TRAINING IN GROUP PSYCHOTHERAPY. THE NEED FOR CHANGE IN CARE AND TRAINING PROGRAMMES

LA FORMACIÓN EN PSICOTERAPIA DE GRUPO. EL NECESARIO CAMBIO DE LOS PROGRAMAS ASISTENCIALES Y DE FORMACIÓN

Rosa Gómez Esteban
ORCID: https://orcid.org/0000-0002-4655-1532
Doctor in Psychiatry, Medical-Psychiatrist, Psychoanalyst and Group Psychotherapist. Spain

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Extended Summary

This text continues to explore the training of a group psychotherapist in Mental Health Services (MHS) after two recent articles, "Psychotherapies and the group clinic: central axes in training and assistance programs" (Gómez Esteban, 2020), and "The training of the group psychotherapist" (Gómez Esteban, 2019). This work is the result of years of investigation by the author about the place that group psychotherapy has in the SSM, the training of Mental Health specialists by the National Health System (NHS), university training of physicians and psychologists.

This paper will focus on some questions about group psychotherapy training of future psychiatrists and psychologists in the NHS. The paradox emerges when the portfolio of services offers treatments in various modalities of group psychotherapy, therapeutic groups, couple, and family, which is a requirement that does not go hand in hand with the training proposed in the training programs of the National Commissions (CNEP).

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Correspondence:
E-mail: rosagomezesteban@gmail.com

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New Paradigms in Mental Health?

In this work based on training in group psychotherapy and taking into account the different theoretical-technical orientations, and the characteristics of the patients, we prioritize the "psychoanalytic group theories" because they offer interesting instruments to account for the subjective and bonding processes of health and illness. Within these methodologies, our proposal will be: -the training-learning-therapeutic offered by the "Group Operational Conception". This didactic, unlike other group methodologies, provides the "plus" of facilitating and promoting group discourses, in addition to the subjective ones, favoring the successive articulations and integrations between subjectivity and groupality, theory-technique-practice and clinic; thought-affect and action.

It is necessary to evaluate and rethink the training programs of the National Commissions of the Specialty (CNEP) for the MIR and PIR taking into account the recommendations of the Professional Associations. For more than a decade they have been recommending that -psychotherapies should be of choice in most of the so-called "mental disorders"-. Among them they propose: group, family and multifamily therapies, as they have been shown to be fundamental in severe disorders. In this case they should be combined with psychotropic drugs in the lowest possible doses (see bibliographic references of the articles cited at the beginning).

Residents in Psychiatry and Psychology do not have well-structured training and practice in group, couple and family psychotherapy throughout the four years of residency. Therefore, the aim of this paper is to underline the need to modify the training programs of MIR and PIR specialists in the area of psychotherapy, with the inclusion of the essential theoretical-technical contents aswell as the necessity to guarantee psychotherapeutic practices in their various modalities. This way will they be able to take responsibility for the couple, group, family and multifamily psychotherapeutic interventions required of them in the portfolio of services.

This objective forces to reflect on the need for a paradigm shift, replacing the predominant biological paradigm in the training of MIR and PIR, to more complex and appropriate "biopsychosocial paradigms" for the field of Mental Health. This work also aims to propose a transformation of the methodologies, changing the learning methodologies, since the current ones are still based on individualistic models that are based on the memorization of content. The final objective of the transforming approaches to be proposed is that training should turn towards group methodologies that facilitate group thinking, the co-thinking proposed by Pichón-Riviére, 1974, psychiatrist, group therapist and psychoanalyst. Following the Pichonian line, we propose "group" work, because it is by working together that we can deepen our knowledge of subjective ailments, wrongly called "mental", and which historically have ignored the relationship of the "sufferer" with the world around him/her. Likewise, concerned about the theorization of clinical practice, we would like CNEP training programs to achieve a better articulation between practice and theoretical-technical knowledge. A better theory to modify the practice, and a

practice that makes us rethink theory. It is necessary to approach and be creative in order to transform interventions in this field of problems whose emergence is subjective, but which involves the family and social latent. Our active position is fundamental if we want to generate changes and fulfill the objective of providing quality care in Mental Health.

In Psychotherapy and Group Psychotherapy training, an essential pillar for future specialists in Psychiatry and Psychology is the relevant organization of "Continuing Education Programs". Currently, the training is fragmented and voluntary, which does not make it possible to deepen the psychotherapeutic training of the tutors in charge of training residents. These shortcomings require supporting the deficiencies in the psychotherapeutic training of the tutors so that they can transmit it whilst training and supervising residents. The objective is to implement these necessary changes so that teaching tutors are accredited in psychotherapy. Otherwise, the deficiencies in the psychotherapeutic training of tutors will persist, with the evident lack of quality and efficacy in psychotherapeutic treatments in the SSM.

The training programs of the CNEP and the Continuing Education Commissions must be constituted according to the needs, demands and desires of the patients, and those responsible for Mental Health must take the necessary steps to achieve this. The central axis in therapy is "the therapeutic bond", a transferential bond that has been shown to be highly effective in treatment. The therapeutic relationship has to be especially careful, because it is very worrying nowadays the precariousness of the contracts of professionals. This leads to a weakening of the frameworks, making the therapeutic processes unviable. This is why we insist that social and health institutions must take responsibility for preserving the professional-patient link and place it in the relevant position it should have. The link is central in all helping relationships and, even more so, in the treatment of the conditions that come to Mental Health.

The psychiatric reform in our country more than 35 years ago clearly opted for a "community model", as opposed to the biologicist hospital paradigm, which excluded the subject. According to the approach taken in this paper, the following should be taken into account: the need to return to the community model because it studies the "man in situation", within the framework of community life and crossed by socio-economic history; the consideration of the psychosocial paradigm, which includes the fundamental variables for the understanding of subjective suffering; and, especially those paradigms that study the subject of the unconscious, of bonds, of groups, that is, within the framework of everyday life and its significant in social relationships.

This highlights the need for another paradigm for the current clinic to incorporate the needs, demands, desires and "joys" of the subject. The latter is a concept that helps to understand the enigmatic, -the pleasure in suffering-, of the subject. The human condition is of great complexity, therefore, clinicians and researchers must ask themselves: - what is wrong with this person who has come to consult us?

After knowing his personal and vital situation, which includes the socio-economic, work/school and family aspects, the therapeutic team will investigate the main problems and will be able to formulate the pertinent hypotheses in relation to the subjects participating in the group. It will investigate the psychic structuring and their ways of linking with others. This research process requires accompanying and supporting the patients, studying the meaning of the symptoms, and the modality of the transferential relationship established by the patient, also taking into account the reciprocal transfers between the two.

The training programs of the CNEP and the Continuing Education Commissions (CFC) must offer tutors and future specialists the knowledge, theories, techniques and treatment methods that make it possible to understand the complexity of human suffering. In training, it is a matter of offering and transmitting psychotherapeutic strategies which will enhance the knowledge of the subjects. Therapeutic processes in public services aim to alleviate patients' symptoms and, if possible, to achieve subjective transformations as well. To this end, professionals in training must approach the complexity of psychopathological problems and equip themselves with instruments to analyze the different levels involved, i.e., to reflect on and deepen the intrapsychic, intersubjective, group, family and community variables that are implicit in the processes of illness and healing.

All these arguments support the need to propose another paradigm in the clinic that helps to banish the term "mental illness", and to take the necessary steps to prioritize the psychosocial in Mental Health. Of course, taking into account the psychopharmacological treatment of severe and some moderate disorders. The training and clinical processes, intimately related, have to move from the conceptions of illness and individual "cure" to the group, from the individual to the group clinic. The transition from individual to group psychotherapies requires training based on group and not individual methodologies.

Psychiatric and psychological care in our country requires another paradigm in the clinic and in training. In order to transform and address the complexity of these processes, change is crucial, and for this we have relied on two authors who are central in our clinic. Freud, who more than a century ago, stated that -all individual psychology is social- in "Psychology of the masses and analysis of the self", 1920, and also Pichon Riviére, 1975, who was able to develop and invert this formula by stating: -all psychology is social-. The importance of reciprocal interactions between the social and the individual, for a new theory of subjectivity that is also enriched by Lacan's theory, from 1950, contemporary of Pichon, and united by a personal and professional friendship.

Pichon Riviére is a great referent in the group clinic we propose in this work, his proposals for operative group clinic models are of great interest, among them: -the patient as emergent and spokesperson of his family group-. An assertion that evidences the relationship between individual and family/group psychopathology.

In synthesis, -clinical and training are intimately related. In training, a clinic

is transmitted that combines a practice and a theory based on a psychiatry and a psychology of relationships, groups and social psychology. That is to say, a praxis that investigates the reciprocal interactions between the social, the group, the link and the subjective. In the line proposed by Pichon Riviére, and taking into account the interrelation of the different levels involved in psychopathology, we state the following hypothesis: The psychology and psychopathology of the subject is generated in the reciprocal interactions between "the social", "the institutional", "the group", "the family" and "the link".

Conclusions

Psychotherapy is a discipline, not a technique, and must be the treatment of choice in all psychopathologies. Group psychotherapy should be the treatment of choice in mild and moderate disorders and combined with psychopharmaceuticals in severe disorders.

Training programs for future specialists and continuing education programs should be revised and updated to include a "Psychotherapy training area", in its various modalities, in order to comply with the National Health Service (NHS) service portfolio. Training in psychotherapy should be a priority objective in the training programs of resident physicians and psychologists (MIR and PIR), and in continuing education.

Psychotherapy training should be closely linked to care, to practice in therapeutic and family groups in public services. The Psychotherapy Assistance Programs should be revised to achieve the hours of accreditation, and to achieve the title of psychotherapist at the end of the residency. With political will, the theoretical and practical hours can be organized throughout the four years of residency.

Group methodologies in training are very effective as they help to think about the organization of the team, assistance, teaching and research in the field of Mental Health.