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IBF Leadership Conference  
Copenhagen, Denmark 2011

### **The role of the conductor in the group**

We set us self a challenge by this structure in order to study and perhaps clarify the developing relationship between group and conductor.

How are the group dynamics influenced by the continuity contrary to the shift in leadership?  
Some thoughts about the role of the conductor, the influence of the relationship and how to keep the group in mind.

The title is 'The role of the conductor in the group'. It could perhaps as well have been 'The role of the group in the conductor'. By this indicating the close and interwoven relationship between the way the conductor is present in the group and how it gestalts itself in his mind.

Let me start with a citation you all know by hearth, placed in the very beginning of Appendix 1 about training:

'The only way to acquire a new skill is to expose oneself to the actual situation and to learn to recognise the problems in it and the methods of dealing with them. Being lectured to about problems and methods can help, but can never take the place of direct experience.

A further reason for the failure of the traditional courses is that they have not taken into consideration the fact that *the acquisition of psychotherapeutic skill does not consist only of learning something new: it inevitably also entails a limited, though considerable, change in the doctor's personality.*'

(Balint; 'The doctor, his Patient and the Illness' p 299)

### **Clinical vignette**

I will leave the scene to a group of GP's, whom I have been supervising during several years.

The session started with Clara almost bursting into a story about difficulties in handling a nurse at the clinic, continuing a story that goes on over years. This time the group became more engaged listened and tried to relate to the difficulties of the presenter. Helen gave a detailed account from a parallel dilemma in her clinic and how it was solved. In the end Terry said: "We offer you all sorts

of empathy, reflections and solutions; but you want none of it. I don't understand why you want to change the nurse?" Clara: "It is something inside myself. I don't know what it is; but it is inside me."

During the following round I mentioned my wish to use the group for a clinical vignette for a paper. The group decided to go on with this immediately to be sure to have the time. This could be a result of a long relation and knowledge to my tendency to get lost in cases –and an unexpected possibility to relate to the conductor? Feeling the interest and attention from an otherwise quite remote and neutral psychiatrist?

I asked them: "Psychotherapeutic education contains own experience in group or training analysis, what do you think about that, how come and which meaning does it have for your functions as psychotherapist and/or as a doctor?"

Clara: I have been in a group as part of my training as Group Analyst and after that I had a short individual therapy. It brought clarity to the non-verbal interactions between the patient and me and helped me to separate my own material from the patients.

*The therapy is lived forwards and is understood backwards. (Paraphrasing Kierkegaard: Life is lived forwards and understood backwards)*

Jeremy: "I have been in individual therapy for years. The meaning of resistance became evident. If anything happened during the weekend before I went to therapy, something in the family where I got upset, I knew that I had to tell the therapist about how childish and unreasonably I had behaved. It was shameful. You have to tell about the emotional experiences otherwise it is a waste."

Sigmund: "I had 3 years in a group 30 years ago. I became free and didn't have to involve my unconscious anger in all the contacts I had with patients." I asked if it was in the therapies or in all consultations. "In all the consultations. The anger disappeared - people who knew me from before couldn't recognise me. What had happened to the angry man? (thinking) It is to be able to contain the patients without making it private. I got engaged with my own early tragedy and finished it."

Clara: "About containing. You can feel the tragedy in the other, use yourself to feel the other and stop when you feel, that she can't take any more. Not only can I contain more, I can also feel when the patient can't contain more."

Sigmund: "You can bear to feel it, to be reconciled with your own less flattering sides."

Clara: "I am tuned in on registration, has a greater attention on myself"

Jeremy: "It's Okay to wait, we are always waiting for what will show up. I did put my therapist off with a lot of talk, that's what the patients do as well. That's the way it is."

Terry: "I've not been in therapy; but in supervision for 30 years if that counts. It is about being able to see the feelings of the patient without mingling yourself into them. See them next to your own stuff. To have peace with yourself. Not have to ... the need to insist on ones own personality is not as big."

Sigmund: "As with free floating attention and at the same time focus. It is here Kierkegaard says that it is necessary to have a poetical capacity. You know that it is there. To be able to bare that others are in the same way as you and be able to talk about it. (A small pause) And that they are in other ways and still talk about it. It is not so shameful to be the one you are."

Clara: "The humility in asking and listening to the other - and separate it from yourself."

Helen, who is the youngest member of the group, has nothing to add.

I summarise: "To meet the other in the other and not one self in the other" (also paraphrasing Kierkegaard).

Sigmund goes on with a new case. It's a woman in her twenties, brought by her mother. Texted tattoos on both arms - S has not asked for the meaning of the text. He feels locked held at a distance by her anger and silent weeping; knowing that any attempt to console her will provoke a rejection. She doesn't have any words and he can't find them. During the supervision he changes from a position where he wants her to hulk and cry deep to a more curious, open listening position, where he also have to listen to his own feelings.

Clara brings a follow up. The patient has a relapse in drinking and has been dismissed to the hospital in a bad shape. Clara worries if she has made too confronting and hurtful interpretations? And if she had a project on behalf of the patient?

The last is Terry about a supervision group, where only 3 of 5 members were present after the vacation. What to do? Jeremy says 'I would say something about it; I do so at the beginning of a new group. That we need each other if this is going to be a well functioning group.'

Which leads on to another citation from Balint about the 'Attitude of the Group Leader' (p306):

### **The role of the conductor**

As you might already have noticed I've chosen the term 'conductor' instead of leader.

The skill of the trained group conductor is to create an atmosphere in the group in which training can take place. It means (according to Balint) listening in the same way, as we want the doctor to listen to his patient, let the group members discover for them self and by this learning from the other members of the group through social integration, mirroring, exchange and resonance. The group members can develop the acceptance of and appreciate different attitudes between them, and each member can find his own way to listen to the patients.

### **What makes a group work as a group?**

The role of the conductor is to set the boundaries for the group regarding time, place – perhaps also (?) the setting and the way the group session is structured leaving space for the presentation and reflection in the group. How the material is worked on, stressing the informative, formative or transformative aspects.

Basically is to create a safe space with enough predictability, keep the timing and knowing 'how far is too far' when confronting the group members.

### **The influence of the relationship**

The relationship between the group members and the conductor develops over time. We all know the feeling of an old group, where you know the members, their cases and their individual difficulties – as the members know each other and as they know the conductor. There the conductor can feel like a member of the group; but still has a special position as the one who keeps the boundaries of the group.

Which influence does it have on the group and the dynamics in the group when there is a shift in conductor – and does it matter if it is a newly established group or an on-going, long-term group?

### **How to keep the group in mind**

First and foremost it is the task of the group conductor to keep the group in mind. Which I think is also part of setting the frame. To listen to and pay attention to the group mind. How are the interactions in the group, the transferences, projections and identifications? Which role does the group member take or fall into again and again and pay attention to avoid scape-goating and other malignant group processes.

Here the conductor's counter-transference as it can be illustrated by the role of the group in the conductor's mind is crucial.

Which meaning does it have that the focus is on the doctor-patient relationship and especially on the illness influencing this. How does the illness influence the group? In another way than if it is a therapeutic group and the relation is to family/spouse or if it is a supervisory group for psychotherapies?

Level 1      Group ↔ doctor ↔ patient ↔ illness

Level 2      Group ↔ conductor ↔ doctor ↔ group

Level 3      Group ↔ supervisor ↔ doctor ↔ group

*Different container/ contained relationships.*

## **Conclusion**

It is a special situation to collect a new group and to have it develop into a stable containing working-group relationship. Not to mention how to continue and let the group develop further over the years letting valuable members leave and new members come in and take their own seats.

We cannot have the benefit of a slow open, long-term group experience in these conferences; but that is perhaps what Balint and co-workers in the books have described.

What we intend is to study at this conference are the differences between groups that start with a new leadership for every case and groups that have a more stable leadership, which can perhaps leave more room for development of a group atmosphere that will be special for that group and that conductor. Whether it is rooted in transference to the conductor, development of inter-relationships in the group or the conductor's countertransference to the group.