

SOME OBSERVATIONS ON TEACHING PSYCHOTHERAPY

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In my unit at the out-patient department of the Maudsley Hospital in London, doctors still inexperienced as psychotherapists have to treat difficult cases. Supervision is therefore of special importance. During the last eight years this unit has been developed as one workshop with maximal participation by everyone. Thus it does justice to its equally important functions of teaching, training and study, as well as therapy. Its external organization has been reported elsewhere.

About one-third of our patients receive individual treatment. The method of treatment and training here also has unusual features. These must be omitted on this occasion, as our interest here is on the group; also because group methods have a special importance for my topic, that is teaching.

As a therapeutic medium group methods allow direct observation and correction through analysing action and interaction. In a group therapeutic situation any reaction can be confined and suspended, and thus analysed. It can be brought into the open, clarified, examined and be brought into relationship and perspective—past, present and immediate. For learning purposes the possibility of sitting in, observing and sharing observed material, which the group setting allows, is invaluable, and appears superior to any kind of formal teaching in this field. It is possible to learn not only psychotherapy, but also psychopathology in living action, what we might call "operational psychopathology". Trainees have occasion to make these experiences first in the role of observer, and later in the role of conductor being observed. I shall select two occasions which are offered in my unit, on which to make some observations. These are:

- (1) The Introductory Group and
- (2) The Supervisory Seminar

INTRODUCTORY GROUP

Three to five patients meet with myself and usually two other doctors of the unit. As far as possible the patients are taken in chronological order from our waiting list, which consists of referrals from other consultants. With increasing experience I have found it less and less necessary to exclude any particular patient from this introductory group.

The patients have not met each other, or any one of us before. This group serves many purposes, but two of its functions are outstanding; firstly, the diagnostic evaluation in the light of the patients' reaction to this perturbing situation in which they find

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themselves, of their response to this token therapeutic approach, and of the characteristics revealed in their interactions with each other. It is always quite astounding how these quite unselected patients can be made to interact at this one and only meeting with each other. Moreover, their encounter often takes place on a highly specific and meaningful level. Secondly, this group presents the best possible practical introduction for those selected for group psychotherapy.

The doctors share this experience and can observe the consultant's handling of the situation. We see thus displayed just those features which affect doctor and patient decisively when assessing therapeutic possibilities. At the planning conference which follows the introductory group we, the staff, can exchange our observations and can compare the psychopathology as we observed it, with that reported by the referring consultant on the basis of a more conventional examination. On the basis of shared experience we can thus discuss the patients' suitability for treatment, their differential selection for group or individual therapy, our expectations and predictions of therapeutic results. We can make a tentative plan of treatment and discuss the means by which desirable changes can be achieved. Apart from the patients they treat themselves, doctors follow the course of treatment of the other patients as well, as they hear about them again at the supervisory seminar.

SUPERVISORY SEMINAR

Here all therapeutic groups in progress are reported and discussed by therapists, observers and visitors. The advantage of learning from each other, under the consultant's guidance, is generally recognised, especially as on this occasion every participant experiences himself and others in a variety of roles, such as that of conductor, observer and third person. The keynote of this conference is that the desired change of attitude in both therapist and patient is seen as inter-dependent. It is indeed very impressive to see how great and deep-going is the influence of the doctor's personality and approach on their group of patients. Change in him in relation to his group, particularly on unconscious levels, will alter the course of events in the group.

Such problems of counter-transference play a considerable part in our supervisory conference, and are the more impressive as they in turn are brought to light and analysed by all those present. Psychotherapy is part of a "personal psychiatry"; it cannot be learned nor practiced without involvement in a mutual process, comprising doctor and patient. Progress in skill and therapeutic change in the trainee go hand in hand. This supervisory seminar is not a therapeutic group; it could not be under the circumstances. We deliberately confine our discussion to the interaction between the doctor and his group of patients, including possibly the observer. On occasion we take into account also reactions within the seminar itself.

Some of my colleagues decide to join a group-analytic training group. This personal group-analysis is, perhaps, the most intensive form of training for a psychotherapist. Investigations recently reported from the University of Chile (Z), made under strictly controlled conditions, also bear this out.

In conclusion I think we may say that our results with patients are satisfactory, but those with our trainees even more so.

Summary

Group methods have proved themselves particularly valuable for teaching psychotherapy. The trainee goes through an experience as a member of the unit which includes observing therapeutic groups, conducting one or two such groups on analytic lines, and participation in a supervisory seminar. The latter is handled so that each member participates actively in the discussion of the material presented by them in turn. Special emphasis is given to countertransference aspects.

Zusammenfassung

Gruppenmethoden haben sich als besonders wertvoll zum Lehren der Psychotherapie erwiesen. Der Kandidat sammelt seine Erfahrungen als Mitglied einer Einheit, welche das Beobachten einer therapeutischen Gruppe einschliesst, fiber das Fiihren von einer oder zwei solcher Gruppen nach analytischen Richtlinien bis zur Teilnahme an einem Seminar fur Leiter. Das letztere wird so ausgefuhrt, dass jedes Mitglied aktiv an der Diskussion des Materials teilnimmt, das von jedem der Reihe nach geliefert wird. Besonderes Augenmerk wird den Aspekten der Gegenübertragung geschenkt.

Résumé

Les méthodes de groupes se sont avérées être particulièrement utiles pour l'enseignement de la psychothérapie. Le candidat passe par l'expérience comme membre d'une unité, qui comporte des groupes thérapeutiques d'observation, la conduite d'un ou de deux groupes de ce genre, sur des bases analytiques ainsi que la participation a un séminaire de supervision. Ce dernier est conduit de manière que chaque membre participe activement dans la discussion du matériel présenté par eux. Une attention particulière est réservée aux aspects du contre-transfert.

Bibliography

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