

Online Group Therapy and Supervision in a State of Emergency

by Hanne-Sofie Johnsen Dahl, PhD, Clinical Psychologist, Psychoanalyst IPA, Group Analyst IGA, Director of IGA-Norway

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Thank you EGATIN for the invitation to this video conference. And thank you to you, the attendees, for joining us here on Zoom in this contemplation on how the sudden and unexpected change in the group analytic situation, might have affected our therapy groups and supervision groups. This is not a presentation on how to solve practical issues, nor about online groups and supervision when life is normal and in well-prepared situations.

I want to share some group analytic theory, a few experiences as the director of IGA-Norway, as well as a group analyst and supervisor. I want to share associations, questions, and challenges I have encountered, triggered by the covid-19 virus. Hopefully, it will inspire to an open conversation and dialogue about the challenges we have faced and still are facing.

The plan for this presentation

- First, I will give you some context, both mine and IGA-Norway's context
- Then, I will present some theory on setting and boundaries – the group analytic situation
- I will discuss how the pandemic and online therapy in an emergency represents both attacks on, and still shakes our group analytic situation
- And talk about why I still would incorporate online group therapy into my practice and our Institute if needed
- I will also say something about ethics, before I leave the discussion open for the whole group

Because of possible language barriers, most of what I will say is on the slides. When I talk of 'group analyst', I include group therapists and supervisors.

But first, I just want to say that I know, I believe I am privileged in the covid-19 situation. Norway and we as a nation have not been hit as hard as many other countries by the pandemic.

I remember from the online large group that EFPP arranged for therapists in Europe during spring, that many shared experiences of loss of colleagues, friends, and family. There are probably a lot more of these stories now. My sincerest condolences.

Some of you, or maybe very many of you, are probably still not able or find it safe to meet your groups in person.

Hopefully, this day together will be of some comfort across pandemic boundaries that now keep us from meeting each other in other ways.

Context, mine

I have my clinical work in a private practice, where I have individual patients and groups; one long-term analytic, and one short-term psychodynamic for young adults with ADHD together with a colleague.

I teach, supervise and do psychotherapy research at the Psychological department, University of Oslo.

I am also the director of and teacher at IGA-Norway.

On March 9th, I came home from AGPA – the American Group Psychotherapy Association – conference in New York.

At the conference I had learned about Zoom and I was told many positive experiences with online therapy. I had intense discussions on what online therapy is, pros and cons, mostly cons for me.

When the lockdown happened in Norway March 12th, I held several different positions where my colleagues and myself had to juggle what to do with all kinds of groups, students, trainees, colleagues etc.

Context; IGA-Norway

Our main program is based on block training over 1-5 years

1 year = introduction to group psychotherapy

3 years = group psychotherapist

5 years = full group analytic training plus written diploma

Five times a year about 100 candidates and 14 teachers meet for three to four days at a conference hotel right outside Oslo.

Each block contains:

6 small groups (1.5 h each)

3 supervision sessions (1.5 h each, 5 the last 2 years)

3 theory sessions (1 h each)

3 large groups (1 h each)

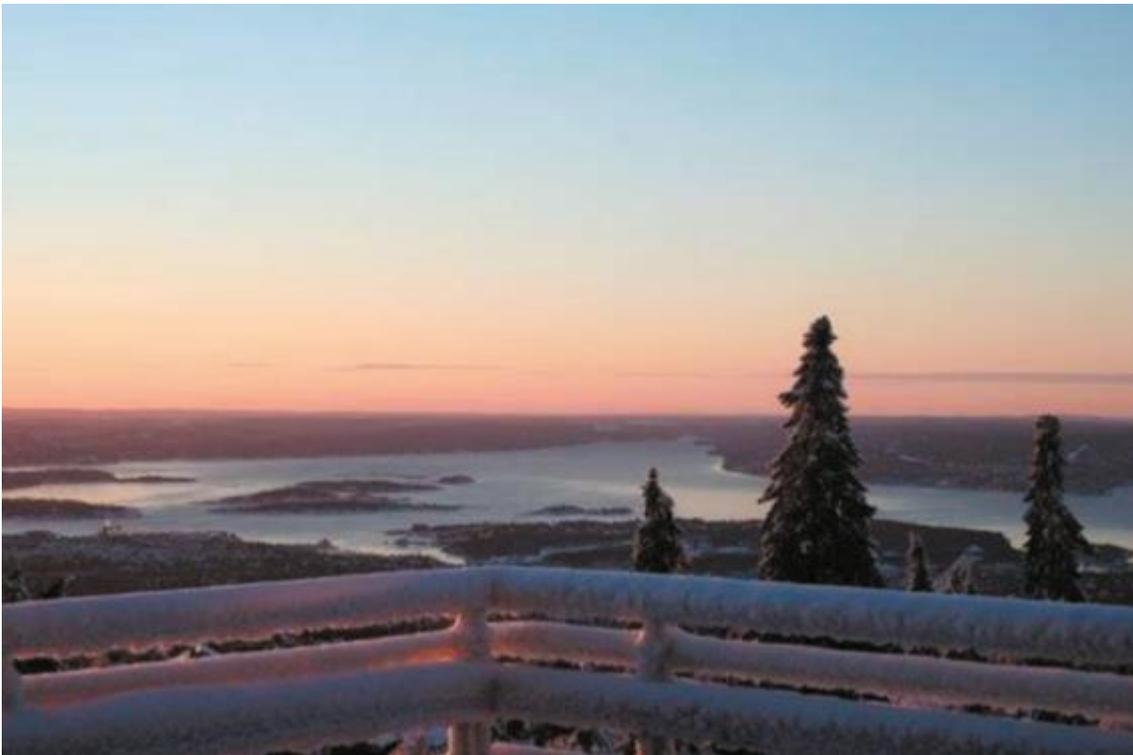
the longest running large group in the world, I believe, running from 1984 – until covid-19 changed our scenery and made an abrupt pause for our large group Covid 19 Lockdown – Now what?

March 12th – lockdown in Norway, I was in quarantine

March 17th & 18th – I cancelled group therapy sessions

March 25th - 28th Block training at Voksenåsen

105 candidates and 14 teachers could not meet of course



Voksenåsen Hotel. Winter view from the balcony, since 1997

The whole world, including our little usually so safe country, were in a state of emergency.

Increased anxiety and defense mechanisms

In a state of emergency anxiety will increase. When anxiety rises, our defense strategies become more visible.

Our defense can be benign, like sublimation – there has been so much music, dance and art that has moved us during this period, online – or humor – all the quarantine videos which have made us crack up in laughter, some just for the incredible inventiveness some people show. And not the least altruism; every single city in Norway probably has a face-book group called something with “city helps city” with a much higher proportion of helpers than those in need of help. You probably have something like this in your countries as well.

The defense mechanism oppression, where we feel the discomfort and know we are not quite ourselves, but we take one day at a time, get things done and will deal with the feelings later – a not unknown strategy. Others may be helped by the isolation of affect, where it is not felt, only spoken of. Or intellectualized, where everything is explained.

Primitive defense mechanisms also prevail. For example, projections, where strangers become more dangerous to us than usual. We see racism and nationalism rising in the news. Splitting seems to be ravaging the world, most frightening in the US, maybe, but also in other places.

We may even feel it in ourselves; our loved ones feel completely safe, but strangers are frightening, while in reality we do not know anything about who is carrying the potentially dangerous virus.

Acting out in the form of substance abuse and violence makes headlines. Eating disorders worsen, and young people call helplines with self-harm and suicidal problems. Psychotic denial and delusions also escalate as anxiety increases.

In a state of emergency

Usually, our social groups are needed to give us comfort in a state of crisis. Now, groups are dangerous. Usually, national crises provide better mental health for a while, probably because we need each other and find togetherness against a common enemy.

This time we are asked to do the opposite, stay away from each other, and we do not know where the danger is or who is bringing the danger with them.

Invisible dangers are like in the nightmares; something is familiar, but still not really the same, it's like the ghost under the bed, it's the weird sound that makes no sense and gives us the chill.

It is an unseen virus that threatens us. Creating fertile ground for a kind of horror and anxiety that may become part of the undercurrent feelings in many of us. A cough is no longer just a cough.

Groups; my own and IGA-training

What to do, when the lock down hits us, in the middle of intense processes in my analytic group and two weeks before block training? Should we cancel groups and training? – from a practical perspective the most trouble-free choice, definitely the easiest, causing less work. Should we go online? – the toughest and most demanding choice, from all perspectives. Involving so many unanswered practical questions, ethical considerations, theoretical as well as clinical discussions and possible disagreements.

Online groups in a normal situation

Usually, online groups are agreed on by everyone involved. The reason is often large distances between members, or a desire for a specific and maybe acclaimed group analyst, far away.

Usually, the framework is clarified before start-up. This means, that it is decided how often the group will meet properly – at least every six months perhaps. Everyone knows which online platform to use, the candidates/members have agreed to sit individually in a suitable, undisturbed safe space or room, where confidentiality is maintained. Preferably, everyone has checked their internet connection, made sure that sound is ok and how the individual should sit to be seen. The group analyst has knowledge of the technical solution offered to the candidates and can assist if there are challenges with sound or image.

Usually the group analysts, the candidates and patients are not in a state of emergency. In a crisis we really need structure and a stable setting.

The Setting of our groups

will be part of the internalization of the group as a whole

- the area of the town where your groups are; high or low end, spread out or crowded, lots of traffic or in a quiet street

- the building in itself; the condition of the building, are there elevators or long staircases, is it beautiful, practical, maybe you find it ugly
- even the waiting room; are there magazines – what kind, water, room enough or crowded, protected or too visible
- the analytic room; the size, a cave or an open space, the chairs, lighting – dim or bright, art, tissue box, the carpet, amount of personal details we share
- the fees and how the payment is handled

If we all took a picture of our own group setting with our fees printed on the photo and put it on our screen now, there would be xxx different versions – giving an incredible variety of the internalized settings.

The Setting in group analyses

However, the setting set by theory would be more alike:

- One group analyst and 5-9 members, optimal 7-8, who all have chosen to come for therapy in group analysis
- 1,5 hours. Foulkes suggested between 75-90 min, I bet most of you, like me, have 90 minutes
- Once a week (I have understood that in Portugal you run groups with 4 sessions a week, that is very exciting)
- Same day, same time (mine has been running same day, same time for 15 years, until covid-19)
- Confidentiality is protected
- The circle – we just do not put chairs in squares or triangles or something else. A neatly set circle, where everyone is able to look each other in the eyes.

It would be interesting to see how many of you have about the same theoretical setting as I do.

There are great variations in the setting we make for our groups, even so I say, for each of us, the setting is fixed.

We do not carelessly move, change rooms or decoration or any other major part of the setting now and then. Why? Because we want the setting to be mainly mute.

The setting will always talk from time to time; when there are breaks, when you are sick, when you raise the fees, need new furniture, or a new office, and when you must move, maybe to the other side of town, or even end the group.

You are working therapeutically with members' reactions to changes of setting, but that is not the main therapeutic agenda.

For proper group analytic processes to come into effect it needs non- process. Something that is stable, predictable, and that you may rest in. The non-process in group analysis is the fixed setting and the rigid, yet flexible boundaries. How is the setting in online group analysis or supervision in times of emergency?

Online group therapy and supervision in lock down is no longer a chosen method. It is mandatory (if you do not cancel all sessions). But which online platform to use? IGA maintains that Zoom is safe enough, but the health authorities say no, it is not safe enough. Difficult.

Yet, no other platform works as good for groups as Zoom. Zoom is chosen, it gives part of the setting. Unfortunately, the group analysts find it difficult to provide the technical services the members might need, they are all very new to this. There is no plan for when we will meet in real life, because no one knows.

How to sit undisturbed and at the same time not feel too intruded at home? The home office might be in bed for example, or in the closet (I experienced both in my groups) because the children or the partner is also at home. Or a member sits in his car because those he lives with do not know of the group. How is it with the confidentiality under these circumstances?

The setting is definitely no longer mute. The setting is screaming.

The building, the room and the familiar circle; suddenly it is all gone. Instead, the group is in their homes or in a car, and all you have is the computer screen in front of you. There are about eight faces in squares that sometimes move around on the screen. And the set up you see on your screen is not what the others see.

You do not choose who to be next to on the screen. There is much less resonance in each other's bodies.

And no one knows who is looking at whom, and no one can see each other in the eyes, sad.

Some has even too much light behind, or too little light. Either way you can't see their faces, and the sound is crackling or too low, and suddenly one in the group fell out of the screen, but who was it?

– And the group analyst's brain is just a bit overwhelmed.

These changes of setting do something with the position of the group analyst and with the group dynamics.

The structures are flattened, authority constellations are shifted. It evokes new transference patterns in the group members, other emotions and thoughts.

The countertransference is altered, but how and in respect to what? How to untangle and find ways to use the countertransference for the better of the group.

Usually, both the group analyst and the members of the group are not in the middle of a crisis that no one knows the extent of.

It makes us all uncertain and scared. In addition, we have lost major part of our setting. What are the implications for our dynamic administration and our rigid, yet flexible boundaries?

The Boundaries in group analysis

When the setting is fixed and the boundaries rigid, yet flexible, it makes room for analytic process and a free-floating discussion. Boundaries are made of necessary, but no more than sufficient, rules.

The group analyst is responsible for the boundaries and is the most significant carrier of the culture if the boundaries are under pressure. In a slow open group, the conductor decides who and when a newcomer starts in the group. Everyone has agreed to come on time every week and pay the decided fee.

The patients decide when to stop. Usually there is a rule on how many sessions to attend after the decision to end is set (mine is 8).

Groups also have drop-outs, and sometimes the patient does not decide, a throw-out; usually a very difficult boundary issue to handle for the group analyst, both in therapy group and supervision.

Since June, groups can meet again in Norway.

The rules are: no symptoms of cold or illness, everything disinfected before and after group, and I must make seating arrangement with at least 1 meter between each member.

In order to be able to fulfil the last criterion, I meet my groups in a new very much larger room, that either has very bright light or no light, where the circle is more elliptic and at a different time slot during the same day.

There is a fright always that someone has brought the virus into the room or for new close downs.

Everything is seemingly very different from my regular room where we are sitting quite close to each other, in softer light, in a circle, earlier in the day, feeling quite protected from the outside world.

Usually, when someone introduces boundary issues, we work with it in the group. Now, I realize that I sometimes just agree, or apologize or am somehow avoidant and insecure. I act.

Boundaries in my group

Lately, I do find it difficult to be rigid, yet flexible on boundaries issues. I am often too flexible. I just recently realized that it feels like other authorities decide my setting, due to infection control regulations. I must have groups on Zoom or in a room with at least 1 m between each member. I have, as I said, chosen 1 m distance with all the implications of a different setting.

This has an impact on how I handle boundary issues. I am not defending the group boundaries like I used to. The new room and the time. I do not want it. I want my room and time back, like the group does. I understand I need to get a better grip on my new boundaries, for the best of my group. I believe that my avoidance on boundary issues makes the group more anxious and chaotic. I am not taking proper responsibility for the setting.

At the same time, I have experienced when I am firm, the friction feels more dangerous, especially when we were on Zoom.

Boundaries in supervision

Also, as supervisors, how do we handle our Institutes boundaries? Are we able to evaluate the candidate who probably should not go on to full group analytic training, truthfully, in the middle of all this? It is more than challenging enough under usual circumstances.

How to confront and work with her who seems fragile but does not follow clear recommendations? I find this kind of friction very uncomfortable online; it remains in the body longer in a quite powerful way. It is like the anxiety is already activated and giving little mental space before a boundary intervention becomes too frustrating and overwhelming.

Zoom fatigue

A lot has been said about how exhausting it is to be online and on Zoom, Zoom fatigue is a new word in 2020.

We are present for each other through our heads, but not with our bodies. This gives a certain dissonance, and I think it drains us of some power. We must concentrate so much to get nuances in the interactions, and it is more difficult to read emotional reactions. I also wonder though if we are not – when we are at Zoom – also subconsciously reminded of the state of emergency we live in.

One explanation for the fatigue may also be the anxiety that vibrates and is not talked about in the Zoom room. As supervisors, I wonder if we might be activated stronger than usual by fear of making mistakes, of not knowing, of not understanding the situation, of not being good enough, of doing something that is later considered stupid and might regret when this state of emergency is over.

To sum up so far

There are many who work hard and struggle to keep their more primitive defense strategies in check these days. Much of the external structures are absent and we must lean on our internal structure, which for many patients is relatively deficient. Even with a fairly good inner structure, a touch of a new kind of anxiety becomes part of our everyday life.

As I said before a cough is no longer, just a cough. In addition, the pandemic and online therapy during lock down are attacks on our groups and on the group analytic situation, on our position, attitude and thinking as group analysts. And then, we have Zoom fatigue, affecting us all, candidates, patients, and group analysts. Is it possible to do sensible work under these conditions?

Yes, it is possible for quite a few reasons, I will come back to why, but first: I guess, by now you know that IGA and myself chose to go online using Zoom. IGA had two block trainings on Zoom this spring, maybe we need to do it again in less than three weeks' time.

We followed our regular program, for both candidates and teachers from morning to afternoon.

Of course, there were troubles; with the internet connection, with sound, with light, some used wrong Zoom platform, and the group were thrown out of their online room from time to time.

The teachers were exhausted, but glad that we chose to go online, they found the experiential groups most challenging to run.

All of us experienced Zoom fatigue, I think. Most candidates were very glad we didn't cancel; a few thoughts we should have.

About 30 candidates were ending their training on the last online block, some after 5 years of being in training together. I had my two groups on Zoom for some months. It went ok, lots of issues for some with the internet connection, a proper space, and all the difficulties mentioned, really. A patient who had planned for an ending for over one year, did not leave the group as planned in March, it seems he is stuck in an 'in between' position.

In the analytic group, when we were online, it felt infinitely heavy at the beginning of most sessions, like a loneliness without words had been growing since our last session. As if no one really had the strength to start on the path to connect. Then frustration with the world and viruses and the longing to meet physically were shared and words were coming. And then we did meet, through the words that resonated with each other, also in our bodies to some extent. There was far less anger towards me (now it is more) and each other, than there usually was. There was little conflict, jealousy and friction, more desire for community, wanting and needing to belong. As you have understood I did not manage to keep the boundary and tell my patient he should end as planned. I do think the worst part of online therapy, it is to say goodbye. Both in the block training groups and in my own groups. We need to see each other in the eyes, maybe a hug and shaking hands. That is our farewell rituals, endings are difficult enough already.

Why online group therapy and supervision in a state of emergency

The pandemic obstructs all our normal rituals for transition, our confirmations, our weddings, our funerals, as well as our regular life. This is one reason why seeking to keep the structure and rituals of our groups, and the relationships in the groups, are particularly important right now, when tasks, social groups, other people, routines, and rituals that otherwise provide support are lacking and longed for.

The members in all kind of groups also need to experience that the setting they have started to internalize does not disappear in times of emergency.

Empirical evidence indicate that the best crisis intervention is to find a place that feels safe. That is what I seek as a group analyst, to make the unsafe online group as safe as possible.

One goal of group analyses is to help people internalize a safe space, something to be trusted within oneself.

Setting – manifest and latent

We may understand the setting only as I have described it from an outside spectator point of view; the building, the room and chairs etc., and the time, place and fee; that is the manifest setting.

I now want to turn your attention to an even more important aspect of the setting. Remember I said that the setting will be part of the internalization of the group as a whole.

It is not the manifest setting that is most important, it gives you associations and pictures in your mind, but the manifest setting is a symbolization of the latent setting.

In order to really understand why the setting is so important, you must understand the latent setting is the mental attitude in the group analyst. That is one very important reason for my belief that online groups can do meaningful work.

The internalization of this mental attitude makes room for a continent in the inner world, safe enough for psychological processes to develop. This mental attitude is under normal circumstances most visible in the manifest setting. The visible setting is lost for a while under the covid-19 pandemic, the mental attitude does not need to be lost.

Ethics and the setting

This mental attitude is in fact also an ethical stance of being predictable, steady, and truthful, of helping, protecting, loving, understanding and do no harm. As well as understanding when this is not possible for you. This is easier when we feel safe in our regular manifest setting, it helps us; however, we must seek to keep this ethical stance even when the fundament of our group analytic situation is under attack.

This is hard work, it is easy to stretch boundaries, to give up, to not fight for what you believe is right, and what needs to be done.

Hence, as group analysts we will need help from each other in order not to slip down the slippery slope, where our ethical standards are not held as high as we like.

By now I agree with this statement:

“Working online is no longer a choice, but a necessity, and it is the duty of every psychotherapist to do so ethically, responsibly, and critically.” Dr Aaron Balick (at twitter)

In a state of emergency – reach out for each other!

(Taken from the SGAZette, 2021 with permission)