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## AREA D

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# TRAINING, RESEARCH, AND SPECIAL AREAS

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## D.1 The Qualities of the Group Psychotherapist

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### Introduction

The study of the group therapist as a person is of central importance because group psychotherapy, more than almost any individual therapy, is based on the dynamics of interaction: the therapist is the central and decisive influence in the group process.

### Qualities of a Psychotherapist

A psychotherapist must be reliable; only then will he invite trust and confidence. He must have trust and confidence in himself and in other people. He must be an expert in the mastery of communication, whether it be the therapist's communication with himself or with the people he tries to understand.

The therapist ought to be a person who has experienced life to the fullest. He may be young, or he may be old, but he must have the courage to experience life in all its shades, and he must know how it feels to be alive. He must have known fear and anxiety, mastery and dependency. Most of all, he must not be afraid to love, and he does not need to be a stranger to hate.

The therapist ought to be well-read, since the experience of having lived with the great figures of literature is a part of his knowledge. The images he must learn to understand can be found among friends, lovers, patients, colleagues, and enemies; but the models of true integration are still the characters documented in the great literature of mankind.

In the end, an analyst should look back on his life as a proud expression of a lifelong creative effort. He should consider himself as his own favorite patient, one who has to learn as long as he lives. He should learn how to treat himself as his best patient, and how to treat his patient as he would himself.

In his honesty, the therapist must have the courage for what Carl Jaspers describes as "unlimited communication," both consciously and unconsciously. He must be a master in what Franz Alexander (1946) calls "dynamic reasoning." He must learn how to see people not only in the here-and-

now and in their relationship to him (but also in their long-term psychological development). His understanding may start with the understanding of a particular person here-and-now, but it must extend to understanding how people became what they are. In this sense, the psychologist is a historian.

In order to safeguard his own mental health and the health of his patients and his own family, he must be aware of himself. This awareness must include parts of his unconscious. It is this awareness that is a tool of his trade, and that Theodor Reik called the "third ear."

The true psychologist must be driven by the wish to understand, and in that way he is a scientist. At the same time, he must be able to stand the tension of not understanding. As Reik says, it is better not to understand than to misunderstand.

The therapist must offer himself as a more or less blank screen in order to invite the development of transference. And, as Zetzel and Greenson note, he must simultaneously be human and real enough to establish a working alliance. If he only tries to remain a blank screen, he will lose his patient, since nobody wants to be analyzed by a blank screen. If he offers himself too loudly as a helper or teammate in the working alliance, the patient may feel dominated; he may become fearful and withdrawn. It is this bipolarity that makes the work of the therapist difficult.

### Qualifications of the Group Psychotherapist

#### SPONTANEITY

The group therapist should be a person of spontaneity or responsiveness. As the word implies, responsiveness is connected to responsibility. The response must be spontaneous, natural, and direct, but it must be combined with an always ready sense of responsibility not to hurt the psychological atmosphere that engulfs both the therapist and group simultaneously.

Perhaps there are advantages for a group therapist in being schizoid—that is, in being able and willing by nature to split himself and endure contradictions. It is easier for the schizoid therapist to perform this rather deep splitting of his person with ease and with grace. He always has to remain firmly grounded in his identity; at the same time, he ought to be able to split off parts of his personality, which he then projects onto different members of his group in order to understand them by partial projective identification. He has to perform this splitting process at all times in order to remain simultaneously both a participant and an observer, both an active member of the group and the central figure—perceiving, interpreting, and integrating.

The experienced psychoanalyst who starts working in a group has to learn something that can be learned best by years of experience: the use of spontaneity as a technical device. Many therapists have the impression that they are getting better in their relationship to the people they are trying to understand when they develop a certain trust in their spontaneous responses. An analyst in a one-to-one relationship may take time to wait, to think, to speculate, like a slow-moving chess player. The group response to such a slow-moving therapist is to slow down. The efficiency of a group therapist is much more dependent on the quick and correct use of his spontaneous responses, growing out of his intuition, empathy, trust, and feeling for the situation. He learns to trust his group and his hunches more and more, and he will begin to act like the conductor of an orchestra.

The group therapist is nothing if he is not spontaneous. He depends on his immediate, intuitive, emotional, and honest responses. As a rule, he cannot wait, think, and consult with himself, as in analysis. To do so would interfere with the group process and slow it down to a standstill. He cannot test and probe, correct, and finally integrate and interpret, as in psychoanalysis. He shoots from the hip, and experience will show that he frequently hits the target with the right interpretation or interaction, and does so at the right moment.

### TRUST

The free use of spontaneity is possible only in a therapist who trusts himself, as he also must have trust and confidence in the group. This trust demands courage and the ability to withstand bad experiences without despair.

The question of basic trust leads directly to the central problem of group therapy. A trusting therapist invites trust. Just as a trusting mother gains the confidence of her children, so does she give to her children the basis for their self-confidence. Only the well-mothered child, as Winnicott (1965) has shown, develops the kind of basic trust that is necessary for mental health in later life. And, as Erikson (1950) notes, nobody can develop this basic trust by himself. A person can develop everything else in the process of individuation, but the basic trust, says Fairbairn (1963), has to be started with the experience of the mother-infant symbiosis. If this relationship is traumatized or even destroyed,

it cannot be restored in analysis. In the specifically different mother transference of the group, such basic trust and self-reliance may possibly be invited and developed. At least, it can be better developed from tender beginnings in the group than in one-to-one relationship. The analyst may be astounded to find that members of a group begin to trust the group more than they trust the therapist alone. It is this trust that the therapist must be able to invite, handle, and, finally, deserve. The group therapist must know how to develop and protect the trust of the group—primarily to the group and secondarily to himself, as the parental and central figure.

The therapist's spontaneity, his responsiveness, his ability to trust and to identify—these are the tools of the therapist's trade, and determine the efficiency of the therapeutic group process—more so than in individual therapy. In the group, the therapist is like the conductor of an orchestra. In analysis, a therapist is like a critic who sits in the audience and occasionally gets up, stops the concert, makes a remark, and sits down again to listen. He does not conduct. He limits himself more or less to interpretations. But the group therapist reacts first and interprets later; this is why only a therapist who has learned to trust the different aspects of his countertransference is fit to work well in groups.

The basic faith or basic assumption of a therapist should be his belief in the quintessential goodness of people or, at least, in their wish to be good. In this sense, the therapist has to also believe in himself. If he cannot do so—and he may have good reason to doubt his good intention—he should not work with people. His assignment is to try to restore his patients' belief in their fellow men and in themselves.

### PERFORMANCE

There is a clear difference between an actor and a performer: A good performer is not somebody who acts as if he were somebody else. A performer performs a task that has to be done, and he does it carefully, with skill and elegance. He chooses to do it in a way that can be observed and understood by others. He not only does something, but shows what is done and how it is done. A conductor communicates with the language of his body what he hopes and wants the orchestra to do. He shows what he does, but what he does is real and not pretended. He performs his duty. But an actor behaves as if he were conducting. The trust of the group is partly based on seeing the therapist in his performance.

A group of psychiatrists met one day after some of them had viewed together—unrelated to the group—four movies from a research institution on sexual information for physicians. They told the men who had not seen the movies what they were all about. One member of the group came 20 minutes late, listened to the talk for a while, and said with indignation: "I have an emergency on my ward—that's why I was late—and I have lots to do. I did not come down here to listen to this locker-room nonsense."

With slightly overemphasized and pointedly polite superiority, the group therapist turned to him and said:

"I am well aware that this conversation is not quite up to the high standards of our group. It was my intention to prepare the field in this way to loosen up the resistance against discussing questions of sexuality in this group of men, who all know each other outside of the group and whose wives are also known to everybody. From there I planned to open the way into the secrecy of everybody's marriage and sexual behavior."

The therapist used his responsive annoyance about the criticism to demonstrate what he was doing. At the same time, he performed the difficult task of showing his annoyance to a group of psychiatrists who tended to behave like a board of experts. Almost immediately, somebody looked at the therapist and said, "All right, what do you want to know?" The group leader continued the performance by addressing each member of the group with a pointed question about something that he guessed was a sore point for him and was carefully kept taboo and so far excluded from the group discussion. After a fruitful and rather deep-going session, the therapist turned once more to the young man and asked him whether the progress of the group justified the introduction of the "locker-room" atmosphere. He and the group agreed that the procedure was right—and so was his challenging it.

#### FIRM IDENTITY

The central firmness of the group therapist allows him to be recognized for who he is—namely, as a real person and not only as an imagination of the transference. This is of importance for the growth and maturation of the group, its cohesion, its trust, and its relation to reality. The therapist is the central figure, symbolizing the parent in all the shades of various transferences. His peripheral openness toward the different members of the group will allow him to perform his duties by being father to one, mother to all, affectionate friend to somebody who may need one, disciplinarian to somebody who may at that time be working on problems of authority. He must not get lost in the pitiful spectacle of a multiple personality. His central firmness or ego identity will protect him against that. He must remain what he is—he is himself and nobody else.

Naturally, this firmness does not exclude his constant readiness to learn, to change, to develop, and to grow and mature. The therapist is not a patient in his group, but, just as a good parent allows the members of his family to recognize him in strength and in weakness, so the good therapist—more than the analyst—shows himself as a real person. Doing so invites the members of the group-family to become independent and to avoid the danger of regressive infantilization, which is so prominent in standard analysis. The therapist as a real person also counteracts the patient's suspicion that he is being manipulated when he sees what the conductor does. This—the real person that is the therapist—is the basis for the group's working alliance.

#### HUMOR

Another character trait which may help the group therapist to keep his group from infantilization is the group therapist's sense of humor. It is needed in group therapy to a higher degree than in individual therapy, because it helps the group to see the therapist as a

real person. It counteracts the transference that idealizes the therapist as an omniscient parental figure. A therapist with a sense of humor invites the group to look at him realistically and to correct transference distortions. It also shows everyone that the therapist himself knows his limitations, and can smile about them.

Humor leaves the situation open for changes as the transference demands. The therapist's sense of humor reassures the group that he can stand multifaceted transference trends without being destroyed. Only then can the group, unlike the patient in individual therapy, use the therapist as a transference figure and simultaneously as a teammate in the group team effort. No therapist can remain a blank screen within the group forever. This makes it difficult for therapists who have been trained or who have worked in traditional, individual therapy to make the transition to group work.

The therapist has to be somewhat on guard with his always ready wit and his fondness for the sharply pointed and often painfully penetrating remark. Such remarks show his incompletely resolved ambivalence and perhaps some sadistic traits, which have no place among the tools of a therapist. He may employ his wit occasionally to counteract the trend to infantilization or hero worship, which is such a convenient way to hide hostility.

A therapist under observation behind a one-way screen was once confronted by one member of an unruly and rebellious group with a mistake a group member was convinced the therapist had made. The therapist answered with a haughty-sounding and, in my mind, humorous remark: "I always considered the possibility of making a mistake. It would be the first time."

Such ironic remarks are not meant to be taken seriously. They are, therefore, dangerous in a therapeutic group setting because they imply a certain indirectness. Kidding alerts the therapist for danger, since it does not lead to free communication, which he tries to develop. He also does not join in meaningless social laughter, which covers embarrassment or anxiety. If the therapist resists the temptation to join such laughter, then his group will probably laugh less than the groups of other therapists. He joins in the laughter only when he truly feels like it and when something funny has happened. It is a good sign in the development of group cohesion when all members and the therapist join in laughter once in a while. Laughter and the telling of jokes and funny stories may become a resistance, and must be interpreted as that.

A humorous attitude shows the therapist not as a sadistic, cutting wit but as an understanding and kind mother.

#### COUNTERTRANSFERENCE

With his central identity, the therapist offers himself as a screen for different transference-projections. He is aware that in every group three transference relationships must be differentiated: transference to him as a central figure, similar to the situation in analysis; transference to the peers in the group, as

among siblings in a family; and transference to the group as a whole and as a mother symbol.

In the analytic situation, the analyst can slowly and deliberately interpret the transference, but the group therapist must react spontaneously; otherwise he is lost. To react spontaneously, he must feel the meaning of his position in the group at all times.

The group situation does not facilitate the transference relationship to regress to the degree of a transference neurosis, as in standard analysis. This makes the assignment of the group therapist different from that of an analyst conducting a standard analysis. There the analyst has to focus on the interpretation of the transference neurosis.

The group therapist should not fight with the members of the group for dominance by narcissistically displaying his brilliance or by showing his superiority in other ways. His only and almost silent superiority should be his honesty, courage, and frankness to understand the unconscious. The group therapist should use the peer relationship as an effective way to exercise therapeutic pressure. He should be able to handle this relationship not with envy and not with interference, but rather by guarding it. A jealous parent is not a good parent. The analyst in the analytic situation almost invites resistance; the patient feels he must defend his sickness against the father who wants to destroy it. The peer relationship in the group situation invites cooperative effort, and is one of the most effective therapeutic potentials in group work.

The group is the symbol of the mother, and a great part of the group therapeutic efficacy is based on a preoedipal maternal transference. The symbolic meaning of the group as a mother helps to steady the course of the group's progress.

The therapist's maternal attitude facilitates his acceptance of the group and his trust. The final dissolution of the mother-infant symbiosis may amount to an experience of rebirth in the group. In his maternal identification, the group therapist can be passive, indulgent, waiting, or silent. It is a time of rest and saturation for him, awaiting the group's delivery. The therapist is helped in his motherliness by the group as a symbolic mother. The group's benevolent indifference, expressed in its tolerance, supports the therapist's attitude.

A good mother has to learn that a child is a going concern, in Winnicott's (1965) words, and the good therapist, as mother, must learn how to trust the group, just as he would trust a child who is developing his own drive for mastery. Trust in the well-mothered child is rewarded by the child's self-confidence—a good model for the therapist to understand the progress of individuation in a well-conducted group.

In the strictest sense of the word, the countertransference of the therapist is his response to the transference feelings of the patient or patients. However, it has become customary to summarize all feelings of the therapist toward his patients under the term "countertransference."

It is important that the group therapist has the inner freedom to use his feelings toward his patient

to further the therapeutic process in the group. When the therapist is open, honest, and frank in his self-expression, the group will honor this confidence and follow his example. It should be evident that such self-revelations are allowed only so far as the group process benefits from them. Anything more would have the character of acting out, and the therapist would become a burden and finally destructive to the group.

### FALLIBILITY

The group therapist may make mistakes; he is expected and allowed to do so. His honesty makes it possible for him to accept the correction of his mistake by the group, the way the head of a family listens to others in the family council. The therapist does not lose his position by admitting to a mistake. On the contrary, his central position may be confirmed. The only unforgivable mistake he can make is to pull rank, which a group of growing-up people will not tolerate.

The most frequently committed mistakes one sees when watching group therapy being conducted behind a one-way screen is the passive, waiting, analytically neutral attitude of the therapist. No individual patient is more dependent upon the activity of the therapist than the group. It seems especially difficult for therapists who have gone through analytic training and work to change from watching and waiting and interpreting the transference neurosis to interpreting the interaction of the group. The activity of the group therapist is justified, since the group does not allow the development of a full-blown transference neurosis. If it is not the therapist, then the peers in the group will constantly correct the transference phenomena without bothering to interpret anything.

Another mistake, limited mostly to beginners, is berating the group as lazy or sleepy. It is advisable that the therapist at first consider his own, possibly unconscious resistance, which may affect the behavior of the group. It is the therapist's duty to realize resistance, then not to bemoan it but try to understand its motivation. If he is able to do that, then he is ready to give an interpretation.

### SPLITTING MECHANISM

Unlike an individual analyst, the group therapist must not consider himself always in the focus of all the multiple transference trends. It would be a mistake if he concentrated on the one transference trend in the group that relates to him, as in analysis. The therapist must be aware that approximately two-thirds of the interaction leaves him in the role of the observing bystander. Besides the transference to him as the central figure, the group re-enacts interfamily attitudes toward the family of peers and toward the group as a mother symbol. Therefore, the analytic group therapist has great freedom to work as an observer and participant, instead of an interpreter. He may interpret by his participation.

Ross and Kapp suggested that the therapist use inner visualization to catch his own unconscious reaction to the

free associative material of the patient or of the group process. This inner visualization while listening, this view with the third eye, helps the therapist to find understanding first in visual form and then in verbal formulation.

### The Group Therapist As a Patient

A good physician learns how to use the experience of having been sick. As a rule, the medical man is a poor patient. The situation is the same in the development of a good group psychotherapist. Psychoanalysis teaches insight and understanding, but group psychotherapy offers therapy to the therapist.

When a physician goes to another physician because he is sick, he inevitably says to his colleague, "I want you to treat me like any other patient of yours." To which the consulted colleague is honor bound to answer, "That was my intention anyhow." Then they both promptly relate to each other like two colleagues discussing a most interesting third person. In the case of serious illness, fateful disaster may result.

The problem for the physician is how to become a patient. The physician actually is different from the average patient, who knows little about his body and nothing about the function of his inner organs. He is also different from the neurotic patient, even if he has read something about his unconscious.

The physician in medical treatment and the therapist in training each have to learn how to split themselves into two parts: One part remains a therapist and joins his colleague as co-therapist; another part becomes a patient in therapy. This splitting makes the working alliance in the training and therapeutic situation different from other treatment situations. If not handled correctly, it seriously limits the therapeutic efficacy of training analysis. The therapist in training or therapy has to be aware of it. If the teacher accepts his therapist-students only as students, they will never become patients, since they want to become what the training analyst is—an accepted member of the analytic community. To be effective, training must combine the therapeutic alliance with a learning alliance.

### THE ANALYTIC GROUP EXPERIENCE

It has been said that a psychiatrist passes through three stages: Young psychiatrists talk about their cases, established psychiatrists talk about money, and senior therapists talk about themselves.

One analyst does not seem to be enough in the terminal stage of an analysis for an analyst. Repeated analysis of different analysts has been recommended and tried by Kubie (1968), among others. But analysts learn how to deal with their analysts and how to disarm them, so another analyst is not the solution to this phenomenon. Equally unsatisfactory is an always-longer training analysis. Neither is a friend able to continue the analysis of an analyst where his training left off. In such a friendship, there is too much mutual affection, too much relaxation, too little freely expressed hostility, and not enough working through of the transference phenomena.

A new transference situation is needed and could be provided by the one-of-us relationship in the group. The transference of peers to each other and to the group as a mother image is needed in order to analyze the analyst within the family transference. Most analysts growing older in their profession lose the trust, confidence, and faith in their colleagues that they had when they started as young men and accepted an analytic working alliance to older training analysts. As they grow older, a certain therapeutic skepticism takes hold. In the one-to-one relationship, this skepticism becomes even stronger. It is easier to reactivate confidence and trust in a group relationship than in an individual setting.

### CONFLICT-FREE PERSONALITY TRENDS

Many areas that do not cause special conflict in the analyst may never appear in the associations of a therapist in training analysis; they will show up in his relationship to his patients. They also may not become visible under supervision, though they will certainly become obvious in the relationship to the peers in the group. These areas involve such things as the distribution and combination of activity and passivity, maleness and femaleness, other-directedness and inner-directedness, enthusiasm and sobriety, masochistic and sadistic trends, sensitive and insensitive social consciousness, tolerance and intolerance, loving and hostile trends, spontaneity and intellectualization, patience and impatience, and many variations of prejudice.

### NEGATIVE TRANSFERENCE

The transference to the training analyst is by implication of transference to a parental figure in a position of authority. Since the student therapist wants to become like his analyst, he submits to him and seems to do so willingly. But secretly and out of reach, he harbors a trend to rebellion; he postpones this negative part of his attitude, which is typical in the analytic training situation. Often, this rebellion is expressed only later in the life of an analyst, and rarely is it accessible to analysis. But in the group situation, where the peer relationship prevails, it comes to the surface of consciousness and can be analyzed.

An ever-deepening criticism of analytic training is becoming apparent. Analysts have failed in the therapy that is a part of training. Clinical evidence is given by the majority of analysts and the pathology of analytic group behavior. Analytic training, which serves here as a model for the training of therapists, tends to be infantilizing and, therefore, stimulating to hostile, rebellious trends in the student. Due to his dependency, these negative trends are postponed until after the training analysis, meaning they are postponed for an indefinite future. The analytic group experience offers an opportunity to correct this defect.

The problem of the analysis of negative transference is also a countertransference problem: Fathers

want to be loved by their student-sons, who, after all, represent the future. Therefore, analysts tend to relate differently to their training candidates in action, behavior, and interpretation than to most of their other patients.

Kubie (1968) has discussed these problems and confessed that the transference neurosis is never really dissolved in a training analysis. As a remedy, he asks for a real relationship in the form of a controlled, disciplined, low-intensity friendship after the formal analysis. He also suggests a change of analyst during the terminal stage of training. The new analyst is supposed to take a better look at the residual transference to the first analyst.

### THE FAMILY ROMANCE

Analytic training liberates the individual analyst in training from the tyranny of his unconscious, but his family romance remains largely unanalyzed. The transference of the infantile past into the psychoanalytic training situation is accomplished in the setting of individual analysis. The family romance, however, is neglected in standard training. As a rule, the family romance is projected onto the family of analysts, symbolized by the institute, the society, or the educational training committee. The analytic group experience offers the possibility of a belated analysis. This opportunity should not be missed by any student of therapy.

Freud may have known this; the minutes of the early meetings of the Viennese Psychoanalytic Society show that these seminars were originally organized for the purpose of teaching and learning psychoanalysis, but they soon assumed the character of modified therapeutic group sessions. Another example of an early analytic group experience was the intimate daily discussions of Freud, Jung, and Ferenczi on their ocean crossing to America.

### DIDACTIC GROUPS

Psychotherapists in training frequently use intellectualization as a form of resistance. An often-heard phrase in a didactic group is: "We all talk like a bunch of smart professionals."

The avoidance of intellectualization, after it has been repeatedly called by that term, may lead to a new form of resistance: Insights are resolutely rejected because they may sound too intellectual to a board of experts. There are sometimes episodes of resistance in a group of therapists where every interpretation is labeled a rationalization, and only emotions are considered therapeutically valid.

In a group, colleagues have to learn how to place questions to each other by associative responses. In the first stage of group formation, professional members try to confirm their impressions and planned interpretations by fishing for more clinical evidence. They soon realize that their spontaneous response is more important and usually contains the proper interpretation. They then develop the courage for human response, overcoming the handicap of the medical person who is suspicious of spontaneity and who has been trained to filter his response carefully.

Work in groups of psychiatrists or psychoanalysts is difficult for the central figure. Whether experienced or inexperienced, a group of colleagues will recognize the therapist's weak spots. They use their therapeutic skill to put their finger where it hurts most, and the narcissistic therapist in charge may feel in need of a hiding place. If he is open, responsive, and ready to learn, he will succeed—like a father who does not pull rank but who accepts democracy and freedom in his family. Only then can the group become a learning and therapeutic experience.

The conduct of a training group for therapists is excellent postgraduate training for the central figure, as well as for the members of the group. The therapist has to perform in the presence of 6 or 8 alert and specially trained critics. At times, the experience almost amounts to a board examination. Anyone who passes such a test has received a baptism under analytic fire. Only total honesty and sincerity save the therapist. The analyst who has difficulty in allowing himself to feel his hostility or his need for tenderness benefits the most. He can learn how to be more free, spontaneous, trusting, and responsive. The same group that exposes him also protects him until he finds his way to an attitude appropriate for him. A therapist may satisfy his need for intimacy in the one-to-one relationship, but in the group he satisfies his need for participation in the growth and maturation of a family.

When working in groups, the analyst's narcissism takes a severe blow. When he steps out of his professional isolation, he sees that he is not the only good therapist. But he also realizes that he is not making many more mistakes than his colleagues. He may find that people he has not especially respected are quite different in the intimate interaction of a group, and this is a worthwhile human experience. After the group experience, a new, somewhat humble, and realistic attitude replaces his narcissism, and makes him a better therapist.

### THE THERAPIST'S SPOUSE

Group therapy seems especially suited to satisfy the specific needs of therapists and their spouses because it offers them an extended family. The therapist's spouse has to learn that nobody can be a therapist in his own family, even if he is considered an expert and "The Professor" by his spouse and his community. In the extended family of the group, a learning experience is offered to him—how to be helpful and understanding without using the tools of his trade. To learn this is important for the happiness of his family, as it will benefit his therapeutic attitude later.

Furthermore, analytic group work with therapists and their spouses brings relief from the burden of secrecy. The partner in the analyst's marriage often feels left out. His work may be shrouded in confidentiality and may appear mysterious to the outsider. Frequently, the children pay the price for their parents' competitiveness.

The identification with the mother is probably the

basis of creative work, as it can be studied so strikingly in the life and work of Sigmund Freud. Nevertheless, the therapist must be aware of how destructive competition with his spouse at home may become if not analyzed and changed. Besides endangering his relationship, the competition may have the most destructive influence on the growth of the children and their sexual identification. A mother or father needs support, not competition.

A therapist at home can be dangerous when he treats his spouse by a method that is often called "gaslighting." Gaslighting is driving somebody slowly, consistently, deliberately, and occasionally successfully into madness by skillfully undermining his or her self-confidence and identity.

A therapist works, as a rule, in utter isolation and, therefore, may lose the benefits of feedback from his colleagues. This line of communication can be re-established in group work. With increased freedom, the therapist's dialogue in his group, in his family, and, finally, with his patients becomes less defensive, freer, deeper, and more spontaneous and fulfilling. He may even learn how to overcome his isolation and how to be more trusting, open, and ultimately more loving.

### THE THERAPIST'S MENTAL HEALTH

The therapist does not need to be a paragon of mental health. He can proceed in the face of his own anxiety, just as he can proceed efficiently with all kinds of psychosomatic symptoms, such as high blood pressure, migraine, and even a gastric ulcer. It is preferable for a therapist to overcome his symptoms, and he sometimes does. The analysis and correction of conflict-free areas takes time, and the therapist may work well before his own therapy is completed. As a matter of fact, the therapist should remain his own favorite patient for the rest of his life.

A slight and perhaps even chronic depressive position may actually be a qualification for a therapist. In the face of so much often unnecessary suffering, a sensitive person is almost bound to become slightly depressed. It is a kind of existential despair, a way of being human, an acknowledgment of our impossible profession. It does not interfere with the therapist's functioning. It may give him that kind of maturity a child expects from his parents.

The group therapist may be a person who knows anxiety and fear, as well as depression and despair. In the therapeutic alliance with his patients, he must not fear his fears. He may forever feel guilty that he is inadequate in his ability to understand people in their complexity.

### Growth and Maturation

Many therapists develop the belief that they are superior to all others. Some become bitter and cynical about therapy, or they become exhibitionistic and narcissistic and may think that everything is allowed to them. Others may become depressed or resigned. Their reputation by then may be affirmed, and an

encounter with these great men of therapy may still be worthwhile for the patient.

A therapist is mature when he has learned how to deal with the inner and outer reality of himself and his patients. He also must learn how to deal with his ever-present guilt at not being "good enough." One has to accept—albeit reluctantly—one's limitations.

There is a similarity between a friendship and a therapeutic alliance. When one has a good friend, one does not need an enemy, because fighting is a special kind of friendship. The main difference is that a friendship is two-sided, but a therapeutic alliance is for the benefit of the patient mostly. Therapists are not lovers, not even friends, to their patients. Neither are they enemies. A working relationship is a fighting relationship, the way a friendship is. The healthy ego of the patient fights in alliance with the therapist against the sick. In group therapy, this attitude is a necessity.

It is easier to grow old gracefully as a group therapist than in the isolation of the one-to-one relationship. The therapist must not abuse his groups as tools of treatment for himself, but he must accept the help of the group in the continuation of his never-ending self-analysis.

Beethoven is supposed to have said, "If you understand my music, you are saved." Applied to the therapeutic situation, this means that, when the therapist is understood by the group, both have benefited. This is the promise group therapy holds for both the group and the therapist.

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