

The staff group as a transitional area

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Abstract

In this article the author will use the concept of location of disturbance and systems theory and relate these to Anzieu's work, in particular his concept of the transitional analysis. She will then describe the work in a "staff group", also called a "reflective practice group" which are much used in the UK hospitals and institutions at the present time. They occupy this transitional space between the care of the patient and the organisation.

Keywords: Staff group, Transitional area, Reflective practice Groups, Institutionalised settings.

Riassunto. *L'équipe come area transizionale*

In questo articolo l'autore utilizza il concetto di localizzazione del disturbo e la teoria dei sistemi e li mette in relazione con il lavoro di Anzieu, in particolare con il suo concetto di analisi transizionale. Descrive poi il lavoro in un "gruppo di staff", chiamato anche "gruppi riflessivi", attualmente molto praticati negli ospeda-

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li e nelle istituzioni britanniche. Questi gruppi occupano questo spazio di transizione tra la cura del paziente e l'organizzazione.

Parole chiave: Équipe, Area transizionale, Gruppi riflessivi, Setting istituzionali.

Anzieu's culmination of over 20 years of work of his own and other French group analysts was published in *The Group and the Unconscious* in 1974, and english translation in 1984. He develops his theory of the group illusions of, "the group can do everything", meeting whatever desires of the id and "the group omnipotence of destruction of all", meaning it can do nothing as all will be destruction in the group.

I trained in England in Foulksian group analysis (Foulkes, 1964, 1975) which uses psychoanalytic and systemic theories, allowing shifts of focus between the individual, the group, and the societal context. The location of disturbance is a Foulksian concept, which then allows focusing of intervention. In this article I will use the concept of location of disturbance and systems theory and relate these to Anzieu's work, in particular his concept of the transitional analysis. I will then describe the work in a "staff group", also called a "reflective practice group" which are much used in the UK hospitals and institutions at the present time. They occupy this transitional space between the care of the patient and the organisation.

Transitional area

Anzieu refers to Kaës' work, extending Winnicott's concept of transitional space to what they call "transitional analysis". He outlines the conditions necessary for the work of transitional analysis, a place and set of rules

«...which allow the elaboration of the crisis and to establish adequate functions for this elaboration; the function of a container of sensations, affects and fantasies, a function of re-establishing the links of thoughts, and a function of establishing a certain interpretive game» (Anzieu, 1984, pp. 6-7 ed. orig.).

Thus he says, transitional analysis makes it possible to extend the possibility of psychoanalytic work from training and therapy groups to durable and institutionalised social groups.

Therapeutic analysis in the group occupies this transitional space, but where the illusion of the group meeting the libidinal desires is temporary and ensures that transition to change is not catastrophic. This has both individual and systemic aspects. For the individual in the group, who projects the unac-

ceptable unconscious parts of their psyche to the others or the group as a whole, the group first contains and then enables analysis and thus makes conscious or visible in the group space the underlying conflict of the individual. In the resonance and mirroring available in a coherently functioning group (these are also Foulksian group-analytic concepts), there can follow and internalisation of a psychic organisation which is less severe and more in reality. Thus the group occupies a transitional space in the individual psychic apparatus. There is re-establishment of thinking, of symbolisation and creativity in this transitional space, which is then internalised.

Anzieu uses a systemic concept of levels of systems existing within each other like concentric circles. He gives an example of a group set out in concentric circles within an organisation. The different circles can represent the super-ego, ego, and id of the individual psychic apparatus or the intra-institutional, intra-group, interpersonal and intra-subjective levels within an institution. He radically states on page 8 that the primary psychic apparatus is «...intrinsically group related and that this constitutes one of the metapsychological statements that can be used as a basis for the curative efficacy of the group process» (Anzieu, p. 8 ed. orig.).

The systemic frame allows us to step aside from the individual or the group polarisation, and instead to see the individuals forming the group, and see the group in the individual. This is how it is possible that «...the group exerts a psychotherapeutic affect on the persons who comprise it and on the institution of which it is a part» (Anzieu, p. 9 ed. orig.). The word psychotherapeutic is better replaced by “leading to change or healing”, when we are referring to an organisation or a society.

If we use a systemic epistemology, with connections between parts of the system and their subsystems, then it is possible for changes to manifest after an intervention in any part of the system. Furthermore, intervening in the central system is more efficient as it connects both to the system above and the system below.

I will now focus firstly on the individual coming into the transitional space through his or her speech followed by an example of a reflective practice group which occupies this transitional space between patient care and the institution.

Transition for the individual from the inside to the outside and through speech

In our work of *Contemplative Group Dynamics*, which is an integration of mindfulness with group process, the speech is that of sensations (Cilasun and

Ladden, 2021). Transitioning from the individual to the group using speech is observed in slow motion and detail. We are able to observe how even with impersonal body sensations of for example “cold hands”, there is a tendency to feel self-conscious and reluctance to share in the early group. As the group progresses the self-consciousness diminishes as members resonate and self-other distinctions soften. The point of bringing this different type of work here is the fact that even with very simple experiences of body sensation in the here and now, it is very hard for people to make the transition from the inside to the outside. It is not only with complex phantasies that this difficulty arises. In the contemplative group we are able to observe the transition from silence to speech, from inside to outside and hear others’ experiences of the same difficult process. We see that it is only when we are able to make this transition, that the space of the group opens up as a truly transitional space, a space for creativity and transformation. It is a hard process requiring letting go of self-consciousness and what is known. Stepping into the transitional space is full of anxiety as we step into the unknown.

In reflective practice groups, the staff members reflect on their emotions in relation to their work and hear their colleagues’ responses. These groups are different from supervision groups, or therapy groups or experiential training groups. Their goal is to provide a space for the “transitional analysis” in Anzieu’s words, so that there is containment of affects of staff, and a re-establishment of thinking and linking, leading to new understanding of the situation. Often feelings about the institutional dynamics merge with those about the clinical work. These groups may also function as a learning space for staff members who may have little training in psychoanalytic or group-concepts and practices, learning from the discussion and the facilitators.

One staff team in a psychiatric unit has been meeting with the group analyst for two years which have seen alternating use of the group. Some groups have been silent with few members speaking and as such they are unable to use the space as intended. Instead, something else is being communicated by the silence. These groups seem to be stuck and cannot do anything. The hope is in the group analyst who keeps returning, containing the impossibility of the situation. Using Anzieu’s theory we can postulate that the team members project their destructiveness into the group space. They fear that in speaking the group phantasy will be true and all will be destroyed. On the other hand, when there is an incident such as a death of a patient, the team can use the space easily for sharing their feelings and thoughts about what happened. Presence of a topic reduces anxiety. But afterwards the group returns to being stuck in silence.

The case of the Japanese woman was brought for the second time to the group. She was stuck and powerless, married to a foreigner within a foreign

system, with a new baby. The story of the Japanese woman is one of cultural dislocation, estrangement from family and a bewilderment in the woman. The professions around were confused; who is telling the truth, she or her husband, who is mentally ill she or her husband? The social services and the mental health service were split, not communicating. The team could not understand the situation. She was stuck, as the team was, unable to speak and we were unable to understand the problem. I heard the story of the Japanese woman as a communication about the dynamics of this team and about the organisation this team is part of. I located the disturbance in this case to the dynamics of the staff group.

This group is in the transitional space between the patients and the institution, situated in the NHS, which in turn reflects the societal dynamics of UK at this time. In the wider system there is increasing globalisation, dislocation of people and consequent loss of the traditional supports in the society. Equally, remote working and “smart working” have led to loss of traditional support of colleagues in a hospital base. This group had been meeting online during the pandemic. Just like the Japanese woman who did not have her traditional sources of support, the team have lost a team base and the physical presence of colleagues due to working online. But these losses had not been mourned. Would the group be able to speak about their feelings about the changes in work conditions, the losses, their bewilderment and need for understanding? When I focussed on the difficulty of using this group, and drew a parallel with the dislocation and losses for the team, using the story of the Japanese woman as a symbol, the staff members started talking of working very hard, feeling exhausted of online work and wanting contact with each other physically and socially. The next groups were more active, with processing of the losses. And a few months later we heard that the Japanese woman had made arrangements to return to Japan with her baby, ending the stuck situation.

Concluding remarks

Anzieu’s formulation of the “transitional analysis” is useful and as he says it indeed extends the possibility of psychoanalytic work from training and therapy groups to institutionalised settings (Anzieu, pp. 6-7 ed. orig.). My work in the group reported illustrates how the material of the staff reflective practice group is both about the patients’ dynamics, and about the institutional situation. Locating the disturbance and work in this middle transitional space can lead to new understanding, bringing forth change, as Anzieu suggests.

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