

# Group Affective Learning in Training for Psychotherapy and Psychoanalysis



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## Table of Contents

Abstract

The Philosophy of Affective Learning

Derivation of the Model

Teaching and Learning

The Small Affective Learning Group

Example: Working with Small Group  
Transference and Countertransference

Example: A Plenary

Off-site Modifications of the Model

Example: A Reading Seminar

Faculty Process and Review

Example: An Advanced Small Group

Evaluation

Training in Affective Group Leading

The Group Affective Model and Traditional

Psychoanalytic Education

Example: A Small Group of Analytic  
Candidates

The First Small Group

Summary

References

# **Group Affective Learning in Training for Psychotherapy and Psychoanalysis**

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## **ABSTRACT**

This paper describes The Group Affective Model, a method for teaching psychoanalytic concepts and their clinical application, using multi-channel teaching, process and review in group settings, learning from experience in an open systems learning community for psychoanalysts and psychotherapists. This innovation arose in response to criticism of existing methods in psychoanalytic education that have subordinated the primary educational

task to that of the training analysis. Noticing this split between education and training analysis, between cognition and affect, and between concepts of individual and group unconscious processes, we developed the Group Affective Model for teaching and learning psychoanalysis and psychotherapy in an open psychological space in which individual and group processes of digestion, assimilation, and internalization are experienced, consensually validated, described and evaluated by students and faculty.

We discuss our beliefs and our educational stance. We describe our institution and our participants. We give examples of teaching situations that we have studied to provide some insight about assimilation and internalization of the concepts and clinical approaches being taught. We discuss the transferability of the

Group Affective Model to other teaching settings and psychoanalytic training institutions.

## **The Philosophy of Affective Learning**

We believe that psychoanalytic training is about the development of the self as a finely tuned, flexible therapeutic instrument. Traditional training in psychoanalysis and analytic psychotherapy uses a tripartite model: 1) seminars and 2) supervision for teaching and learning, and 3) analytic treatment for personal growth to achieve this aim. We regard all of these aspects of traditional training as important, but we believe that they are not sufficient for intensive study of psychoanalytic concepts and clinical process in the object relations tradition because of splits in traditional models between cognition, affect, and clinical experience. As an



analysand in analysis with a senior analyst, a candidate assimilates psychoanalytic theory and practice at a personal level, but only learning from the group experience allows radical questioning, thorough internalization of the object relations way of working, and analytic sensibility to group dynamics so essential for building a healthy institution. To this end we developed the Group Affective Model more than 20 years ago for teaching psychotherapists (J. Schaff and D. Scharff 2000, 2014), training analytic candidates, and promulgating psychoanalysis through its use in a distance learning center for psychoanalysis.

Bolognini (2014) has given the most recent description of the negative factors hampering psychoanalytic training institutes: “Oedipal rivalry, both generational and fraternal, and

personal narcissistic intolerances find fertile ground in settings that – despite individual analysis – recur with unrelenting and lacerating frequency.” He recognized the need to include the small group dimension in training and in continuing education “in order to improve the internal individual and group attitude of future analysts towards these dangers.” He senses the need for a move towards a quadripartite system of analytic education to involve graduate analysts in continuing self-reflection, scientific exchange, and the maintenance of analytic identity and the institutional integrity. We think that the Group Affective Model is one way of answering the call for greater emphasis on group dynamics in the training and continuing education of analysts and in the promulgation of psychoanalysis.

The Group Affective Model was designed for teaching and learning British object relations theory at a time when that was not a mainstream branch of psychoanalysis (Fairbairn 1952, Sutherland 1980). To get access to the object relations way of thinking and working, and the group affective learning of object relations, mental health professionals traveled from various parts of the United States and neighboring countries to study together in person in immersion modules, and so created a distance learning community. When participants expressed the need for ongoing connection between modules, seminars were introduced monthly and then weekly via teleconference or videoconference. In this way, years-long certificate programs became possible, beginning with a 2-year program in object relations theory

and practice, and expanding to advanced psychoanalytic psychotherapy, couple and family therapy, infant observation, adult analysis, child analysis and child therapy. Thus throughout the year, there is a distance learning matrix that supports training in various modalities at all stages of professional development. Psychoanalytic training is embedded in a broadly supportive psychotherapy matrix.

Our analytic perspective is still primarily object relations theory integrated with group analytic theory, affect regulation, infant research, chaos theory, link theory, and a variety of other psychoanalytic approaches necessary for a comprehensive understanding of the human condition (J. Scharff and D. Scharff, 2005). We value the personal analysis of the candidate and

the psychotherapist as the place to internalize these concepts at the individual level, but we feel that this is not sufficient. The analytic dyad is necessarily private, protected, and impenetrable. This allows for deeply personal exploration but it does not open the learning to consensual validation, as occurs in an affective learning small group. In traditional training, didactic seminars emphasize the cognitive, while the affective is sequestered in the analytic dyad. The group affective model brings in the affective component to the public learning space where it is explored and integrated with the cognitive.

Our educational perspective is affective and integrative. In addition to psychoanalytic theory, we draw from group theory (Bion 1962a), ethnography (Atkinson 1992) and educational research (Anzul and Ely 1988; Sherman and

Webb, 1998). We believe that affect and cognition are inextricably linked, that there are many ways of perceiving, reporting, learning and knowing, and that knowing is partial, multifaceted, contradictory and shifting (Atkinson 1992). We believe that teachers are learners, that students have much to teach, and that teachers need to be open to learning from their students in order to teach them effectively (D. Scharff and J. Scharff 1979). We reject elitism and moral or intellectual distance between teacher and student. We value a radical questioning of certainty, authority, truth, and other absolutes (Atkinson 1992). We appreciate open-mindedness, “the willingness to construe knowledge and values from multiple perspectives without loss of commitment to one’s own values” (Bruner 1990, p. 30). This

way of teaching and learning is personal, meta-analytic, and recursive, reflecting upon the reflections (Anzul and Ely 1988).

## **Derivation of the Model**

The Group Affective Model is an extension and modification of group relations conferences in the A. K. Rice and Tavistock tradition (Rice 1965, Rioch 1970), modified to explore the processes of teaching and learning in various educational institutions (D. Scharff and J. Scharff, 1979) and training in object relations theory and technique (Sutherland 1980). The institutional design consists of a system of small and large group settings as does an A. K. Rice/Tavistock conference, but in the Group Affective Model, concepts are presented in the large group in lecture, case presentation, or

clinical video, and are then discussed, challenged, reviewed, and processed in the small and large group settings as to their effect on the individual, the group, and the institution. Another difference is that although each in-person module may stand alone it is also part of a system of parts that combine to form an ongoing certificate program. Unlike an A. K. Rice/Tavistock small group, the affective learning small group does not focus on authority and leadership, but on teaching and learning about unconscious processes elucidated by the emergence of emotional responses to the specific material being learned and the group process.

The affective learning model is built on a few key psychoanalytic concepts, in addition to group relations theory — affect regulation (Fonagy et al. 2005), internal self and object



relations (D. Scharff, 1992), processes of projective and introjective identification (J. Scharff, 1992), and link theory (Pichon-Rivière 1956-57; Losso et al., 2017| Scharff et al., 2017). Affects are the engine of self and object organization, in the brain, in the individual mind, in relationships, and in groups. The resulting affect driven self-and-object relationship is the basic unit of psychic structure, which communicates with other minds through unconscious processes of introjective and projective identification. Thus, it provides the template for interpersonal interaction in relationships and in groups. Through this unconscious communication among individuals in groups, subgroup formations express affect-driven themes of common concern. Anxiety about learning psychoanalytic concepts

concerning infantile sexuality and aggression, insecurity, and unconscious process draws people together in group processes that illustrate the concepts being studied. Following the affect to detect the underlying group theme is more effective than cognition alone in understanding psychoanalytic concepts. Thus the group becomes an expanded setting in which internalization of the concepts occurs beyond the degree of internalization possible through the work of the analytic dyad. The group is a potential space for intense experience, exploration of symbolic meaning, creative thinking, and reflection – “an intermediate area of experience unchallenged in respect of its belonging to inner or external (shared) reality” (Winnicott 1951, p, 242.) The group is embedded in the link, namely in an institution

connected to the field of psychoanalysis from which it draws knowledge and experience and to which it contributes.

Participants in the learning community come together from various parts of the country as faculty, fellows, candidates, or students: faculty members are teaching and supervising psychoanalytic psychotherapists, or teaching and supervising psychoanalysts; students are experienced psychoanalytic psychotherapists and candidates in psychoanalytic training; fellows are advanced students who work toward leadership roles. By engaging in the activities, reflecting on them, providing verbal responses and written documentation, all faculty and students automatically engage in the learning process. This cybernetic process is integral to this open-system institution, intrinsic to the

learning process, and crucial in shaping the future direction of training.

## Teaching and Learning

At each in-person training event, usually over the course of a three day weekend or weeklong event, the large group of 30-70 students meets in the didactic lecture format to listen to concepts and cases presented by guest speakers and faculty, and then to engage in large group discussion called multilogue (De Maré, Piper and Thompson 1991). Creative associations and group interpretations are encouraged. The task is to focus on the presented concepts and clinical process, transforming the emotional experience of ignorance and confusion into intellectual understanding. This is different from an A.K.

Rice/Tavistock large group in which the focus is on the chaotic mob of the large group itself. Then, in small groups 5-11 students discuss the concepts further with particular emphasis on how their feelings relate to the experience of the presentation. Some participants may have trouble speaking up in the large group and feel safer in the family atmosphere of the small group. For others the intimacy of the small group is more of a challenge.

Midway through the event, the large group meets in “plenary format” in which the students and faculty critique the learning experience and the institution itself. Meeting as a total institution, groups and their members compare and contrast the effectiveness of the experience of integrating cognition and affect in the various small affective learning groups and in the large

group in lecture format. This gives the institution a more complete object to contemplate than is possible in the experience of any single group. Programmatic modifications are made on the basis of the whole group's feedback.

## **The Small Affective Learning Group**

The small group of 5-11 students meeting with one group leader or two co-leaders is the cornerstone of learning from experience, and so we will focus attention on it here. Participants who register for a single module are assigned to a small group for only 5 sessions. Psychotherapists who register for a 2-year program are in a group of fixed membership for 70 sessions, usually with the same leader for the duration of the program. Analytic candidates

meet in a candidate-only group each year of the 4-year program for a total of 150 sessions, led by a teaching analyst who rotates off after a year in order not to attract an over-attachment to one group leader, and thus diminish the possibility of a split transference from the candidate's personal analyst. The leader is selected from the teaching faculty, not the faculty authorized to do personal analysis of a candidate, in order to avoid the role conflict of dual relationship.

The individual's task in the small group is to discuss the advance reading and lecture topics or case reports that have been presented, to examine emotional responses to this material, and to think about the concepts in clinical examples from their practices. As each student attempts to do this, discussion follows, and a group process develops that tends to reflect those

concepts or clinical issues because of unconscious reactions evoked by them and delivered into the institutional framework.

The small group's task is to facilitate understanding and professional growth by observing the group process so as to discover how individual inner worlds combine to foster or impede learning.

We find that what is being studied affects the unconscious of the individual and the group, so that concepts tend to be illustrated in the behavior of the group. That behavior often reflects resistance to the primitive content that psychoanalytic theory addresses. Affective group leaders are trained to look for and interpret these resonances with the material. Interpretation of resistance and hatred of



learning helps group members move into a state of mind in which they can engage, question, and seek knowledge. Some argue that there may be times when there is no reflection of the material presented. In that case we look for the resistance to its emergence, for instance wondering if it has been blocked by a group trauma. Attending to the group's process allows for greater understanding than purely cognitive reception of material, and so greatly enhances the applicability of theory to the practice of each therapist. This small affective learning group's task of integrating cognitive and affective, individual and group responses to the material has the aim of improving both psychoanalytic understanding and clinical skill.

Personal experiences that are shared are not interpreted in terms of the individual

unconscious. It is not a therapy group that has the aim of revelation and regression in the service of healing – even though some participants experience a therapeutic effect incidentally. Since the integrative task demands that the affective learning group attend to the cognitive aspects of the experience as well as to the emotional aspects, we expect and generally find less regression than in therapy groups.

We maximize individual learning by using the wisdom of the group in large and small group discussion. There we not only teach the concepts: We teach from the students' reactions to the concepts, reactions that tend to embody the anxieties and defenses addressed by the concepts. In short, we engage both cognitive and affective channels for learning, using each individual's relative strengths in left brain and

right brain functioning to develop an integrated approach to theory and practice (Schoore 1994). Applying Bion's theory of containment to describe our teaching method, Vermote (2001) wrote that the concepts do not remain alien beta-elements but become alphabetized as part of the therapeutic self.

The following example demonstrates the typical use of the leader's countertransference to interpret the influence of unconscious group process on the group's capacity for learning. It was chosen to show how the group integrates didactic material, clinical and personal experience, and works with group transference to arrive at understanding, even though this was only the second session of a group that had not worked in the affective model before.

## **Example: Working with Small Group Transference and Countertransference**

A small group met during a conference at which the presenter's communications were clear, elegant, charming and assured. He comfortably discussed a case presented to him, the treatment of a man with perverse sexual behavior and self-destructiveness, and then he equally comfortably resumed lecturing on sex, aggression and perversity. In the second meeting of the small group following this discussion and lecture, members worked on dealing with sexuality and aggression in clinical settings, where several members admitted to discomfort about their patients' sexual issues.

A woman told the group that she had been thinking about a male client who had come to his first appointment in a shocking pink tutu,

with shaved head and dangling earrings. Before each session, he used her waiting room bathroom to change from male street clothes into a striking women's outfit. She felt that she did not understand what he wanted of her, and that nothing about him was changing. Then he ended the treatment. "What did he want?" she asked us. "Is there anything I could have done for him?"

Other members of the group spent a long time trying to tell her what they thought the man was trying to tell her. The male group leader said that the group had moved away from figuring out what to do with their own areas of discomfort and were now telling one member what to do with her patient, instead of working on the concepts by learning from their own experience. Group members agreed they had

moved into pseudo-supervision. They now discussed their own reactions to this case, and gave vignettes of situations when they had felt uncomfortable. One woman referred to her discomfort in the first meeting of this group when a man had said he found all the women attractive. The women now pursued this topic and probed the man to find out how he felt and what he meant. The group leader said that they were requiring the man to explain himself instead of looking into their own responses to the lecture, the clinical vignette, and uncomfortable countertransferences.

The group leader, now feeling uneasy, reviewed what was going on internally. In response to the provocative lecture, the group was filled with longing for sexual attention and for some manageable communication

concerning the man in the tutu. Working well with a gender non-conforming patient calls for empathy, knowledge of queer theory, and clinical experience, which is hard to acquire except when working in a specialty setting. He realized he was feeling guilty about not giving the group enough to make up for this lack. Using this countertransference, he said that the man who found all the women attractive had gotten the group members' attention and had given some of them the attention they craved but could not get from a male patient who had quit after a few sessions, or from him as a group leader who had not helped them know how to deal with the man in the tutu. The women responded by talking about men who did not give them what they needed or who got things wrong. One man responded by flirting to reassure the women

while the other expressed longing to get it right for them.

The group leader made his intervention. He said that he thought the image of the man in the shocking pink tutu stood for the group's alarm about what to do about sex, and how to understand what someone wants who cannot speak about it. He suggested that this made them feel hopeless and bad as therapists. He associated to the phrase "man in a tutu" as a display of sexuality that was "too, too" much for them, and also wondered if they were reacting to "two" men, not only the two men in the group but another two men – to him as an enigmatic leader and the brilliant presenter dangling his understanding of sexuality and perversity before them. Although the presenter was exciting to



them, they were left feeling hopeless in his wake so that they both envied and hated him.

The group considered the extent to which feelings of disappointment and envy were affecting their capacity to work with one another, and went on to explore sexual problems they face in clinical situations.

Concepts pertaining to sexuality, intimacy and perversion were reflected in group associations. The interpretation of unconscious anxiety showed the group the destructive impact of the fusion of sex and aggression on the learning space so that the group could recover the ability to take ownership for difficulties and then face the learning task. In this process, the group members' various emotional blocks to learning difficult material were explored and

their thinking freed. The small group is an environment for the growth of understanding and the expansion of individual members' capacities and skills.

### **Example: A Plenary**

At another training event, the presenter had given a challenging and provocative paper on female sexuality, intimacy, and Oedipal conflict. She was an attractive woman with a powerful intellect that was described by some as a phallic attribute. The large group reacted to her intellectual sophistication with awe, envy, arousal, and anger. Following this, the small groups had to deal with complex issues and intense feelings. When the plenary convened there was a silence as if the group were stunned. Gradually a student here and there referred to a thought or affect stimulated by the concepts.

There was a fragmentary feeling to the multilogue until one member said that he experienced this discussion like looking through a fence, seeing parts of a whole through the slits and not being able to get the full view. This stimulated more contributions from students and faculty until a picture emerged of what was inside the fence of their shared defenses.

One person now said she saw a head; one saw a tail; and another saw a large ear. Someone else saw a bit of the back, and another saw a dark gray color. At first the group thought that there was something like a big elephant in there. We called it the elephant in the room, the huge issue that the powerful woman had brought before us, an issue that we could not address, and that was now staring us in the face. Someone else saw that it was not an elephant but

a camel with two humps. When a participant named it “the beast with two backs” we recognized it as an image of the primal scene fantasy stirred by the presenter’s sexual material, her feminine appearance, and her masculine intellectual style.

This example shows how plenary discussion after an intense learning experience can enable a rich conceptualization of material, which makes complex, difficult ideas more readily available for internalization by individual students. In this instance incomplete understanding in the verbal realm was filled out by a graphic image of the shared experience.

## Off-site Modifications of the Model

In their home cities in the USA and elsewhere, faculty members hold seminars, modifying the model to suit various local settings. In a 2-hour time-frame the learning experience is not as intense as in the 5-session group of a weekend conference or the 70-session group over a 2-year program or the 150-session group over the 4 years of analytic training. Here is an example from a reading seminar to demonstrate the group's embodiment of a concept at the individual and group dynamic levels, and the use of the group experience to learn about and validate the concept. It shows participants at work in a seminar to suggest how the model might be adapted for use in a psychoanalytic institute's reading seminar.

## Example: A Reading Seminar

In a monthly seminar, the group had chosen to have a 75-minute didactic session for discussing the assigned readings, followed by a 45-minute affective learning small group. The group had read Ogden's (1989) *The Primitive Edge of Experience* including chapters that describe the configuration of the self that Ogden calls the autistic-contiguous position, a state of mind that he regards as more basic than the paranoid-schizoid position that Klein described. After discussing many of his ideas, the seminar group showed most interest in discussing the problem of self-coherence in the autistic-contiguous frame of mind.

When the affective learning segment began, members continued discussing Ogden's concepts as though they were still in the didactic portion of the seminar. One woman discussed the

autistic/contiguous position heatedly as if she were the only coherent one. Meanwhile another member tried to speak but others kept cutting across her, so that as time went on, she lost herself at the periphery of the group while others were asserting stronger selves. A manic feeling of capturing the concept had taken over the group. The female group leader interjected to say that the silenced woman had been raising her hand frequently as if wanting to be recognized by the leader but had been unable to assert herself, and so, whatever she was carrying for the group was being ignored. The group members asked for her comment, and she then spoke about her difficulty in understanding this complex concept and her feeling of bewilderment as others did verbal fandangos around her.

Then several others admitted to struggling with the concept. Two members said they often felt trapped by a patient's spinning a web, as the group had just done. The group leader said that the silent member had been holding for the group the difficulty in understanding and working with the primitive anxieties and confusion inherent in Ogden's formulation. The silent woman represented the threat of loss of self that occurred during the attempt to take on board the new concept. The group came to realize that she was helping them to acknowledge complexity and to make room for the underbelly of self-experience spoken for by the autistic/contiguous position. The group members were then able to settle into an integrated discussion, finding themselves within



the concepts instead of triumphing over them or retreating from them in confusion.

## **Faculty Process and Review**

As participants learn the material, group leaders listen to, observe, and document personal reactions and various group processes in recursive cycles. Like an iterated equation, one group experience, or one event, becomes the starting point for the next. Group interpretation creates a response that refocuses the observational lens as each event proceeds (Garner 1991). We notice our own reactions and share them “fully and lushly,” that being part of the discipline of observing and giving others enough material to develop their view of what happened (Goffman 1989 p. 31). We focus on selected segments of the processes in depth in

the small group setting, and we maintain a view of the whole not only at faculty review meetings but in plenary review meetings of the entire membership (Sherman and Webb 1998, Spradley 1980). We seek group support and group auditing of our findings as group leaders in faculty group discussion and in review of ratings and comments on written evaluation forms.

Thinking together as faculty, we find major themes that repeat over time and we are hit by minor themes that emerge rarely but with specific impact (Ely 1991). For instance in one project to study our process in detail, we transcribed and analyzed our data about many small and large groups over the course of an entire weekend conference and found that separation anxiety, the topic of the weekend was

also the dominant unconscious theme (J. Scharff and D. Scharff, 2000).

Each small group leader reports differently, and we value each one finding a personal voice (Hackman 1988). Some provide realist tales of what was observed with little regard to countertransference; some reveal personal experience and countertransference; and others give impressionistic tales of dramatic moments, dreams and group metaphors, all of them contributing to the total picture (Van Maanen 1998). Along with our colleagues, we have published these reports and our reflections on them as a whole so as to demonstrate our way of doing things and make it available for debate (J. Scharff and D. Scharff, 1999, 2000, 2014). The aim of publication is not to persuade that our way gets the best results, but to provoke

discussion and innovation (Wolcott 1990). We want to see whether the process and the reports that spring from it are believable to those involved and credible to larger audiences (Guba and Lincoln 1989). We aim to reach a wider audience to encourage independent evaluation of the usefulness of all concepts presented.

The following example illustrates the way in which affective learning groups combine examination of personal, clinical and theoretical material to put the concepts to the test.

### **Example: An Advanced Small Group**

The example comes from the work of an advanced small group of returning graduates called fellows. The fellows take responsibility for more than their own personal growth in our program. In their small group, they attend to the

usual integrative task: In the institution at large they apply their capacity for integration to developing programmatic initiatives, advising on the evolution of the institution, and taking leadership outside the group by giving papers, discussing cases, or serving as panelists and formal discussants during large group presentations.

Prior to the group meeting from which this example is taken, the fellows had attended a large group presentation at which the presenter discussed Bollas's (1989) elaboration of Winnicott's (1965) concept of the false self's mediation between the true self and the outer world. Noting that Bollas proposed clinical principles for treating patients who overvalue their relationships with their internal objects and contemptuously dismiss relationships in the

outer world, the presenter gave examples of directly encouraging patients to develop a false self with which to put themselves in unwelcome situations in which they are then gradually able to attempt external relationships through which the self can grow in confidence and value.

The fellows met to discuss the concept of the false self and to examine their reactions to it in the small group. They drew a parallel between 1) the patient being expected to use his false self to push himself into situations where his true self might then find some satisfaction and 2) the fellows being expected to move forward into positions of responsibility despite anxiety. A man who was about to present at a panel later in that weekend program recalled that when he was invited to be a panelist, he decided that he was ready and he didn't need the encouragement of a

false self. A woman who was also invited to present at first said, 'Thank you for calling, but no thanks,' but by the end of the phone call, she had accepted. She asked the group to question whether her true self was saying 'No' and her false self talked her into it. She disputed that she had been in a state of false self-functioning. She thought that her true self was ready to come forth despite anxiety, and that's why she could agree to present.

These two fellows tested out the concept of the false self, examined a few instances, and found that the presenter's elaboration of Bollas's idea did not apply to their experience. They proposed that the clinical problem the presenter had illustrated could be seen as one of an existing but extremely narcissistic false self failing an embattled true self and pushing it

toward fear. The group doubted that the presenter's formulation, as they had understood it, was valid in all cases. Intrigued by the presenter's ideas, which they appreciated as a stimulus for discussion, the group nevertheless developed an independent idea of the false self as a multi-faceted function of aspects of the self, operative in many dimensions under different conditions and at different developmental phases.

## Evaluation

On written forms, students routinely complete evaluations anonymously. In plenary discussion, they make their complaints and critiques in person. We make every effort to seek out and take account of every reaction and criticism and to deal with them openly, even if



that means abandoning our present construction and embracing an utterly different one. This means that we redesign the program, the instructions, the curriculum, and the teaching settings in the light of feed-back from students, the most valuable consultants to the training plan. For instance, the development of the fellows program was a response to critiques of the institution as lacking a group for program alumni not yet eligible to teach but wanting to continue learning and contributing to the institution.

In 2007 three faculty members (who had not been group leaders) conducted a research project to quantify the value of the Group Affective Model. They administered a questionnaire to a cohort of program graduates who had been assigned to small affective learning groups of

closed membership meeting 64 times over a 2-year period. (Jamieson, Stadter, and Poulton 2007). Respondents reported that the Group Affective Model improved their effectiveness (82%) helped them think more creatively (89%) improved their ability to work with difficult patients (76%) and increased awareness of the impact of their own internal object world, both in therapeutic and personal relationships (97%). Of those who replied that the small group process was the most important element of the program, numbers of them reported that it “facilitated the integration of the conceptual and theoretical material with affective content (97%) brought the concepts to life as they were experienced in the group relationships (92%) required learning on a deeply personal level rather than on just an intellectual and technical

level (89%) and provided containment that allowed participants to take in new material and be changed by it (84%) (Jamieson, Stadter and Poulton, 2007, p. 113). Certainly, the study had limitations, particularly in not having access to data from the patients of the therapist-respondents and in not being done by an external researcher. Nevertheless, the study shows that, as a result of the program, therapists gained in confidence and ability to develop an effective therapeutic relationship especially from participation in the Group Affective Model.

## **Training in Affective Group Leading**

Just as analysts must have their own personal analysis to learn the method, group leaders have all been members of a small affective learning group for at least two years. Before leading a

group, they attend a teaching and group leading experiential workshop. Having become group leaders, they are supervised by senior faculty in their first two years, eventually contributing to ongoing faculty process and review of all the small groups in the teaching and learning matrix.

### **The Group Affective Model and Traditional Psychoanalytic Education**

Ten years after the founding of the institute, some graduates of psychotherapy training programs requested an extension of the model so that they could train as psychoanalysts with patients on the couch 4-5 times a week. We saw this request as a growth development spurred by the participants' experience in the Group Affective Model. So we developed an experimental psychoanalytic training program

embedded in our institute, drawing from its strength and contributing to its appeal. We based this analytic training program on the Eitingon tri-partite model, with candidates studying in a seminar group separate from psychotherapists' groups. But we add an affective group experience, not as a substitute, but as an additional, integrative aspect of training to fill the necessary gap between the confidential training analysis and the supervision/seminar components. In addition we have the candidates and psychotherapy trainees learning together in the large group four times a year to bridge the divide between psychoanalysis and psychotherapy. In the analytic training track, the Group Affective Model specifically developed for teaching object relations was found to be equally useful for teaching classical concepts

such as Freudian concepts of resistance and transference, mourning and identification with lost objects, as well as contemporary concepts of inter-subjectivity, co-construction, link theory, field theory, and the waking dream.

In traditional institutes, treatment, teaching and supervision are the three pillars of the tripartite system of analytic training for analytic candidates. Psychoanalytic theory is taught by lecture, reading seminars, clinical case presentation from case notes, question and answer, discussion, and debate. Its clinical application is taught principally in supervision. In most institutes, the training analysis is kept separate from the evaluative process, as it must be to be an effective treatment. But the tripartite design of training has led to isolation of the training analysis, and feelings of exclusion and

rivalry among faculty members who are not selected for the role of training analyst. In the model under discussion, faculty and student can openly discuss feelings that otherwise lead to mistrust and divisiveness. Candidates and alumni of traditional institutes are not trained in group dynamics despite doing training and continuing education in small groups. They are not engaged in collaborative understanding of transference projections occurring within the institution because this type of institutional exchange at the faculty level is not happening. A claustrophobia often develops, demoralization occurs, and splits weaken the institution. That is not to say that we are immune to hurts, threats and splits, but at least we have a space, a method, and a commitment to work on it.

By elevating the status of training analysts, which is unnecessary, traditional psychoanalytic education has reduced the primacy of the educational task (Arlow 1963, 1972; Kernberg 1986, 1998). The training analysis provides the trainee a place for reflection and experience of psychoanalytic technique, but only as practiced by one analyst with one trainee, namely oneself. We value the personal analysis, but with the addition of the Group Affective Model that values the integration of cognition and affect, we put the educational task front and center.

### **Example: A Small Group of Analytic Candidates**

In their first year, the group of candidates had already met for 25 sessions with one group leader, and in the second year would have a new leader. For the first in-person module of the



second year, Lucy, a candidate who had made the group angry at her for her dissatisfaction and ambivalence the previous year, was unable to attend the first group of the second year for unstated reasons. Although candidates knew to expect a new group leader for their second year, they had not known which faculty member would be assigned until a week before the group resumed. The candidates had just been to a seminar on Bion and Winnicott, where their task was to discuss the assigned readings on Bion's four principles of mental functioning and psycho-analytic study of thinking (Bion 1962 a and b, Ogden 2008), and Winnicott's observation of infants in a set situation and primitive emotional development (Winnicott 1941, 1945). In the seminar, the candidates are expected to give thought to the readings. In the

affective learning group, they “experience realizations that approximate to the theory” (Bion 1962 b, p. 309).

The seminar group fitfully discussed the concepts of knowing, not knowing, hate, love, knowledge, and hesitation. The seminar teacher said that the group alternately grasped and dropped the readings, like Winnicott’s baby repeatedly dropping the spatula. The candidates who had been actively involved in their learning in their first year, responded unusually passively to the complex, sometimes abstruse Bion material to such an extent that the teacher had to stimulate engagement by asking questions that received grudging answers.

This type of negative response could easily happen in a traditional analytic institute. The

Group Affective Model provides a way of addressing it.

The leader erupted in frustration, “You are turning Bion into a bad object!” One candidate quickly responded, “That’s what we did to Lucy!”

The group had projected into the ambivalent, complaining Lucy their own hatred of learning, and had tried to get rid of it by attacking her. Projective identification by evacuation is one of the four modes of operation available to the psychic apparatus (Bion 1962b p. 309).

A candidate’s absence from even a single group meeting has an impact on class morale. This happened to one of us in a more extreme form during training in a traditional institute when our class lost a PhD candidate. There was

no space for mourning the loss or dealing with survivor guilt among the MD candidates, and no discussion of what this meant for psychoanalysis. In contrast, the group affective approach makes a space for acknowledging absence as a dynamic interfering with learning the concepts. Unconscious group dynamics and resistances to learning can then be explored in the affective small group and relieved of their destructive power.

### **The First Small Group**

At the affective group following the seminar, the candidates started talking about missing Lucy, agreeing that they felt 1) relieved that she wasn't there complaining and 2) guilty that they as a group might have upset her and caused her to miss the first group of the second year.

Having the time and space to mourn and acknowledge guilt is important to prevent acting from a sense of guilt. Acknowledging projective identifications frees candidates to think, without their thinking undergoing “debasement through hypertrophy of omnipotent phantasy” (Bion 1962b p. 310).

One candidate expressed her relief that her analytic patient is on vacation because now she has time to do things she had been postponing.

Expressing this type of ambivalence toward an analytic patient is a corrective to acting out in the countertransference.

Another candidate was grateful for the teaching and for the quality of the group leading, but felt angry and let down now and wanted to blame the faculty.

Following the affect and welcoming the negative transference, the leader said, “Knowing

why I am your new leader doesn't prevent you feeling let down and angry at me.”

The candidates continued talking about their anger that the same group leader could not have been with them for the next year.

Allowing the direct expression of negative feelings toward faculty frees the mind for learning from and with faculty.

The candidates said that they resented being passed from one faculty member to another. One candidate said she started to feel paranoid and wondered if faculty can't stand their group.

The leader acknowledged that their situation was upsetting. Landed with a group leader they knew to expect but not who it would be, the candidates felt distrustful.

Susie said she felt sad because she was missing their previous leader. Others attacked her, complaining about her failure to respond to them on other occasions.

The leader said to the group, “You are zeroing in on Susie as an abandoning object and putting pressure on her to fill the gap left by Lucy to make yourselves feel better.”

This interpretation to the group asked them to take back their projective identifications of Lucy. Carla and Irene responded by somatizing. Carla had to stand up because of back pain. She said she couldn't find a comfortable way to be on the chair, and stood behind it, as if she did not know how to take her place. Irene had a stomachache.

The group leader referred to Bion's remark that one of the principles of mental life is that it takes two people to sort out difficult thoughts. Here were two women combining to sort the

difficulties – not into thoughts, however, but into physical discomfort.

The group had related to the principle under study by embodied cognition.

The leader said, “Lucy may have served as a scapegoat for the group, someone into whom you projected your own difficulties so that you didn’t have to confront them. Without her to focus on, you are finding it painful to have to face your own doubts and uncertainties.”

The group went on to admit that all of them have had fantasies about not doing analytic work anymore: It is so hard. They had thought of taking the whole weekend off, not just one group as Lucy had done.

Allowing candidates to express ambivalence and own their projections prevents countertransference enactment



that might push them to end their training or unconsciously lead their patients to terminate prematurely.

The leader knew that they were acting out this ambivalence by not getting down to work. She kept thinking about the somatization in the group, and asked, “What is so painful that you cannot think about it? You have described feeling paranoid that faculty doesn’t want you, and you’ve acknowledged focusing on Lucy’s escape as a diversion from your own issues. No one wants to move into a thinking mode. You are destroying your thinking. Perhaps you are scared that you have destroyed Lucy.”

Irene, the woman with the stomachache went on to say that when her mother was too ill to take care of her, she was sent to live with her old grandparents. She blamed her father for not

wanting to take care of her. But after all her grandparents were lively, and she believed she received something very good from them. As soon as she finished talking, she said she felt much better from the pain. And Carla, the woman with the backache, sat down.

The interpretation of destruction of thought linked the somatic response to its origin in personal history, and the expression of affect relieved the somatization.

Using the Group Affective Model, the group arrives not at a literal reading of the text but experiences Bion's theory that thinking arises in the context of two minds working together and dealing with love, hate and the search for knowledge. "An emotional experience cannot be conceived of in isolation from a relationship" (Bion 1962a p. 42). Remembering the absent first year leader represented in the absence of

Lucy, the group experiences the shift from the wanted, absent breast no longer as a bad breast present but as a breast missing (Bion 1962a p. 34). Only then can they connect to the new leader. The group sees beta bits shaped by group reverie and reception of all aspects of object experience into alpha elements (1962a p 36). It is much more convincing to learn from experience than to learn from only reading Bion.

When the Group Affective Model is applied to a psychoanalytic institute training program, the analytic candidate retains a private, confidential space for analytic work with the training analyst, while the group led by a teaching analyst trained in group dynamics provides a shared, visible space for integration of cognition and affect. Thus learning and applying concepts to psychoanalytic work. The

integration potential of learning from small group experience fuels the possibility of re-establishing the priority of the psychoanalytic educational task. The model evolves in response to feedback from all sources and at all levels. We leave it to the wider audience of psychoanalytic educators to judge how they might use our model in their own institutes or modify it for their own applications (Friedman, 1999). In the meantime we propose the Group Affective Model for consideration as one that provides the fourth pillar of analytic training argued for by Bolognini.

## Summary

We have described an alternative learning environment and illustrated the integration of cognition and affect in the learning process. We

have shown how our open systems model employs the group to test and digest concepts: The consensual validation of specific analytic concepts in individual development is provided by group dynamic interaction. We have described the various group settings in which this learning model is applied, given brief vignettes illustrating the process, and summarized our findings on the efficacy of the model in facilitating learning theory and clinical application. We propose the Group Affective Model for modifying or augmenting current educational methods at institutes devoted to the training of psychotherapists and the training and certification of psychoanalysts. We believe that the Group Affective Model for learning psychoanalysis has the potential to fill the gap

between the necessary separation between training analysis and educational experience.

## References

- ANZUL, M. AND ELY, M. (1988). Halls of mirrors: the introduction of the reflective mode. *Language Arts*, 65(7): 675-87.
- ARLOW, J. A. (1963). The supervisory situation. *Journal of the American Psychoanalytic Association*, 11:576-594.
- ARLOW, J. A. (1972). Some dilemmas in psychoanalytic education. *Journal of the American Psychoanalytic Association*, 20:556-566.
- ATKINSON, P. (1992). *Understanding Ethnographic Texts*. Newbury Park CA: Sage Publications.
- BION, W. R. (1962a). *Learning from Experience*. London: Tavistock. pp. 31-58.
- BION, W. R. (1962b). The psycho-analytic study of thinking, *International Journal of Psycho-Analysis*, 43: 306-10.

- BOLLAS, C. (1989). *Forces of Destiny*. London: Free Association Books.
- BOLOGNINI, S. (2014). Towards a “Quadripartite Model”? IPA e-Newsletter, Spring.
- DE MARÉ, P., PIPER, R., and THOMPSON, S. (1991). *Koinonia: From Hate through Dialogue, to Culture in the Large Group*. London: Karnac.
- FAIRBAIRN, W. R. D. (1952). *Psychoanalytic Studies of the Personality*. London: Routledge.
- FONAGY, P., GERGELY, G., JURIST, E., AND TARGET, M. (2005). *Affect Regulation, Mentalization, and the Development of the Self*. London: Other Press.
- FRIEDMAN, H (1999) Discussions of J. and D. Scharff’s precirculated paper ‘The group affective model: an alternative model for learning psychoanalytic therapy’ at the American Psychoanalytic Association winter meeting. New York, December.
- GOFFMAN, E. (1989). On fieldwork. *Journal of Contemporary Ethnography*,18 (2): 123-132.
- GUBA, E. and LINCOLN, Y. (1989). *Fourth Generation Evaluation*. Newbury Park CA:

Sage.

HACKMAN, R. J. (1988). On seeking one's own clinical voice: a personal account'. In *The Self in Social Inquiry: Researching Methods*, ed. D. N. Berg and K. K. Smith, pp. 267-281. Newbury Park CA: Sage.

JAMESON, P., STADTER, M., & POULTON, J. (2007). Sustained and sustaining continuing education for therapists. *Psychotherapy: Theory, Research, Practice, Training*, 44 (1), 110-114.

KERNBERG, O. (1986). Institutional problems of psychoanalytic education. *Journal of the American Psychoanalytic Association*, 34:799-834.

KERNBERG, O. (1998). A concerned critique of psychoanalytic education. Unpublished paper. Presented at the Swiss Psychoanalytic Society, Geneva, Switzerland, October 3, 1998.

OGDEN, T. (1989). *The Primitive Edge of Experience*. Northvale NJ: Jason Aronson.

OGDEN, T. H. (2008). Bion's four principles of mental functioning. *Fort Da*, 14:11-35.



- PICHON-RIVIÈRE, E (1956-57). Teoria del vínculo. Taragano F, editor. Buenos Aires: Neuva Vision, 1985.
- RICE, A. K. (1965). *Learning for Leadership*. London: Tavistock.
- RIOCH, M. (1970). Group relations: Rationale and technique. In *Group Relations Reader*, ed. A Colman and W. H. Beston, pp. 3-9. Sausalito, CA: Grex 1975.
- SCHORE, A. (1994). *Affect Regulation and the Origin of the Self: The Neurobiology of Emotional Development*. Hillsdale NJ: Erlbaum.
- SCHARFF, DE (1992). *Refinding the object and reclaiming the self*. Northvale, NJ: Jason Aronson.
- SCHARFF, DE., LOSSO, R., and SETTON, L., (2017) Pichon Riviere's psychoanalytic contributions: some comparisons with object relations and modern developments in psychoanalysis. *Int J. Psychoanal.* February (in press).
- SCHARFF, DE., SAVEGE SCHARFF, J., (1979) Teaching and learning; An experiential

conference. *J Pers Soc Sys* 2(1):53-78.

SCHARFF DE, SAVEGE SCHARFF J (2001).  
Deterministic chaos theory: a new paradigm for  
psychoanalysis. Paper read at 'Chaos theory and  
psychoanalysis' panel, chaired by J-M  
Quinodoz, at the International Psycho-Analytic  
Association meeting, Nice, July.

SAVEGE SCHARFF J (1992). *Projective and  
introjective identification and the use of the  
therapist's self*. Northvale, NJ: Jason Aronson.

SAVEGE SCHARFF, J, SCHARFF, DE (1999).  
Precirculated paper 'The group affective model:  
an alternative model for learning psychoanalytic  
therapy' at the American Psychoanalytic  
Association winter meeting, New York,  
December.

SAVEGE SCHARFF J, SCHARFF DE (2000).  
*Tuning the therapeutic instrument: Affective  
learning of psychotherapy*. Northvale, NJ: Jason  
Aronson.

SAVEGE SCHARFF J, SCHARFF DE (2005). *The  
primer of object relations* (2nd edn). Lanham,  
MD: Rowman and Littlefield.

- SAVEGE SCHARFF, J., SCHARFF, DE. (2014).  
Das affektbasierte Ausbildungsmodell für die  
Ausbildung in psychoanalytischer Theorie und  
klinischer Praxis der psychoanalytischen  
Psychotherapie und Psychoanalyse. (The Group  
Affective Model of learning psychoanalytic  
theory and clinical practice of psychoanalytic  
psychotherapy and psychoanalysis). *Psyche*  
11:1132–63.
- SAVEGE SCHARFF, J., SEHON, CM. (2015).  
Competency-based psychoanalytic supervision:  
a proposal for course design. Unpublished  
paper.
- SUTHERLAND, J. (1980). The British object  
relations theorists: Balint, Winnicott, Fairbairn,  
Guntrip. *Journal of the American  
Psychoanalytic Association* 28(4):829-860.
- VAN MAANEN, J. (1988). *Tales of the Field: On  
Writing Ethnography*. Chicago IL: University of  
Chicago Press.
- VERMOTE, R. (2001). Discussion of J. and D.  
Scharff ‘A qualitative action research project:  
The affective learning of psychoanalytic  
concepts and clinical applications’. 2nd Annual

Joseph Sandler Research conference on  
Research in Psychoanalytic Education, London,  
March.

WINNICOTT, D. W. (1941). The observation of  
infants in a set situation. *International Journal  
of Psycho-Analysis*, 22:229-249.

WINNICOTT, D. W. (1945). Primitive emotional  
development. *International Journal of Psycho-  
Analysis*, 26:137-143.

WINNICOTT, D. W. (1951). Transitional objects and  
transitional phenomena. In *Through Pediatrics  
to Psychoanalysis*, pp. 229-242. London:  
Tavistock, 1952. Reprinted by Hogarth Press,  
1975.

WINNICOTT, D. W. (1965). *The Maturational  
Processes and the Facilitating Environment*.  
London: Hogarth Press, 1975.

WOLCOTT, H. F. (1990). On seeking-and-rejecting-  
validity in qualitative research. In *Qualitative  
Inquiry in Education: The Continuing Debate*,  
ed. E. Eisner and A. Peshkin, pp. 121-152. New  
York: Teachers College Press.