narcissus, who drowns in his own reflection, and the loneliness of Echo, who has no self but merges in a bleak desire to be Narcissus and, so, loved by him, reminds us that relationship is reciprocal. As group analysts we may be stifled by a world seen only through our own eyes, or a world through the eyes of a person who I hope will know me better than I know myself, and so allow me to exist. Both positions are safer than the unknown in a dangerous world, where not knowing leaves people open to challenge or even accusations and blame when things go wrong. Working with people is not an exact science and so things do go wrong and many clinicians are preoccupied with covering their backs while working in highly stressful settings. However, training is fundamentally about helping to build enough confidence and trust in a clinician so that they feel able to work with integrity, which includes not knowing and being curious to learn.

This chapter is about the nature of reflective practice with examples from the use of reflective practice groups on our training at the Institute of Group Analysis.

The reflective practice framework

Some years ago, the Institute of Group Analysis (IGA) decided to introduce reflective practice groups for those enrolled in the second year of the diploma course in group analysis. The introductory year introduced students, from both organizational and clinical settings, to the basic ideas of group analysis. However, after this first year, people who wanted more but who did not wish to train as group psychotherapists could not take things further at the IGA, except through short courses and workshops. Training to become a therapist is not for everyone.

The second year of the course now offers a diploma in group analysis and a group practitioner status to all who complete it. The format of the course includes a seminar on group analytic theory followed by reflective practice groups of up to

six, plus the 'conductor'. Each student is expected to bring a group that they are conducting. These are not supervision groups and are carefully structured so that the content of the seminars can be linked into the discussion of the groups being presented. In the ninety minutes of the reflective practice group (RPG), two students take thirty minutes each to make a presentation and discuss it with the RPG. The final twenty minutes is an allocated reflective space for us to think about how we have worked together that day.

Most of the students who progressed onto the RPG from the foundation year were hungry for more group experience. However difficult their foundation experiential group had been, those who continued often talked about the loneliness of their work situation and how important it was for them to be a group member. It often raised a wish for more personal work but also reminded them of the tantalizing nature of groups. The desire to share and be heard, while struggling with the fear of feeling shamed or humiliated as they revealed themselves, sometimes clashed with their wish to hear about other group members. The echo here was that these were the very dilemmas being faced by the members of the groups they were facilitating.

The emotional mind

The greatest challenge for many of us in working as counsellors, therapists, or group workers is learning how to think with the heart and feel with the mind. A capacity to reflect on what we are doing or hearing or seeing depends on translating our emotional responses into words. The opposite is also true, so that our ideas can be translated into useful connections with what is being emotionally experienced in the group. This is the challenge, the development of what I call 'an emotional mind'!

As clinicians or group conductors, what those we teach or those who come for help need from us is our minds. Whatever our intuition or capacity to recognize feelings in others and in ourselves, we need to be able to *feel with our minds*. Most theories could really be regarded as pegs on which we recover our minds and help us to think with our emotions. I look on many of our theories and techniques as pencil sharpening. To be able to feel with my mind or think emotionally in the service of my group members, I need ideas and words to translate what they are saying or feeling or projecting, so that my mind can engage as a separation between us. I need my mind to remain intact as a therapist or group conductor if I am to be of service to my groups.

To do this, our theories and techniques offer us particular ways of understanding the 'reflective space', but they should never impede the value of simply staying with not knowing. Our emotional minds may struggle hard to remain with such confusion, sometimes even with panic, but I believe that is the real value of a reflective space in groups. This is a shared, sometimes unknown, space where we wait for understanding to emerge, often through metaphors or dreams, but eventually, over time, in words.

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Reflective practice

In this context, the reflective practice group is an opportunity for dialogue between different points of view. The space and time to want to understand each other is that reflective space. It is this time and space that our RPG members want, as there is usually very little time and opportunity to articulate their practice dilemmas with others who are simply interested in them as clinicians. All public sector agencies seem to be in crisis themselves, often mirroring the crises of both clinicians and those who come for help, which then influences how clinicians can talk about their work. It is the freedom to be away from the pressures of their agencies that enables the RPG members to talk openly about themselves in their work.

In a reflective practice environment, each clinician needs to understand that what they see is reflected through the lens of their own understanding, training, and life experience. In acknowledging that framework, the risk of drowning in their own reflection recedes, because there is the wish to extend their world through dialogue with others. There is a respect for what others have to say, but to be open to allude to their life experience as part of that understanding does mean creating an atmosphere of trust, collegial trust.

A reflective space such as this is not easy or straightforward. These are not therapy groups and yet they do require members to be able to acknowledge how their life experiences have influenced them to become such thoughtful clinicians. Perhaps it makes more sense to say that it is '*the use of self in the service of one's work*'. That is why I use the term, 'allude', because the experience is not explored, as in a therapy group, or connected to transference implications. It is personal information that a clinician feels confident to share, so that they can show what has influenced them but they also want colleagues to know about them, so that they can feel understood. It is the importance of a real connection between colleagues who understand and are comfortable with the notion that professional roles are carried out by real people!

Vignette 1

A woman reports that in her group one of the group members has become the focus of hostility. She feels helpless because group members are taking up positions that entrench their point of view. They cannot hear what the other is saying and keep declaring that this particular group member is not listening to them, as they continue to silence her. How can a reflective practice group bring some quiet into the noise of all this?

The RPG members then explore the feelings brought up in them, and one member talks about her experience of being silenced and feeling that what she has to say in our group will not be heard because we don't want to hear what she has to say! The woman who had brought the issue begins to feel very anxious, as though her issue would be hijacked by the RPG member. A parallel process.

As you can hear from this, the RPG members were working very hard to link their life experiences with her group problem, and, after much discussion about who should be heard, there was a realization that entrenched views are evidence of anxiety – the anxiety of not being understood. The need to feel understood resonated with all. It became clear that these entrenched views also needed to be heard before people could be open to new ideas.

The woman who brought this issue felt very helped because the RPG simply told her to be patient and wait for the group itself to feel heard, while also making it clear that they agreed that scapegoating is not on! In other words, the complexity of the problem was heard and understood in the RPG, and their respect for her capacities as a clinician gave her the confidence to feel helped.

Self supervision

Taking these ideas into account, I would like to suggest that in valuing time for the 'emotional mind', the capacity for self supervision develops more gently. The RPG can be internalized so that a lone practitioner can hear different aspects or levels of thought by relating back to the sorts of discussion that deepened understanding when in the RPG itself. Internalizing is a way of making other ideas and experiences one's own. It is a crucial capacity for practitioners, when opening themselves to challenging ideas. When we are listened to and feel heard, we can then hear ourselves more clearly and may also wish to articulate ourselves differently. Listening carefully to others within the context of the person we are getting to know can broaden our own understanding and even change how we think at times.

What is a reflective practice group?

We are seven people sitting in a circle in a building that is comfortable with groups. In our first meeting we discover first names and who has links from previous encounters but, importantly, we learn of the groups that each member is bringing to us:

- A community psychiatric nurse is bringing her Mentalization Based Therapy (MBT) group for day patients in a psychiatric hospital. It is a carefully structured group that she co-conducts.
- A young psychiatrist works in a closed forensic unit for 'lifers', where he plans to set up a second therapeutic group for men who have little chance of ever leaving the institution.
- A therapist working with substance abuse in a private hospital uses a variety of approaches, including rules about members' entitlement to be in her group if they lapse.
- A counsellor who is re-thinking his work is about to set up a young adults group in a local authority Child and Adolescent Mental Health Service (CAMHS).

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A male youth worker who is thinking about further training is setting up a group in a drop-in centre for depressed mothers.

A senior manager in a hospital service wants to set up a group to support nurses on an eating disorder ward.

As we begin, it is clear that each person is steeped in the culture of their own practice and, although one or two may have regular supervision, most of the group rarely get to talk about their work beyond a monitoring activity. They are nervous and excited but, as with any new group, bring their beginning anxieties with them. In the final 20 minutes I ask how they have found this beginning and, after a nervous silence, members begin to talk about their confusions. In fact, they are really puzzled about how to use this last bit, this time set aside to process how we are working together and, as I know what it's all about, could I guide them? We seem to have to finish before this can be properly articulated and so the first cliffhanger happens.

The cliffhanger

My experience was that almost every session ended on a cliffhanger, as we moved from the task of understanding each other's group issues to attending to the process of the RPG. Gradually, reporting the progress of their groups moved into a link with the previous week's unfinished business.

Vignette 2

A woman began her presentation by saying that she was aware that she had spoken too much in the past few weeks but really felt she needed to be heard. She then began to get her notes out to present her group but one of the men said that he felt that he was the same and had been thinking about it when challenged for talking so much last week. Another group member commented that perhaps it was because they were both only children. They were delighted and interested and wanted to take it further. We agreed to return to this later in the session, as we now needed to hear about her clinical work. She said that being thought about in this way really helped her to be more open about the struggles she was having in her clinical work. However, we couldn't return to it that week.

We are trying to fit so much into these 90 minutes!

The entire Diploma Group attends the seminars, about 18 or 20 students, and they often come into the RPG filled with the dynamics of their larger group. We need some time to debrief, or at least to let me know if there is an important emotional issue before we start the presentations. The RPG is a space for all these influences to have a voice but how to balance the task with the process is always tricky. Fortunately, as the year progresses, it stops being primarily my task and is taken on by the RPG itself. However, I am there to demonstrate a group analytic perspective.

A lone voice

For most of the RPG members, their relief in being heard was palpable. Some had supervision at work and were not quite so isolated, but for many, the groups they were conducting may have been managed but the emotional impact and reflective thought needed was not even recognized as a need. It could even be said that the students themselves didn't know what they were missing until they brought their work to the RPG.

Vignette 3

A consultant clinical psychologist had been running a group for inpatients of a locked ward for ten years. As the senior staff member, he offered supervision to others but had little for himself. His commitment to these very damaged patients meant that the group meant a great deal to him as well as to them. Early in the RPG he was very taken with Foulkes' dictum that the conductor is a group member but a special group member (Foulkes, 1986).

In this particular RPG, others understood the demands of working with this client group and were impressed by his group. However, as we gained his trust and colleagues questioned why he was allowing other professionals to interrupt his group sessions, he gradually opened up to the notion of being 'a special group member'. To quote, he "has used this year to separate himself and become the special member he is". He is now able to present the group so that we can see him in it and the different members of the group as personalities in their own right. He is now a group conductor doing a professional piece of work, that means he can instruct others not to enter while the group is in progress. His compassion for his group members had led him to merge with their distress and feelings of being forgotten so that he did not value sufficiently what he had created for his patients on this locked ward.

He described himself as now "swimming in the same waters but with a different skin". In all the years of conducting this very difficult group, he had never been listened to so seriously and had not even known how much he had needed his experiences reflected back to him. His experience of being a 'lone voice' resonated deeply with others. This connection between the group members developed a growing trust. Foulkes' basic law of group dynamics (see below) describes how a well-functioning group enables enough trust, so that the individual can flourish within a nourishing group culture. This was how the member's lone voice helped in creating a matrix of trust in the RPG.

A group analytic perspective

In describing my understanding of a group analytic perspective (GAP), it is important to begin simply and acknowledge a commitment to groups and to the importance of respect for the individual in the group. The 'facilitator's' or 'conductor's'

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This basic law then describes the collective culture that is developing on their own in the group. Paradoxically, to develop the relationship

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Foulkes (1986) includes edge the complexity of the living room door and while focusing on the emotional) and external struggles, their mas within which and every group. A

key function is to keep the group safe enough for members to engage in the difficult work of opening their work to the scrutiny of their colleagues.

A group analytic perspective understands that, from the very beginning, we are born relationship-seeking. We are born into a group and social context that creates who we are in interaction with what we bring into the world of ourselves. Who we are and who we become is constantly mirrored and reflected back to us and from us in an interaction between ourselves and the influences around us. However, as we grow older, we also need to develop some judgement about which relationships help us to grow and which inhibit us. Sometimes, of course, it is the same people or groups that do both!

A group analytic perspective is based on Foulkes' 'Basic Law of Group Dynamics', which states that, "collectively they (*the group members*) constitute the very norm, from which, individually, they deviate" (Foulkes, 1948).

This basic law then defines a well-functioning group as one in which there is a collective culture that values each member of the group being different and developing on their own journey, provided their work does not threaten the safety of the group. Paradoxically, it is the safety found in the group that enables members to develop the relationships that makes a group reflective.

Initially, it falls to the group conductor to work with group members in building a safe group. I think a safe group is where there is space to reflect on oneself and think about the other members. I have written about this before (Einhorn, 2010). It is a place where the difficult, often unsafe – because painful and shaming, relationships of the past are re-lived through the present relationships in the group, but this time they can be thought about and their meaning understood. For the group conductor, safety resides in the regularity of the group and sufficient confidence in her authority to help group members feel safe enough to manage conflict or attend to 'unspoken' themes. It is not the conductor's responsibility alone.

When I suggest that my task is to offer a group analytic perspective, then as the group conductor I am responsible for looking after the group boundaries until this becomes a task shared by the group. It is a democratic perspective, as the group analyst is regarded as a group member, but a 'special' group member whose task is to protect the group culture so that it remains safe if these rather unsafe feelings are to be part of the work of the group.

What, then, is a 'group analytic understanding' of a group?

Foulkes (1986) included in his theory four levels of communication that acknowledge the complexity of our lives. He did not leave the 'real world' at the consulting room door and so demands of us a capacity to remember the social context, while focusing on the group members' needs, both internal (psychological and emotional) and external. I do not see a separation between a person's psychological struggles, their family's social and emotional history, and the social dilemmas within which we all live. All these influences are present in every person and every group. As people work together in a group, they form a network of

relationships, unique to their group, but interlaced by all these different levels. We call this the group 'matrix'.

The matrix of the RPGs is complex, because the theory seminars raise issues that will influence all the clinical presentations. The dynamics of the training community will also resonate in the RPG, sometimes loudly and sometimes quietly, but they are there. Who wants to continue training, who is getting the best essay marks, who are the 'difficult' students, etc? Palpably there are the social crises of the welfare state as well as the increasing desperation of those who come for help. How to choose what needs attention in the RPG is part of the group dynamic but is a constant open question.

In the RPGs, the Current Level is meeting at the IGA, which itself offers a context where groups are valued. The community of members brings the social context of each individual's background – class, gender, ethnicity, age etc. plus their agency work contexts.

Then there is the Transference Level of communication, where the group can represent the family, or past relationships with parents, siblings, or teachers. Members bring these relationships from the past into their expectations of how people will treat them or what they might need from people in the present. This is not always very conscious but it can help to understand when current feelings are triggered by past experiences, especially when the other person seems bewildered by a response!

Foulkes also included the psychoanalytic perspective, using bodily and mental images, where group members can experience themselves or others as what we call 'part objects'. For example, the group itself may take on a maternal function, such as a womb or breast. What is useful is how the body can express, for example, an anxiety that does not seem warranted in the moment. This is where the 'emotional mind' may well have to translate what has been triggered in the body.

Foulkes also included what he called the 'Primordial Level', which he thought of as a collective unconscious common to all human beings.

Perhaps the most useful concept for our RPGs is that of the 'social unconscious'. For group analysts, quoting Foulkes, "the social permeates to the core" (Foulkes [1948]1983). Because it permeates to the core, it is also part of our unconscious mental activity. The unconscious knows no time or place or separation between the social or the individual, and so, we are deeply influenced by ideas that we take for granted. We do not notice how some social norms become so deeply embedded that we do not even question them. We become aware of this when norms change e.g. the current discussion about whether biology and gender are fixed.

We need an awareness of the social unconscious to make us ready to understand things such as our resistance to difference, and that such resistances may well permeate us to the core.

Conclusion

A group analytic approach is taken in the RPGs and demonstrates that all groups, whether time-limited, drop-in, or open-ended, consist of members who need help

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to begin; courage to explore themselves; and the time and space to end. These RPGs are permeated with evaluations about the members' progress in understanding theory, participating in the groups, and also having essays marked.

However, all groups have to deal with an ongoing evaluation of how effectively they are working, as well as the importance of group members developing more judgement about who is helpful for them in their lives. We lived a parallel process as members' groups also resonated with these themes. The competitiveness of members in the groups and on the course was very much part of the matrix, and both helped some to challenge themselves while inhibiting others. It is a theme worthy of its own chapter.

This chapter began with Narcissus and Echo but has explored what turns a reflection into a thought. A reflection itself, mirrored back through water is distorted by what is being sought. Narcissus sought his beauty but, I have attempted to show, that the courage to see oneself through others' eyes, as an adult, can open the interaction to a different form of reflection. A reflective practice group offers a space where members can see themselves as clinicians through others' eyes. However, this only works well if each member is also prepared to say what they have understood and seen of the other. It takes courage to be seen and perhaps even more courage to express what you see in others. It would be easy to simply echo what has been heard. However, a key skill is learning how to express these views kindly and helpfully as part of offering challenges and understanding, so that colleagues experience the importance and interest of their clinical work for themselves and for each other.

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