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Observation of Group Psyohotherapy

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ABSTRACT

The observer's role in group therapy is an important part in the training of the prospective group leader. Some of the important issues between leader and observer; patients and observer are discussed. Much flooded with feelings the observer needs post-group discussion with the leader and supervisor.

INTRODUCTION :

Observation of group psychotherapy is part of the training curriculum at the Postgraduate Center for Psychotherapy in New York and is considered a valuable learning experience for the prospective group therapist (Krasner **et al.**, 1964 and Levin and Kanter, 1964). The value of observers as aids in group therapy, lies chiefly in the fact that another person in addition to the therapist may notice events which the therapist missed (Nash and Stone, 1951). Limentati **et al.** (1960) agreed that, for both group, therapist and recorder, there is more provocation of anxiety, more resistance to continued involvement and greater difficulties in understanding issues and in dealing with them, than for individual therapist. The recorder, being flooded with feelings, must postpone his/her expressions until he meets the leader after the group session. Expressing these reactions to the leader is the essence of his function.

AIM OF THE WORK :

The aim of this paper is to discuss how the observer of group psychotherapy can be of benefit to the therapeutic process and how

the interaction between the leader and observer can help both in better understanding of many issues, that arise during group therapy. It also shows how observation of a group can be of help in preparing a leader for group therapy.

MATERIAL :

This work is the result of observing 3 groups which was part of my training program in group psychotherapy in the United States. It was an experience of one and half years, in a State Hospital. Two groups were lead by 2 female nurses; their patients were psychotics, while one was led by chief resident and the patients were neurotics and character disorders. One of the nurses' groups met twice/week, while the other 2 groups met once weekly. The focus will be on some of the important points which took place during these experiences.

OBSERVATIONS :

Before starting the observation of each group a meeting with each leader took place and a short review of the history of the group was introduced. Preparation of each group to accept the observer also took place. Anxiety before and during the lst group session was the prevailing feeling which the observer experienced, it was calmed down with the thought "I am a silent observer ....". It felt comfortable to be slated within the group circle.

In one group the nurse leader sat in such a way excluding the observer from the circle. This provoked feelings of anger, and rejection in the observer, and in fact complete loss of interest in that session. Discussion of this (after the group) with the supervisor and the leader showed anxiety of the leader and how she was uncomfortable about being observed. The observer was surprised at this comment as she felt the leader was the master of the group, and that she (the observer) is going to learn from her. The issue of the leader being a nurse and the observer a doctor was discussed and straightened up.

Sometimes, it happened that the observer noticed some of the group events which the leader missed altogether, being busy in discussion with other members. As an example of this a chronic schizophrenic patient commenting on the leader's behaviour describing her as an authoritarian mother and expressing his anger towards her. After the group, the leader was surprised how she missed this, or may be she did not want to hear it ? Another patient sat putting his feet in front of the observer in such a way which made the observer feel that she was pushed away by this behavior. To her surprise the leader (chief resident) did not notice this behavior. In the next session he raised that issue with the patient who expressed his discomfort with the observer being a foreigner and observing them and may be considering them nuts. When the patient discussed this openly in the group, he behaved afterwards in a more friendly way towards the observer. Some patients said they did not think much of the observer's presence, except when there was silence in the group. Inspite of that, at the periods of vacation of the leaders, nearly all the patients without exception were inquiring about the attendance of the observer, and it made them feel safe and comfortable that she will be there. One patient commented that the observer will be in charge of controlling the group's behavior.

When it happened that the observer would be alone with one member at the start of a group session, many questions were directed to her to know more about her, before the group gathers and silence begins. Other members were contented to get the chance of talking to the observer in the coffee shop or the hospital's corridors. One patient (whose father was a doctor), used to talk to the group while most of the time looking to the observer and neglecting the leader (a nurse).

It was interesting that some members who were silent in the presence of the group leaders, became very verbal in their absence and in fact were expressing much of their feelings and thoughts, in the

presence of the observer. A chronic schizophrenic patient became hyperactive and somewhat aggresaive in one group. The observer felt much threatened and got the thought that he would attack the leader and herself.

At one time, it was embarrassing and provoking discomfort that the leader unexpectedly directed a question to the observer during the group. She felt that the contract of silence would be disrupted if she answered. She thought that he ought to give her an idea beforehand that this might happen at some occasion. She answered in short and was quite wondering what did he mean by this. In fact, the leader was acting spontaneously according to the groups' needs.

The observer being Egyptian raised the curiosity and fantasy of many members asking about the Pharaos, the pyramids and ploygamy, and some of them wished to visit Egypt and even to live there.

The observer felt much depressed when the training was coming to an end. This was specially intense in relation to one group, where the resident was leaving the hospital and it seemed that the group was collapsing. In search for a new leader the observer was much involved to find one and to maintain the group. Some patients fantasized that observer would be the leader. This seemed quite a difficult task for the observer, who felt she would never be able to take the role of the leader as efficiently as he did.

Training in group therapy can take the form of silent observation (described herein), or partcipant observation used by Rakhawy (Mamdi, 1977; Rakhawy, 1978; Hamdi, 1982) or full membership. Each of these can fit a particular level of anxiety in the Trainee and a particular kind of group. Silence is the least anxiety-provoking form.

The technique of participant observation allows for involvement and expression of personal aspects and conflicts of the Trainee, while at the same time maintaining distance for observant learning.

COMMENT :

Observing group therapy was in fact a very rich experience. Lots of feelings were created during and after the sessions. Whether these feelings were initiated through identification with the patients or leader, it was of great benefit to discuss them in supervision. As mentioned by Krasner et al. (1964) the role of the observer was never static, and that observers whatever their degree of participation, were involved in a highly charged emotional situation. They considered observation of group therapy as the most beneficial teaching technique. In fact, it was an essential step which helped me in taking the role of a co-leader and then a leader of groups afterwards.

Nash and Stone (1951) and Bernadez (1969) demonstrated the value to the therapist of utilizing an observer to note patient-therapist behavior which might otherwise go unrecognized by the therapist. This was apparent in the present work in the 2 occasions mentioned previously in the results. Also at some other time, when one of the leaders was most of the time not actively participating in the group, the notion of that by the observer led the leader to think about counter-transference issues and to be more active for the benefit of the group. It was also the other way round that some comments by the leaders were not quite clear to the observer and they needed further explanation during post-group sessions. Spiegel et al. (1981) agree that group members can serve as role models for each other. Hence in fact also the group leader can serve as a model for the trainee observer.

Much of responsibility was put on the observer when attending the group during vacation of the leader. Identification with the leader's role was felt and the difficulty was that only non-verbal communication was permitted. Kadis et al. (1963) pointed to the group's transference relationship to the observer.

Transference reactions to the observer appeared in different situations, as that patient stretching his feet towards the observer. This

may express his difficulty to relate to his obsessive-compulsive mother and his rejection was acted out towards the female observer. The other male patient, all the time looking to the observer neglecting nearly every one else, was yearning for his father (a doctor) whom he missed for years. One female (a borderline case) mentioned at one occasion that she was the only female in the room. When the leader (the male resident) pointed to her that there is the observer, she did not accept that. This patient was resenting her mother and thought of her as a non-caring mother, and at many occasions the patient acted in aggressive way towards her. As mentioned by Kadis et al. (1963) and Bloom and Dobie (1969) transference reaction to observers when interpreted and explored led to significant historical material and expression of repressed feelings. The observers are "safer" transference objects because of the reality that they do not talk back.

Stone (1975) reported that group therapy patients frequently express fantasies about the recorder ranging from placing the recorder in a patient role, to derision of learning role, or to elevation of the recorder to an omnipotent status (as a supervisor telling the therapists about their work after the meeting), this latter view was supported by Limentani et al. (1960). Krasner et al. (1964) mentioned that with minimal structure between observer and leader's roles competitive power struggles would appear and this was not of benefit to the therapeutic process. This competition appeared in one group where the nurse leader felt threatened by the observer doctor and its resolution was in supervision and through reassurance of her role by the observer. Krasner et al. (1964), considered an intensification of counter-transference in the threatened group leader as a result of observation.

The intrapsychic dynamics that take place within the observer may be related to those occurring within the members. We may be able to detect these similarities in some of the group events and observer's thoughts already mentioned. For example, the early expectations of the trainee about the leader as a know-all person may be likened to the operation of the dependency assumption described by

Bion (1974). The subsequent sensitivity of the observer, and her comfort with silence, when added to prominence of the perceptions of exclusion and hostility from members point to the operation of the paranoid-schizoid position of Melanie Klein. This paranoid-schizoid phase has been described in detail in group therapy by Hamdi (1982). Lastly, the depression experienced by the observer towards termination of the groups may be likened to a separation (anaclitic) depression. Within group therapy, and with appropriate timing such depression might be integrative and therapeutic (Hamdi, 1982).

In summary, the observer's role is an enriching learning experience which needs structured communication between therapist and observer. The supervisor's role is of great help to straighten up many issues and to help understand much of the dynamics between both observer and leader on one hand and the observer and the group members on the other hand.

Good relations and feelings of friendliness between leader and observer are essential for the efficiency of the group process. Each one of them should feel comfortable with his role in the group. They have to meet before and after each session to discuss and clarify basic points in therapy and resolve any conflict between them, whenever this happens.

REFERENCES

Bernadez, T. (1969) The role of the observer in group psychotherapy. **Int. J. of group Psychotherapy, 19** : 234 — 39.

Bion, W. (1974) **Experiences in Groups and Other Papers.** New York: Ballantine Books.

Bloom, V. and Dobie, S.I. (1969) The effect of observers on the process of group therapy. **Int. J. of Group Psychotherapy, 19** : 79—87.

Hamdi, E. (1977) **Group Psychotherapy : A Dynamic Study of an Egyptian Approach.** Cairo : Dar El-Ghad.

Hamdi, E. (1982) Personality Structure in Various Psychiatric Disorders : A Study Through Interaction in a Situational Set (Group Therapy). Cairo : Unpublished M.D. Thesis.

Kadis, A.J.; Krasner, J.D.; Winick, C. and Foulkes, S.H. (1963) A Practicum of Group Psychotherapy. N.Y.: Harper and Row.

Krasner, J.; Feldman, B.; Liff, Z.; Mermelstein, T.; Aronson, M.L. and Guttmann, O. (1964) Observing the observers. **Int. J. of group Psychotherapy, 14** : 214 — 217.

Levin, S. and Kanter, S. (1964) Some general consideration in the supervision of beginning group psychotherapists. **Int. J. of group Psychotherapy, 14** : 318—331.

Limentani, D.; Geller, M. and Max Day (1960) Group Leader-Recorder relationship in a State hospital : a learning tool. **Int. J. of group Psychotherapy, 10** : 333—345.

Nash, H.T. and Stone, A.R. (1951) Collaboration of therapist and observer in guiding group psychotherapy. **Group Psychotherapy, 4** : 85—93.

Spiegel, D.; Bloom, J. R. and Yalom, I. (1981) Group support for patients with metastatic cancer. **Arch. Gen. Psychiatry, 38** : 527—533.

Stone, W.N. (1975) Dynamics of the recorder- observer in group psychotherapy. **Comprehensive Psychiatry, 16** : 49—54.

المراجع العربية :

يحيى الرخاوى (١٩٧٨) مقدمة فى العلاج الجمعى . القـــاهرة ، دار الغـــــد .

يحيى الرخاوى (١٩٨٠) الباحث أداة البحث وحقله . **الانســـــان والتطور** ١ : ٢٦ ــ ٤٥ .

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الموجـــــــز

التدريب بواسطة المراقبة فى العلاج الجمعى

يمثل التدريب بواسطة المراقبة مرحلة اساسية فى اعداد المعـــــالج (قائد المجموعة) ، يناقش هذا البحث خبرة من هذا النوع تمت فى الولايات المتحدة حيث تعرض الباحثة الجوانب الهامة من العلاقة بين المتدرب وقائد المجموعة من ناحية وبين المتدرب والمرضى من ناحية اخرى وتؤكد الباحثة على ضرورة مناقشات ما بعد المجموعة بين المتدرب والقائد فى ضوء خبرة المتدرب خلال المجموعة من مشاعر وافكار جارفة .

ABSTRAIT

Observation de la Thérapie de Groupe

Le fait de participer dans la thérapie de groupe en tant qu'observateur est une érape importante dans la formation du futur dirigeant de groupe. Dans cette étude, nous avons discuté quelques issues impoatant concernant les interactions entre dirigeant et observateur, ainsi qu'entre patients et observateur, mettant le point sur le besoin de l'observateur de discutter ces issuess après le groupe avec le dirigeant ainsi qu'avec le superviseur.