NEW FRONTIERS FOR THE CLINICAL EDUCATOR
A STUDY OF THE ROLE OF ANIMATEUR IN THE COLLOQUIUM

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A PDE submitted to the Institute for Clinical Social Work in partial fulfillment of the requirements for the degree of Doctor of Clinical Social Work

by

BEATRICE A. SOMMERS

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INSTITUTE FOR CLINICAL SOCIAL WORK

We hereby approve the Project Demonstrating Excellence

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by

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ABSTRACT

The purpose of this study was to explore the role of Animateur in the Colloquium, a unique faculty function in an educational structure devised for group learning within the doctoral program of the Institute for Clinical Social Work. The central thrust of this study was to explore the many facets of the role, to identify its relationship to traditional teaching and to clinical practice. The study also attempted to assess the impact of the role on the Animateur. The methodology was based on participant observation. The data was collected from tapes made of the Colloquium sessions over the first year of its operation, covering a period of nine months during which there were nineteen sessions. These tapes were summarized and reviewed from the perspective of the Animateur's functioning and thought processes.

Theoretical concepts relevant to the study were drawn from the fields of adult education, the teaching of clinical practice and theories of group dynamics with emphasis on issues of leadership.

The study indicated that the basic task of the Animateur in the Colloquium was that of an educator who enabled students in a group setting to develop their skills as self-directed learners. An analysis of the procedures of the enabling process indicated that the Animateur in the Colloquium functioned differently from the traditional

teacher and the clinician. The role required knowledge of theory and practice of clinical social work, knowledge of facilitating self-directed learning, knowledge of group process and special issues in clinical learning. The pattern of utilization of these areas of knowledge produced a clinical educator who differed from the traditional teacher. Clinical knowledge and skills were applied to facilitate the students' development as an independent learner.

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My deepest appreciation goes to the members of the Colloquium who generously participated in this study and were willing to work with an Animateur who was studying her role while facilitating the work of the group. Without

their cooperation and understanding this project would not have been possible.

I am particularly grateful to my husband, Lou, for his patience, understanding, and encouragement during the months I devoted to this endeavor.

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CHAPTER I

INTRODUCTION

Purpose of the Study

This project explored the role of the Animateur in the Colloquium, which was an important faculty function in one of the teaching/learning structures of the doctoral program of the Institute for Clinical Social Work, a school without walls. The basic thrust of the doctoral program, designed for advanced clinicians, was the development of skilled learners who would be self-directed in the pursuit of education for clinical social work. To implement this objective, several educational structures were designed. (Sanville, 1977). One of these was the Colloquium, an educational structure devised for learning within a group context.

The main objective of this project was to study the role of Animateur in the Colloquium, to clarify its functions and multiple facets which facilitate the group's movement towards its educational objectives of learning and assessment.

The questions which I have addressed are as follows:

1. What is the role of Animateur?

What are the different aspects of this role in relation to the stated purpose of the Colloquium?

a. Creating a safe climate for learning

b. Helping the students assume responsibility for teaching and assessment

c. Assisting the group identify materials and methods for moving toward their learning goals

d. In providing enough administrative structure so that the group can attend to the learning process

2. How does the role of Animateur differ from that of teacher in a traditional setting? Are there significant similarities?

3. How does the role of Animateur differ from that of clinician? What basic clinical skills are utilized? How are they modified in relation to the task of the Animateur within the context of the Colloquium?

4. What is the impact of the role on the Animateur?

a. What are the stresses inherent in the role?

b. What are the satisfactions and rewards in the role?

c. What potential for personal growth does the role provide the Animateur?

Significance of the Study

The significance of this project was:

1. To develop a beginning body of knowledge which can be useful to Animateurs by increasing awareness of the demands of that particular role.
2. To assist this or similar programs in clarifying issues and areas for administrative planning and support for faculty functioning in this role.
3. To explore how the Colloquium method with an Animateur as facilitator can illuminate the process of clinical learning.

CHAPTER II

METHODOLOGY

The method utilized for this study was participant observation, sometimes known as action research. The data were collected from the nineteen Colloquium meetings held over the nine month school year. I had based my study of the role of the Animateur on my own activity during the sessions as recorded on tape and on my reflections on the sessions after listening to the tapes. Unfortunately, mechanical difficulties with the tapes caused some sections to be inaudible and a few tapes not recorded. On the whole, however, the total experience seemed recorded well enough to serve as a valid recollection of the meetings. A summary was prepared to highlight both the group process and the content of the sessions. These summaries are included in chronological order in the Addendum to this study.

From a review of the summaries, I extracted instances of my functioning as an Animateur. I explored interventions in relation to the overall task of facilitating the Colloquium, citing relevant examples from the meetings.

The first three sessions, held on consecutive days during the first Convocation, were reviewed in greater detail than the others. These represented initial work as Animateur in assisting the group to start its venture in mutual learning and assessment. In successive meetings, I functioned in the patterns of the first three. Variations appeared in patterns of functioning in response to the changing needs of the group as relationships deepened and learning progressed.

The original prospectus proposed another way of organizing the data. The plan had been to include summaries of each group session within the body of the study and to review them from a standard set of questions. However, as the study progressed, the plan seemed cumbersome and repetitive. It was therefore abandoned and the procedure described above was adopted.

This report can be considered to be subjective, since it was based on my own reactions to this particular experience in group learning. The selection of material for consideration obviously reflects my own bias and therefore is a limited perspective. As my awareness of the totality of the experience emerged and as I gained some distance from it, each session developed new significance. The limitations were also characteristic of a work in progress. Conversely, the impact of current experience lent a vividness to the study which memory could obscure.

Whenever a report of human interaction is considered, two things must be remembered. Human interaction is based on a complex network of causes and conditions, some of which are discernable, but most of which are not. Secondly, "You cannot put your foot in the same river twice" (Herodotus), a fact descriptive of the dynamic, fluid, everchanging quality of human relationships. Thus it is impossible to grasp a single encounter or even a cluster of encounters and accurately label them as representative of a continuing reality.

Amidst all of the variables, one may readily question the value of a project that reflects the observations and biases of one person. Yet, through it all, some patterns of behaviors are repeated often anough so that one may consider them an important aspect of the role. It is such patterns of behavior that are explored in this report. Hopefully it may be useful to others who desire to undertake a similar role in the future.

From the beginning, the Colloquium was aware of the tape recorder and the fact that I would be preparing a Project Demonstrating Excellence exploring the role of the Animateur. Not until one of the final meetings was a question raised about the tape recorder.

During the initial year, I was aware of a constantly shifting peer/leadership relationship to the group of advanced clinicians who were studying aspects of clinical

practice. All of us recognized that clinical learning and clinical practice are closely allied to our own personal dynamics. Consequently, attitudes and feelings of a deeply personal nature would be revealed. The ethics of the situation demanded that I protect the participants of the group from unauthorized exposure. I realized that in some instances a deeper exploration of some personal material might have made a more significant contribution to this study, but this was not appropriate.

CHAPTER III

REVIEW OF RELEVANT CONCEPTS

The theoretical concepts applicable to this study have been extrapolated from three separate fields: Adult education, the teaching of clinical practice, and theories of group process with emphasis on the leadership role.

The role of Animateur in a Colloquium developed for mutual learning and assessment in the field of clinical social work is a faculty function, which to my knowledge, is without precedent. There was no body of literature available for establishing a theoretical frame of reference directly related to this subject. An analysis of the role of the Animateur indicated that he/she must facilitate further clinical learning for experienced clinicians who were to learn together with a group of peers. It was this analysis which led me to select literature from the three fields mentioned above.

In relation to this study it is important to remember that the history of social work in the United States is replete with reports of work carried out in a group setting. Early social workers understood the power of a group in encouraging segments of the population to help themselves. Many groups in the settlement houses and community centers

were learning groups, essentially task oriented, involving the client on a level of conscious activity. Through social group work segments of the displaced and immigrant populations of the industrial revolution became acculturated to urban American life. It is particularly appropriate that an educational resource for clinical social work should once again utilize the process of small group interaction as a learning/teaching structure.

I

Adult Education

The most helpful material developed in the field of adult education was a volume of Malcolm Knowles (1975) elaborating the teacher's role in self-directed learning. Knowles observed that as adults we know through our childhood experiences with traditional education "how to be taught" but we haven't learned "how to learn." Many adult learners have entered a non-traditional study program only to find that they were given more responsibility for their learning than they were prepared to take. To "learn how to learn," the initial thrust of self-directed learning, is becoming increasingly valuable as the rapid changes in today's world out-date transmitting knowledge in the traditional way. Education now needs to develop skills of inquiry and skills in the utilization of everyday

life experiences for learning, without relinquishing the resources of traditional formal education.

Essential to Knowles' model is a differentiation based on divergent assumptions about learners and teachers. Pedagogy, with a tradition evolved from teaching children, is teacher directed. Pedagogy assumed: 1) that the teacher decides what and how the dependent learner is to be taught; 2) that the learner's experience is of less value than the teacher's; therefore, the teacher must insure that the resources of experts are transmitted to the learner; 3) that all learners are ready to learn the same things at a given point in maturation (i.e., reading in the first grade); 4) that learners perceive learning as accumulating subject matter; 5) that learners are motivated to learn by external rewards and punishment.

Androgogy, a word coined to describe traditions evolved from the teaching of adults, is characterized as self-directed learning. Androgogy assumes: 1) that the capacity for self-direction, which is an essential component of maturing, should be nurtured in the learning situation; 2) that the learner's experiences are an increasingly important resource for learning and should be utilized along with those of experts; 3) that an individual learner has a different pattern of readiness from other learners; 4) that the learning goal of accumulating subject matter is a residual of previous conditioning, but that real learning is task

and problem centered and should be conducted as an inquiry or an accumulation of facts; 5) that learners are motivated by internal incentives such as need for self-esteem, desire to achieve, the urge to grow, and curiosity.

In self-directed learning where the initial task is to "learn how to learn" there are certain skills to be developed by both leader and student. The leader becomes a facilitator of learning, which demands some drastic changes from traditional teaching. Facilitating changes the focus from teaching in several ways. First, the interest shifts from what the teacher is doing to what is happening in the learner. The authoritative shield is stripped from the teacher who becomes visible as an authentic human being with a range of strengths and weaknesses. The facilitator cannot be solely an expert who has mastered a body of knowledge, but instead joins the learner openly as a continuing co-learner.

The basic task of the facilitator is to become a "procedural guide" for the group. This means that the facilitator must address some of the following:

1. Set a climate for learning.
2. Involve group members in the planning for the sessions.
3. Promote skills of self assessment in the student.

4. Help students organize their learning needs into objectives.
5. Assist students to decide how to utilize the group appropriately as a learning instrument.
6. Share with the group perceptions of their learning accomplishment and further learning needs.

Knowles goes on to describe the problems of self-directed learning. The first of these has to do with structure vs. non-structure. Many students enter new learning situations with a deep need for the security of clear structure. They want traditional teachers who give a sense of knowing what they are doing, and who are definitely in charge. Such students find themselves somewhat nervous with a facilitator for self-directed learning. It is helpful to acknowledge the student's anxiety and to give students some reassurance that the facilitator has a clear role, albeit one different from the traditional role of the teacher. The facilitator works with process structure while the students have been accustomed to working in traditional settings with content structure.

The second source of anxiety for self-directed students is the issue of content vs. no content. Because students are required to demonstrate some proof of learning such as passing an exam, obtaining a license, earning a degree, they can become quite anxious about getting the required content from the group situation. It becomes necessary to

help them differentiate between process orientation and content orientation. One deals with the transmission of the learning content (how something is learned) while the other deals with the acquisition of content (what is learned).

There are some specific steps which a facilitator can take to help students gain competence as self-directed learners. The first of these is to examine some of the assumptions stated earlier in this review of teacher-directed learning versus self-directed learning. Such a review helps the group to explore the need for an informal learning climate, planning by participants, diagnosis of needs by mutual assessment, setting of goals by mutual negotiation, and the design of a learning plan by learning projects or readiness. Learning activities must be in the form of inquiry projects or independent study. Evaluation is by mutual assessment of self-collected evidence.

Students who are to become self-directed learners in a group setting often need help in utilizing the resources of their fellow learners. They must begin to see one another as mutually helpful human beings with resources to share. They must experience other learners as collaborators rather than competitors, and they must begin to identify the resources each learner needs and can provide to the other group members for their mutual learning.

II

Relevant Concepts - Teaching of Clinical Practice

The writings about the teaching of clinical practice are based primarily on experience with students who are entering the field of psychotherapy or case work. Most of the work is concerned with the one-to-one experiences of the student and the supervisor. Nonetheless, many of the observations about teaching and learning in the supervisor-student relationship, at the beginning stages of professional development, are pertinent to the experienced practitioner who returns for advanced study in the context of group learning.

The educational process reactivates in the student some of the same coping mechanisms that were used to resolve earlier developmental conflicts and to approach tasks of mastery throughout his/her lifetime. Learning clinical practice is an intensely personal experience which touches the student both on an affective and cognitive level. "Learning is essentially an ego process which involves the total personality and thus, like other significant life events, has the potential for stimulating growth." (Clemence, 1965).

Clinical education helps the student develop the self-awareness that is essential to his therapeutic work. Such education is highly individualized and must accommodate to each student's unique readiness for understanding himself

in relationship to others and for his participation in achieving mastery over content.

The role of the educator in clinical practice goes far beyond the introduction of didactic content. It includes an ongoing study of the way in which the student adapts to the impact of education. The educator is a continuing participant in the student's efforts to integrate professional content. These two functions help the educator to identify the student's learning patterns so that the best possible use can be made of the educational opportunity at hand. Learning patterns are related to the maturational process of the student and reflect struggles to master new content.

Learning means change and for some learners change is feared. Thus, the learning patterns become at once the vehicle of the change and the measure of resistance to change. The student can show both regressive and adaptational efforts in relation to the change that learning demands. In relation to authority figures, such as a supervisor and the institution, the same opposing poles of regression and adaptation or progress can be seen in the forms of fear, wish for approval, testing out and provocativeness, and defenses of sublimation, projection, withdrawal and denial expressed as a pretense at knowing. Some of these regressive and adaptational efforts may enhance and accelerate the student's progress or may obstruct and impede it.

The student's learning patterns are related to the conflicts and crises encountered in earlier stages of development, as well as to the current reality situation. Education reactivates his past experiences of mastery over developmental tasks and emotional conflicts. Through the patient's problems each student of clinical practice relives his own. The student reacts to the educational process partly from the past and partly from the present, thereby alerting the educator to the possibilities of displacement and distortion in the material produced. Each educator considers the student's responses to the patient from the perspective of the clinical material produced and from the perspective of the student's inner struggles. It is through sharing this perspective with the student that the educator helps the development of the student's self-awareness.

Eckstein and Wallerstein (1958) described the problem of clinical learning and teaching as a complex interweaving of "problems about learning" and "problems with learning." The "problems about learning" are centered in the relationship between supervisor and student. They reflect the distinctive ways in which a particular student will learn from a particular supervisor. These are ways that will both determine and limit what will be learned and how this learning will be accomplished. "Problems about learning" have a variety of manifestations such as problems of

crises, problems with structure and administration, and problems of parallelism seen in the simultaneous relationship of the student-therapist, to the patient on one hand, the supervisor on the other. "Problems about learning" are related to the student's anxiety about being in a learning position and have many interesting and familiar patterns such as "learning by vigorous denying," "learning by submission," "learning by denying a need to learn," "learning by converting supervision into personal therapy," etc.

The "problems with learning" describe the problems that therapist-students have in responding appropriately and helpfully to the needs of the patient. At times, the student does not respond appropriately to the demonstrated needs of the patient, but instead responds to needs within himself/herself in a characteristic, automatic, and inappropriate way. These are his/her learning problems. "Problems about learning" are projected onto the supervision; "Problems with learning" are projected onto the treatment situation with the patient.

The authors agree with Clemence (1965) that true clinical learning combines cognitive and affective levels of experience into new and enduring integrations. Learning that results in the acquisition of skill and therefore requires change, necessarily invokes strongly charged affective components. This is especially true when the vehicle of learning is an interpersonal process between the super-

visor and the student. As a student reports what transpires between himself/herself and the patient, he/she becomes gradually aware of characteristic relationships to both the supervisor and the patient. How these characteristic patterns determine and limit the manner of professional performance and competence is the focus of learning problems. Again these problems have familiar forms: over-identification with the patient, assumption of the role of a benevolent controlling authority, reaction to the patient's neurotic needs instead of interpretation of them, "maintenance of scientific objectivity," etc.

One of the core resistances to learning springs from the necessity for the student to expose his weaknesses and dilemmas in order to learn. Students often feel that if they were really open and free in discussion of the many dilemmas experienced in their therapeutic work, they would be in a dangerous position where they could be "stabbed in the back" if not by the supervisor then by the administration who might have access to their material.

Eckstein and Wallerstein (1958) describe the parallel process which is apparent in the learning of psychotherapy. The student-therapist and the patient seem to be constantly working on the same problems. The patient works on it in the interview and the student-therapist in the supervisory sessions or in consultation. There is a constant metaphor in which the patient's problem in psychotherapy is used to

express the student-therapist problem in supervision.

A variation of parallel process is seen when the student-therapist has opposite expectations of the two interpersonal relationships in which he/she is engaged. The student assumes an attitude toward the patient which is the direct antithesis of his/her attitude towards the supervisor. The authors illustrate this point with the student who is controlling toward the patient, but expects to be put down by the supervisor.

III

Relevant Theories of Group Process

The literature on group process selected for this project was developed primarily for therapeutic groups organized to promote the individual's self-awareness of his interpersonal relationships. Some of the material facilitates understanding the processes in the Colloquium which address the problems of mutual clinical learning. Because the nature of clinical learning evokes both cognitive and emotional responses from the student, the experience of the learning group, at times, parallels the experience of the therapeutic group.

Yalom (1970) describes the beneficial aspects of the group setting for individual growth, which for our purposes could highlight the special tasks of learning and self-

assessment. Of the ten curative factors present in groups that Yalom has listed, I have selected the following as most relevant to the Colloquium:

1. The imparting of information
2. Universality
3. Altruism
4. Imitative behavior
5. Interpersonal learning
6. Group cohesiveness

Imparting of information describes the concrete educational processes which are usually implicit in group psychotherapy but quite explicit in other kinds of groups. Didactic instruction is used to transfer information, structure a group, and to explain the process of illness. The explanatory or clarification process can work as a curative agent by providing some external certainty in situations of pervasive anxiety. Often it functions as the initial force for binding anxiety until other curative factors take over.

Universality works as a curative agent by helping patients who feel strange and isolated because of their emotional problems to realize that they are similar to others and that they can share their deepest concerns and benefit from the catharsis.

Altruism gives the group member an opportunity to bolster self-esteem through being able to contribute to the growth of others.

Imitative techniques in groups are curative agents because the patient can benefit from observing another group member with a similar problem constellation work therapeutically. It allows the patient space to experiment with new behaviors, discarding what is inappropriate to him/her, and to maintain the behavior that fits.

Yalom considers interpersonal learning and group cohesiveness as the most potent curative factors in group therapy. These same two factors are also the most potent in a group dedicated to the task of mutual learning and self-assessment.

Interpersonal learning becomes crucial to the learning experience in a group because since the beginning of time, the approval of one's fellow man has always been an essential human craving. Harry Stack Sullivan is quoted by Yalom as saying, "The self is made up of reflected appraisals....if the self-dynamism is made up of experience which is chiefly derogatory, it will facilitate hostile disparaging appraisals of other people and it will entertain disparaging and hostile appraisal of itself." The role of consensual validation becomes most significant in learning within the group context.

Group cohesiveness is equally important in group life, whatever the ultimate purpose of the group may be. It is the group equivalent of the therapeutic relationship and sets into motion an actualizing tendency which activates

each individual's inherent drive to expand, to develop, and hence to learn. (C. Rogers, 1959). Group acceptance, group support, and intermember trust are all essential components of a climate which is safe for learning. They affect the self-esteem of the individual in such a way that he/she can open himself/herself up to risk the self-disclosure necessary for learning.

Cohesive groups not only show greater acceptance, intimacy, and understanding, but permit greater development and expression of hostility and conflict, which if unexpressed can hamper effective interpersonal learning. If groups are cohesive, the members must care enough for one another to bear the discomfort of working through conflict. Cohesive groups are also able to express hostility to the leader, a feeling which is inherent in all group process, as leaders in reality do not fulfill the fantasied expectation of the group. If groups cannot express hostility to the leadership, the quality and pace of the group work is adversely affected. On the other hand, when a group is able to make a concerted affective attack on the leader, the cohesiveness is increased still further and reinforces the learning process.

W. R. Bion (1961) approaches the understanding of group process by using psycho-analytic concepts to view the group as a whole unit with a life of its own. He describes the group as a unit constructing fantasies related to its

own life which are then projected onto the leader. As the leader becomes aware of these fantasies, expectations, or projections he/she interprets them to the group. Because the focus is on the group as a whole, an individual who speaks is seen as representative of the group and his productions are seen and handled as expressions of group consciousness.

Bion describes a dual process operating simultaneously in each group. The work group is concerned with overt, conscious tasks related to rational, mature goals understood and accepted by all members. At the very same time there is operating in the group a basic assumption which is based on unconscious, infantile aspects of individual life. The basic assumptions are related to early needs and conflicts of human development.

Bion describes the duality in group functioning. There are times ("the work culture") when the group pursues its overt task on a mature rational level. At other times the same group is no longer working effectively at its primary task, but appears to be affected by certain emotional states which interfere with it. The three recurring emotional states, which influence the group's interactions called "basic assumption cultures" are described as follows:

1. Aggressiveness, hostility, fear
2. Optimism and hopeful anticipation

3. Helplessness or awe

In each of these emotional states the group behaves as if each member shared a common belief which produced a common effect. When in a hostile fearful state, the group behaves as if its aim is to avoid something by fighting or running away from it. This is described as basic assumption fight or flight. When in a helpless or awed state, the aim of the group appears to obtain support, nurturance, and strength from something outside, generally the leader. This is known as the basic assumption dependency. When the group is in an optimistic or hopeful state, its aim appears to preserve itself by finding a new leader from its peer membership. This is the basic assumption pairing group. All groups can be described as work groups or as one of the three basic assumption groups or in some transitional phase.

All three basic assumption groups are oriented around the issue of leadership and are influenced by their fantasies about their leader. The basic assumption dependency groups attempt to coerce the professional leader to guide them; the basic assumption fight-flight group searches for a leader to help them with their war or with their desertions; the basic assumption pairing group pairs and waits, hopeful that a leader will emerge from the offspring of the pair.

Bion defined the therapeutic task as helping group members to maintain effectively the "work culture" and to remain involved in the work task. As soon as he recognized the basic assumption which was interfering with the task he would confront the group with it, especially as it related to the issues of leadership. His assumption was that if the group could recognize and work through the unrealistic nature of their demands on leadership, as exemplified in their basic assumptions, they could then reinstate the work group culture and get on with the task.

He identifies three areas of conflict recognizable in all groups:

1. The ambivalence of the individual between wanting to totally submerge himself/herself in the group and wanting to assert independence by totally repudiating the group
2. The conflict between the group and the members whose wishes are at cross-purposes with the group
3. The conflict between the problem-oriented work group and the basic assumption group

Bion's perspective on group dynamics has made a significant contribution to the work of group therapists and can be recognized and effectively utilized in groups organized for purposes other than therapy.

IV

Issues in Leadership of Groups

Yalom considers that leadership in groups has several functions which enable the group to stabilize and to develop cohesiveness. The leadership is influential in the development of group norms or standards of group behavior early in the group life. The leader has two basic roles in the group: technical expert and a model setting participant. As a technncal expert, the leader deliberately employs the technical knowledge and skills at his/her disposal somewhat in the manner of a "social engineer." In group therapy, the leader uses his/her expertise to select and compose the group, prepare patients for therapy, and institute through ground rules such norms as good attendance and confidentiality.

To develop interpersonal learning and group cohesiveness, a freely interactive communication pattern must flow between group members. The leader must choose appropriate techniques to help the group achieve such an interactional mode. Similarly, he/she must find methods to help group members disclose themselves, to express themselves more honestly, and to integrate the knowledge they acquire in the group. He/she must keep the group at work, help it move when it is becalmed and at other times present its flight from crucial issues.

Although some of the leader's work as technical expert is accomplished through overt interaction, the bulk of the work is performed through the subtle technique of social reinforcement. Some reinforcement is positive through verbal and non-verbal acts such as smiling, nodding, leaning forward, etc. Some negative reinforcement for unwanted behaviors is accomplished through omission, such as not responding, not commenting, ignoring, etc.

In addition to being a technical expert, the leader is both a model setter and a participant in the group. By demonstrating or modeling certain types of behavior, the leader helps to develop therapeutic group norms. The leader sets a model of interpersonal honesty and spontaneity which is congruent with the current needs of the group and with the particular developmental stage of the group. The leader may, by offering a model of respect and appreciation for others' strengths as well as their problem areas, influence group members to behave in the same way.

Yalom observes that no matter how much of a model setter or group participant the leader becomes, he/she never becomes a full group member because he/she has concern with group maintenance and has a special sense of responsibility for the group. He/she is often the only group member who views the process from the perspective of the group's total development, mass movements and obstacles.

He/she has a special sense of group history and the group patterns or sequences which have evolved over time.

An important distinction between the leader and the other group members lies in what he/she evokes in the fantasy of the group members regardless of who the leader is in reality or what he/she has actually done in the group meeting. A discussion of the group's distorted perception of the leader is useful to help group members clarify their expectations and to identify some of the internal conflicts they bring to the group situation. Such distortions are identified as transference issues in group psychotherapy and are in some theoretical concepts considered the central focus of the group work. The utilization of this distortion in educational groups can be a selective process depending on the needs of the group at a particular time.

Otto Kernberg (1978) explores the role of leadership and organizational functioning in an effort to apply psychoanalytic object-relations theory to an observation of group processes within a psychiatric institution. Some of his work in this area is applicable to the role of leadership in the Colloquium.

His central theme is that difficulties in carrying out designated tasks in psychiatric institutions are often seen as personality problems of the leadership. When organizations experience problems in giving treatment services, doing research, or offering education, the staff shares a

perception that the leadership is inefficient, lacks understanding, and is both arrogant and revengeful. However, careful diagnosis of the situation often reveals a complex interaction between the regressive forces in the group and the leadership.

As indicated in Bion's study (1961) the leadership can never fulfill the idealized role demanded by the unconscious fantasies of the basic assumption group, whether it be from omnipotence, fool proof strategy, or the production of a solution. To meet the fantasies of a basic assumption group the leader would have to be Mother Earth, Napoleon, and the Virgin Mary all rolled up into one. All groups when operating on a regressed level, experience disillusionment with their leaders which results in anger. Such anger is most often expressed in an attack on the personality and competence of the leader.

To counteract this distortion Kernberg suggests a diagnostic process to examine the source of the problem which interferes with the designated tasks of the groups working within the institution. One begins by defining the nature of the task and its difficulties. Secondly, one considers the appropriate administrative structures for the task. Thirdly, one considers the degree of authority the leader needs to function appropriately. Fourthly, one must consider the leader's conceptual skills and liabilities.

The final step would be to explore the leader's personality problems which may be involved.

"The effectiveness of the leadership role seems to be dependent on:

a. The leader's personality characteristics.

b. The nature of his technical and conceptual skills.

c. The adequacy of the task definition, availability of human and material resources, and priority settings of the institution.

d. The adequacy of the administrative structure to the task requirements."

Kernberg has explored in detail some of the emotional demands inherent in the leadership role which may produce regression in the leader and interfere with his/her functioning. The leader can be in a very lonely position, deprived of spontaneous feedback from his peers, troubled by the uncertainty inherent in all decision making. Old developmental conflicts can be reactivated for the leader such as "Oedipal fears of failure or defeat, frustration of dependency needs and general activation of conflicts around aggression."

The demands of leadership mean that he/she must exert control over angry impulses because the group reaction, based on transferential distortion, may exaggerate his expressions of anger and thereby disrupt the work climate necessary to performing the task. Often unconscious

regressive forces operating in the group can provoke the leader to anger, thereby illustrating the process of projective identification. The leader of a group is frequently faced with expressions of aggression from group members, usually reflecting unconscious feelings stemming from oedipal and pre-oedipal relations to the parent. Also, in reality, the leader does make mistakes and does have personal limitations so that there can be an actual basis for the group to feel frustrated and angry with him/her.

When a group becomes angry with the leader, it can be the result of a combination of many complex feelings, some based on realistic factors and some based on transferential ones. The leader can be hated because "the administrative structure is authoritarian, because he is incompetent, because he frustrates his followers needs for idealization and unrealistic expectations, or because of the psychopathology of all those involved, obviously including the leader himself."

"If a significant analysis of a problem situation in a group indicates that the task is a possible undertaking, the administrative structure is adequate to the task performance, and the leader appears to be reasonably competent to the task, and the external environment is relatively stable then the group reaction of aggression toward the leader can often be resolved by the tolerance to a certain amount of hostility without undue concern. When a leader is loved unreservedly,

something must be wrong. Decision making always causes somebody pain and those who are hurt by the decision usually blame the person on top, who must be able to tolerate this. A good leader must be able to tolerate aggressive outbursts from the group without ever reacting. That is one reason why severely narcissistic and paranoid personalities make the poor task leaders. The leader's ability to tolerate hostility from the group may decrease the fears that underlie the expression of such anger and thus create an emotionally corrective experience for all concerned."

Another look at the role of leadership comes from Walter Gruen (1977) who studied the effects of cognitive control of the therapist on the work climate of the group. Since his study focuses on the active behavior of leaders in the group, his conclusions about effective leadership rest on concepts antithetical to those of Bion.

Gruen found that the observable behavior of the leader has a marked influence on the group climate and consequently the group progress with the task. He recognized several important aspects of effective leadership.

1. The leader's ability to utilize knowledge of group theory, personality theory, group process and knowledge about individual participants to assess accurately the group themes at any given moment. This ability gives him empathy for the group, who

in turn responds with a sense of security that the leader is a capable guide for the task ahead.

2. The leader's ability to exert a measure of control on the discussion in order to focus it on relevant issues. In the study, Gruen discovered that long interchanges between group members without any intervention from the leadership was apt to build up some anxiety in the group.
3. The leader's ability to expand the current discussion to span a number of relevant issues or connect it with material addressed in past meetings. This reflects the leader's cognitive skills in integrating complex issues and as such can be a significant facilitating factor for group work.
4. The leader's ability to model effective interaction. This can be a powerful influence for group members to imitate his/her behavior and role, thereby becoming involved with one another on a level of caring and understanding. In this way the level of group participation increases to the point that the latent benefits of working groups are activated to the benefit of all.

Gruen concludes that the therapist can count on specific interventions to promote group movement, to encourage group cohesion, and to facilitate group participation. These

interventions rest on knowledge of both group and individual dynamics, the ability to exercise some control over group interaction, and the ability to make connective interpretations which help group movement and provide a model for group participants.

CHAPTER IV

THE CONTEXT OF THE STUDY

The context in which the Animateur functioned seemed important to an exploration of the role. The dynamic interplay of the School, the Colloquium, and the Animateur created the atmosphere in which the leadership role was perceived and implemented. A brief description of these three entities will help to clarify the framework in which this study took place.

The School

Jean Sanville, the first Dean of the Doctoral Program of the Institute for Clinical Social Work, has published a comprehensive account of the history of the development of the doctoral project (1977) and has later written a paper describing the steps in the development of the philosophy and structure of the school, together with an account of the operation during the first year (1978). In these papers, there is a detailed account of the thought and discussion process which evolved into the educational philosophy of the school and later into an administrative plan to implement this philosophy.

The school was planned over a three year period by experienced clinical social workers searching for an educational resource to meet the needs of advanced clinicians. In this project I have designated each planning year as a separate phase, because the developmental process reflected in the planning had relevance to the experience of the first year of operation.

Philosophy of Clinical Learning

One of the most challenging and rewarding aspects of participation in the planning process for the doctoral program was the opportunity to identify the significant values of clinical social work practice and to reflect on their application to the process of clinical learning.

The basic social work regard for the individual as a human being with potential for growth had to be integrated into the ambiance of the school. The fundamental belief was that each student would learn if he/she were provided with a "facilitating environment."

When the planning group reviewed the educational needs of the clinical social work community and the limitations of the existing educational facilities, one observation was the striking diversity of clinicians in relation to learning needs. The students "would come with varying kinds and qualities of experience, different degrees of competence, and with highly developed individualities and

professional styles. We would expect them to learn differently, via different modes, at different paces." (Sanville, 1978). To meet the student at his/her unique stage of development became an educational goal which paralleled the clinical philosophy of meeting the client at his/her unique level of personal development.

The monumental task of implementing this philosophy into an educational undertaking led the planners to design the program as an opportunity for independent study. Within the doctoral program, each student, starting at his/her unique place, would find ways to accelerate personal and professional growth necessary to function on an ever-higher level of competence. The emphasis would be on individualized learning, and all other educational structures would be for the purpose of implementing such learning. The student would make the essential assessment of his/her level of functioning, educational needs, potentials and goals, and identify the appropriate educational experiences.

The planning group met the challenge of this situation by developing administrative structures and operations to help the student develop the skills for the self-assessment task. They designed the faculty role of Mentor, developed a core curriculum, and generated an evaluation/assessment process in which the student assumed primary responsibility for communicating the breath and depth of his/her know-

ledge in relation to the core curriculum.

The faculty role of Mentor was perceived as essential to the individual learning process. "Each student is assigned to a Mentor who becomes his/her individual consultant throughout enrollment. In conferences with the Mentor, the student would assess his/her current status in relation to the mastery of core curriculum and ways in which he/she might demonstrate or acquire such mastery. The student would discuss practice skills and needs for further growth in relation to a continuous case initially presented at the time of admission to the program. With the Mentor, the student would discuss plans and progress with the Project Demonstrating Excellence." (Sanville, 1977).

The second aid to the development of skilled learners was the crystallization of a core curriculum to be mastered by each student before leaving the program. The core curriculum was based on the work of two study groups during the final planning year. In the first year of its operation, the program was constantly reviewed and revised as the early experiences of utilization quickly indicated that further refinement was necessary. Because the rating scale used to assess the student's knowledge of the core curriculum was designed with square boxes for marking levels of mastery, it became known as "the grid."

The core curriculum covered three areas of knowledge: a) Developmental theories including psychopathological

development, b) practice theories, and c) the profession of social work. Within these categories fifteen areas were defined.

"Four levels of competence were described. Level One designated insufficient learning; Level Two indicated that the student had sufficient grasp of the material to discuss it with a group of knowledgeable peers; Level Three meant that the student could organize the material and impart it to others for professional use, and Level Four, the highest, was awarded to the student who could present a case illustrating integration of subject content with practice."

The student was free to choose the levels of competence to be demonstrated in any particular area of core curriculum. In order to graduate, each student had to demonstrate Level Two competence in all fifteen areas of the curriculum. The student needed to demonstrate Level Three competence, teaching ability, in at least one subject. Level Four competence was necessary in two areas of Developmental Theories, two areas of Practice Theories and Techniques, and in the area of either Supervision or Consultation.

Courses would not be taught separately. The focus would be on holistic learning. In traditional educational programs, the division of clinical theory and clinical practice into arbitrary units for study contributed to a fragmentation of knowledge, complicating the process of integration for the student. In this program clinical

practice would be viewed as a complex process having a life of its own, beyond the sum of the concepts on which it is based.

The third educational aid for the development of the student into a self-directed learner was help with the process of self evaluation and the discovery of ways to meet ones learning needs. This involved a continuing exploration of ways in which students used their basic knowledge and how they integrated new knowledge into professional judgment and practice. The students' ability to find external and internal resources to improve competence was also of utmost interest.

Basic responsibility for self assessment rested with the students. The program provided many opportunities for feedback whereby the students could expand self evaluation by integrating the observation of others with their own views of the level of their functioning. Each contact with the Mentor provided opportunity for self-assessment through discussion of the students' current learning experiences. The Colloquium also facilitated the self evaluation process as the students presented their material and heard it discussed by peers. Students could listen to the presentation of peers and relate the didactic content or the psychotherapy described to their own core knowledge. The Convocations provided ample opportunity to continue self evaluations as students discussed the presentations

of others, offered their own work for discussion, and mingled with fellow students to exchange observations about participation in the program.

An evaluation form developed by the student-planners in the final planning year was available to any student who wished for a formal evaluation covering comments about "both the content and style of presentation and the student's interaction with the group." In practice, this particular form was experienced as too structured and limiting to utilize as an on going assessment tool. However, the forms did highlight relevant areas for consideration in the assessment process and provided a useful base on which to build dynamic assessment skills.

The program further encouraged the students attempts to strengthen skills of self evaluation by asking that at the end of each trimester the student, among other things, write an evaluation of the evaluators, and an assessment of his/her own functioning as an evaluator with his peers.

The conviction that "active learning is more productive than submission to authority" and "teaching is mainly a useful way of learning" inspired the Institute to provide all students with opportunities to teach and to share individual knowledge. This view also reinforced the basic clinical concept that an individual moves toward autonomy as he is able to use his total self, his inner resources, his strength, knowledge and experience, to contribute to

the growth of others. The educational adaptation of these related clinical values resulted in the formation of the Colloquium, with an Animateur as facilitator. This educational format provided that students meet in groups at least once monthly to develop perspectives on progress with their individual study. It was envisioned that there would be opportunity for peer exchange resulting in feedback on individual work, opportunities for teaching what one had learned, and discussing resources for one another's learning. The Colloquium could also be used for studying various aspects of the core curriculum, presenting ideas for work on the Project Demonstrating Excellence, bringing in problems of the practicum for mutual consideration and learning as well as assessment.

The role of the Animateur within the Colloquium, the subject of this project, was perceived as facilitating the process in learning. Through the use of group dynamics and skills gained through clinical experiences, the Animateur sought to develop a safe environment for the learner. The Animateur moderated, questioned, listened and attended to the process of the group. In contrast, the traditional teacher imparted information and answers to the group in a structured, pre-organized manner generic to formal teaching.

The Group

In the one Colloquium on which I am reporting, the nine participants were competent clinicians who brought to the experience high motivation for learning, several years of post MSW clinical experience, and investment in the efficacy of group process. The seven who had been involved in the planning stages of the program also brought a strong belief in the philosophy of the Institute and a determination to help it succeed. The two members new to the program had demonstrated their commitment to the profession of clinical social work through many creative contributions in other arenas.

The group consisted of six women and three men. Two of the participants were younger than forty and three were older than fifty years. Two had completed graduate school as recently as 1970, while three had finished before 1943. Only two were in full time private practice, while the other seven participated in agency or group practice, with five having some private practice as well. The majority of students who were in agency practice carried responsible administrative, supervisory, consultant, and teaching roles. A few were involved in direct clinical service as well. The range of organizations represented by the group encompassed community mental health clinics, private psychiatric clinics, out-patient services of a psychiatric

hospital, and a psychiatric clinic offering services to children and adults.

The combined professional experience of the Colloquium was most impressive. It could have been utilized as a personal account of the history of social work. Some had started with relief agencies established during the Depression. Some entered the profession in social service agencies established in World War II. They were involved in the development of clinical social work practice and were pioneers in private practice. They had worked toward increasing the status of clinical social work as a vital profession supported by legislation on a state and federal level.

Some had been creative in the utilization of their professional knowledge and skill and initiated various projects to meet the social needs of the community. One was instrumental in developing and then administering a child study center, financed by a large prepaid medical plan, in the black ghetto shortly after the Watts riot. Another had founded a low cost counselling center. Still another had developed in a junior high school setting, group programs for non-achievers identified as gifted. One student had been a pioneer in the field of art psychotherapy and continued to explore the use of this form as an adjunct to clinical practice. One became involved in making films on clinical subjects for television.

In summary, the members of the group seemed outstanding in their use of professional knowledge in identifying and meeting social needs in a variety of ways.

The Colloquium as a group was deeply committed to continuing education for expanding their clinical competence. Several taught in extension courses offered by the universities and were invited as guest lecturers in academic settings. While working full time, one had been certified for having completed the Los Angeles Group Psycho-therapy Training Program, an endeavor covering two to three years of demanding part time study. Most had enrolled in isolated courses in an effort to update their professional knowledge. Almost all had been consultant to community groups and social agencies.

The amount of involvement in professional societies varied from none at all prior to enrollment in the Institute to exceptional activity for several. These students worked with the Society for Clinical Social Work for many years. Most of the group had positions on the Board of the Society for Clinical Social Work. One student had devoted countless hours on the legislative committee of the Society to push through legislation in Sacramento clearing the way for the recognition clinical social workers as vendors in insurance claims.

From this survey, it seems clear that the participants in the Colloquium were indeed a formidable group. They

brought with them a wealth of professional experience, capacity to assume responsibility, courage to create, and the stamina to implement the programs created. They demonstrated commitment to the profession and willingness to take risks. They had the characteristics to become skilled learners in a program of individualized learning.

The Animateur

As the Animateur of this particular Colloquium, I want to describe the professional experience which I brought to the role. Both my professional training and the extent and quality of my practice were similar to that of several other group members. Since I was simultaneously carrying a faculty and a student role in the program, my position in the group was one of peer/leadership. I had received my M.S.W. thirty-five years earlier with a specialty in psychiatric social work. Through the years, interest in marital and family therapy added a systems perspective to my basic psycho-dynamic orientation, making it possible to apply theory and technique to conjoint and family practice. Additionally, I had been involved in the study of psycho-analytically oriented group psycho-therapy, which added an alternative modality to my clinical potential.

My professional practice started in the World War II

agencies where service delivery was focused on brief intervention for masses of people. At the end of the war, I spent several years in an inter-disciplinary psychiatric clinic where psycho-analytic theories and techniques were being explored for adaptation to patients in a Veterans Administration Out-patient Clinic. The superb staff development program of the clinic offered many opportunities for consultation, supervision, and seminars aimed at integration of theories with practice and for exploring techniques which were then new, such as dynamic brief psycho-therapy and group psycho-therapy.

During the time of raising a family, I engaged in part time private practice with individuals and groups. I sought opportunities for further professional learning and growth through continuing education offered in the community. I became active in professional organizations emphasizing educational offerings. Through volunteer work I had access to staff meetings in an outstanding community psychiatric clinic for children and adolescents.

My return to regular part time work in an agency setting was as clinician in an out-patient psychiatric clinic sponsored by a large prepaid medical plan. While working in this setting, I became a student in an intensive family therapy program. This experience propelled me into the role of teacher as I shared my learning with the rest

of the staff in weekly seminars. In the past eleven years, I have been involved in teaching clinical practice, working with a wide variety of groups, ranging from para-professionals to psychiatric residents in a hospital setting. I have also been involved in continuing education as a participant, as a teacher, a coordinator, and a consultant. I have accepted many assignments in staff development projects for social agencies and have regularly been appointed consultant on a regular basis to social agencies within the community.

During the previous year, in Phase III of the planning program for the doctoral program, I had been the Animateur of a Colloquium whose special assignment was the development of the administrative structure and program of the school.

I brought to the role of Animateur a solid background of thirty-five years experience as a practitioner, as well as experience in the teaching of clinical practice to mental health professionals on vastly different levels and differing areas of theoretical background. I had participated in the clinical education of para-professionals, social workers, nurses, psychology trainees, medical students, and psychiatric residents. Through my teaching and clinical practice, I had developed respect and enthusiasm for the mutual learning possible in a group setting.

My involvement in the Society for Clinical Social Work covered several years as Chairman and Co-Chairman of the Education Committee. In the planning process for the doctoral program I began my active participation as a member of the Board of Trustees in Phase I and continued to the end of Phase III with the completion of my task as Animateur of Colloquium I.

The Dynamics of Initial Group Relationships

The understanding that the school was a "grass roots" movement among experienced clinicians who felt deeply the lack of appropriate educational opportunities is basic to the understanding of the Colloquium.

The participation of Colloquium members in the development of the doctoral program of the I.C.S.W. was important in the composition of the group. Seven of the nine group members had been involved in varying degrees of responsibility in the planning stages of the program.

One student and I were involved as Trustees in the planning of the doctoral program from the beginning and continued our work for the entire three years up to the opening of the school. We spent the first year meeting at regularly scheduled all day conferences and at a weekend retreat. We studied the problems of establishing an appropriate educational resource for advanced clinical

social work. We spent many hours defining competence in clinical practice and identifying the educational needs of the advanced clinician. Curriculum content, selection of faculty and students, and the problems of accreditation were considered at length.

During the second year of planning (Phase II) another member now in our Colloquium joined in the planning when consultants from the clinical social work community were invited to join the original group. A third member of the Colloquium joined the planning group a few months later when additional clinical social workers were invited to participate.

During Phase II of the developmental stages, the three students and I chaired and worked on committees formed to study selected issues in implementing a doctoral program. Again the group met for regularly scheduled all day meetings and a weekend retreat.

The third year, or Phase III of the planning process was a "trial run" in the form of a school where the planners became students. This year was devoted to experimentation with ways to implement the educational ideas formulated during the previous two years. An invitation to participate in this venture was offered to all members of the Society with Fellow status. Four additional members joined the planning group at that time. Participation required the payment of $1,000.00 to cover the expenses involved

in four weekend retreats at Mills College and regular monthly study groups held in the local community of the student.

The seven members of this Colloquium who participated in Phase III worked on different aspects of the program. Three students worked in a group concerned with the development of an appropriate core curriculum for advanced clinicians. Two were in a group struggling with the problems of a practicum. The remaining two students were in a group assigned to the problems of administration and structure. I was assigned as Animateur of this last group during Phase III.

For the seven members involved in the planning stages, assuming the student role was difficult. We were united in our respect for our previous work and in our commitment to the success of the doctoral program as an educational resource for advanced clinicians.

As might be expected, the previous experiences and relationships among Colloquium members contributed to the formation of sub-groups in the initial and continuing phases of our work. Obviously, there was some differentiation between those people who had been involved in the planning of the Institute and those who had not. Another split seemed inevitable between the veteran clinicians in the group and those who had been practicing for a shorter period. Most of the older clinicians had been in positions

of leadership in the early days of the Society and the Institute and in the profession. One student was a former President of the Society for Clinical Social Work and while a student in the Colloquium was Chairperson of the Board of Trustees of the Institute. There were potential benefits and hazards of working on a task with colleagues of disparate ages and professional experiences. The generation and status gap was a dynamic force in the Colloquium from its inception.

CHAPTER V

THE FUNCTIONS OF THE ANIMATEUR

The Colloquium evolved as an educational structure to implement the central thrust of the program, the development of self-directed independent learners. The purpose was to create an opportunity for mutual learning and assessment within a group setting so as to aid the student to expand and deepen perspective in the pursuit of independent study. The designated Animateur had the responsibility to assist the group and each member to identify the tasks, develop procedures for implementing these tasks, and move toward the learning objectives.

Of primary importance was the development of the student skills in:

1. identifying educational needs for further clinical competence
2. finding resources to meet these needs
3. demonstrating mastery of educational objectives through clinical functioning

The role of the Animateur in the Colloquium was primarily that of educator. This demanded knowledge of the theory and practice of clinical social work, knowledge of facilitating self-directed education, knowledge of group

process, and knowledge of special features in clinical learning that involved both cognitive and effective responses from the individual. The utilization of these four areas of knowledge produced a clinical educator whose responsibilities differed somewhat from those of a traditional clinical educator.

The work of Malcolm Knowles (1970), discussed earlier, who designated the teacher/facilitator as a "procedural guide" in helping students move from traditional learning to self-directed learning most nearly described the work of the Animateur in the Colloquium. As stated in the review of relevant concepts, the role of procedural guide varied greatly from that of traditional teacher who served as an expert transmitting knowledge in a structured, pre-organized way to the needy, dependent, receptive learner. In self-directed learning, the responsibility for the educational task shifted from leader to learner. Students were viewed as resources for directing their own learning. The leader's task was to guide these students in identifying and utilizing their internal and external resources to meet the objectives of clinical learning.

The Animateur served as a guide for the Colloquium in the following areas.

1. Creating a Climate Safe for Learning

The task of creating a climate safe for learning was

complex and challenging. It was a continuing and evolving process which demanded constant attention from all participants.

The first consideration was related to the intrinsic values of the Animateur and the degree of security experienced in the role. Essential to the leadership was: 1) the view of the student as a unique person bringing resources which could enrich the learning of all; 2) belief in the student's capacity to become a skilled self-directed learner; 3) willingness to stimulate the student's participation in the group learning; and 4) perspective on the time involved for each individual to integrate learning. The Animateur needed to be constantly aware of the personal journey from traditional education to this particular commitment. Many anxieties were provoked by this unique experience as clinical educator in one whose only model in education had been the traditional. These attitudes and feelings as reflected by the Animateur during the performance of the tasks of guidance were influential in setting the learning climate of the group.

One important challenge to the process of creating a climate safe for learning was the fact that each individual had unique needs for safety. Both the leader and the group members had to develop an awareness of the narcissistic boundaries of one another.

The issues of mutual trust was closely related to the ability of group members to feel that their narcissistic boundaries would be respected and that their contributions would be viewed as an effort to promote mutual learning. The need for mutual trust was essential in the context of clinical learning where both the presentation and the discussion of clinical material required the risk of self exposure. The development and maintenance of mutual trust was a long arduous process which evoked the continuing efforts of all group members as well as the Animateur. The group discussion of this issue is illustrated in the summary of the 10th Colloquium meeting in the addendum.

2. Involving the Group Members in the Planning of Sessions

The involvement of the Colloquium members in the planning of their sessions was one of the easier tasks for the Animateur, for the group members were experienced clinicians accustomed to active professional participation. The adaptation of such participation to an educational situation created a shift from traditional assumptions about learning with some concomitant anxiety. On the whole it presented little problem. The description of the first three meetings of the group discussed in detail in the next chapter, gives a clear picture of how readily the group moved into planning their sessions. However,

some preliminary steps had to be taken to acknowledge and tolerate their anxiety about starting the program.

3. Promotion of the Skills of Mutual and Self Assessment in the Students in the Colloquium

This proved to be the most difficult and complex aspect of the work in the Colloquium during the first year. The efforts of the Animateur in this area were closely related to the process of creating a climate safe for learning. The problems in this aspect of leadership are reviewed in the next chapter because of the importance they played in the group experience. As the issue became more pressing, the Animateur's utilization of knowledge of group process and skills of group leadership aided the Colloquium to explore interrelationships relevant to the learning impasse and the assessment process.

4. Helping Students Organize Their Learning Needs Into Learning Objectives

This task was more directly related to educational content and as such elicited the Animateur's knowledge of clinical theory and practice. The facilitating role encouraged the group to articulate their learning needs, to classify these needs into broad categories, and to ascertain which were of mutual interest to the majority of the group. Once this exploration was made, the facilitator

was able to help the group establish priorities for educational needs. The next step was to assist the group to identify resources and procedures for mastering the areas selected for learning. Again the Animateur's knowledge of clinical theory and practice was useful in interpreting the student's articulated needs and in summarizing them for clarifying learning needs.

5. Helping Students Decide How to Utilize the Colloquium Appropriately as a Learning Instrument

This aspect of the role of procedural guide called for the Animateur's basic appreciation of each member as a unique and important learning resource for the others. This was a key factor in the learning process. Collaborative relationships were encouraged and reinforced by the Animateur's awareness and articulation of group process as it stimulated learning. Relevant contributions of individual members were acknowledged so that everyone could recognize the impact of each on the total progress of the group.

6. Providing the Colloquium With Continuing Perspective on the Totality of Members, and its Learning Progress, With Recognition of Achievement as Well as Need for Further Learning

In this role, the Animateur who was functioning as a

group leader with a special sense of group history and responsibility for group maintenance, shared observations about group patterns and sequences over a period. The Animateur further helped integrate learning by expanding current discussions "to span ... relevant issues and connect them with material addressed in past meetings." (Walter Gruen, 1977) These efforts encouraged the group to develop a holistic view of its work.

This particular aspect of procedural guide had special significance for the Colloquium, especially at times of decision making when a summary of learning experiences and developing inter-personal relationships were of particular relevance. It also freed group members for spontaneous discussion because they knew that the Animateur would summarize the discussion to clarify its relevance to the total work of the group.

Summary of the Role of Animateur

As the Animateur worked on the level of facilitating the overt, realistically oriented educational task, there was also simultaneously in operation a complex internal process through which covert perceptions were recognized and utilized, i.e.,

1. What was occurring emotionally within the Animateur at this time and what was the behavior - comfortable,

confident, enabling, or anxious, threatening and obstructive.

2. What patterns were prevalent within the group regarding the educational tasks - resistance or progress.
3. Where were the individuals in relation to the task - perplexed, anxious, and withdrawn or open and effectively involved.

CHAPTER VI

REVIEW OF ROLE OF ANIMATEUR IN THE INITIAL YEAR

The Colloquium in pursuing its learning tasks during the initial year went through beginning, middle, and ending phases similar to all groups regardless of the purposes for which they are organized.

Beginning Phase

As I reflected on the events of the first three meetings of the Colloquium, held for two hour periods on three successive days during the first Convocation, it seemed to me that the functions of the Animateur as procedural guide were clear.

We found ourselves faced with an educational task, an expectation to master a core curriculum, designated colloquially as "the grid." The curriculum outlined at the beginning of the year was somewhat nebulous, open to disparate interpretations of what had to be known and how one demonstrated in order to graduate. In each of us, anxiety was aroused, provoked by the unfamiliarity and the indefinability of the situation in which we found ourselves.

I knew that in the role of facilitator of the educational process, or as procedural guide, I might be able

to introduce comments and procedures which could move the situation to a more defined, familiar and predictable state. As I perceived it, my function was a complex one involving me on several levels: Educator, group leader, and facilitator of individual learning. It seemed to me to be a matter of ordering priorities. However, my knowledge of group and individual dynamics propelled me first into attending to the feelings of anxiety in the group by inviting discussion of them. If the anxiety were addressed, I thought that the group might be freer to consider approaches to the educational task.

I selected to explore the anxiety present in all of us by admitting my own anxiety in this new and uncharted experience and inviting group members to discuss their feelings about the current situation. As the discussion progressed, I realized that the anxiety of the group members seemed to come from many sources. They were confused about what would be expected of them in relation to the core curriculum and how their accomplishments could be demonstrated and assessed. There was some unspoken concern as to whether they would get through the program and the writing of the Project Demonstrating Excellence. Students who had been in the program during the preceding year felt the pain of separation from their former groups with whom they had formed close ties. There was uncertainty

about a new group and a new Animateur. Would they ever feel as comfortable and as close as the old group? New students were undergoing anxieties related to starting upon a new endeavor and finding their place with those who had been there the previous year. The advanced students were concerned about how they could learn from the less experienced. The less experienced, in turn, were wondering about the risk of self-exposure in the presence of clinicians considered to be leaders in the field. I was in the clutches of anxiety about how to function competently in a complex role about which I felt I knew very little. How could I hope to facilitate the learning of peers whose competence I highly respected and whose clinical knowledge I considered equal to mine if not more refined in some special areas? How was I going to help these individuals develop into a group which could become a mutual learning instrument? Their spoken and unspoken expectations of me stirred my anxieties. Since I, too, was a student and co-learner in the group, the complexities of my role as Animateur seemed enormous.

The first hours of the Colloquium meeting were devoted to a discussion of experience in Phase III of the program, the previous planning year. This procedure was abreactive for the continuing students but also informative for the new ones. The new students were helped to orient themselves to the school and to relate to our group.

In an effort to dissipate some of the remaining anxiety, I tried to help the students find a beginning place for themselves in the group and to find connections with the other group members. Questions were encouraged about their professional lives to date and their expectations of the program. Through this procedure, the singularity of each student became apparent. It also demonstrated how each student might contribute to the learning of the others and to specify what particular learning needs each brought for collaborative help from the group. In this instance, I functioned overtly as a procedural guide in self-directed learning. Simultaneously I was aware of group and individual dynamics.

I reinforced the potential contribution each student could make and the learning needs each student had articulated. It soon became apparent that there were many similar learning needs and expectations. There were also many disparities between group members in learning needs and the level and the quality of professional experience. Group anxiety was expressed about these differences and the variety of levels of experience.

Through these interventions, which reflected modeling, group norms began to be established and the first steps toward group cohesion created a climate safe for learning. Anxiety was openly acknowledged as present in us all.

Group norms for tolerating these feelings in one another made them acceptable. Interest in and respect for the individual was demonstrated through my acceptance of the students' comments and my attempts at summarizing them in a positive, ego enhancing way. Students identified with each other through common concerns and goals. Each group member began to evolve an individual identity in the Colloquium. A connection to the other group members developed so that the individual was neither immersed in the group nor isolated. In a clinical view of this process, it could be said that each student could attend to his narcissistic needs and to object relatedness as seemed appropriate to the personal learning task. The intrapsychic process had to be managed in a way compatible with group needs.

Following this discussion, the students turned spontaneously to individual concerns about the educational tasks at hand, and the demonstration of mastery of the core curriculum. They commented on the chaotic nature of the discussion as each person came up with different ideas of educational needs and how to use the Colloquium experience to meet them. I offered to be responsible for a summary of the discussion near the end of the three day Convocation. This summary could then serve as a basis for mutual decision about their use of future Colloquium meetings. This seemed

to be an enabling intervention as the group continued to discuss educational matters.

I felt that it might be helpful on two counts to consider a case presentation from a volunteer in the next meeting, the following day. Case material was familiar to all the participants and could serve as a unifying basis for discussion. We could experience the differences among us regarding diagnostic and treatment techniques and cope with them on a reality level, hopefully starting to diminish fantasies of criticism and rejection produced by difference. A case presentation would mobilize the learning interest of the group in relation to clinical material and help them deal with the free floating anxiety about the educational task.

The presentation of clinical material in the next session evoked another facet of the role of Animateur. I thought of the procedures involved in the teaching of clinical practice both as a supervisor and a consultant. I quickly discarded the supervisory aspects as incompatible with self-directed learning and thought about an appropriate adaptation of the group consultant role. Since the traditional consultant was seen as an expert, this seemed a view contrary to my perception of the facilitating role. The concept of a leader who functioned as an expert seemed to contradict assumptions about self-directed learning. The other hazard lay in the area of group dynamics, where

the unconscious fantasies of an omniscient leader could encourage dependency and work against the task orientation of the group. I perceived that my most appropriate role would be to help the group members function as consultants to the presenter. I could then encourage the learning and the mutuality of the group by utilizing my theoretical and practical knowledge of teaching clinical practice in a way compatible with self-directed learning. I could function somewhat as a chairperson of a committee who would use the position to make possible an orderly discussion, where everyone could be heard. I could then weave the comments of the students into a summary that would highlight the theoretical content and special practice techniques presented by the student. Where there were glaring gaps or misconceptions in the comments offered, I would encourage dialogue among the students about their own ideas on these issues. By reinforcing appropriate comments from the group and encouraging exploration of relevant theoretical concepts, I could facilitate the learning process. The safe climate for self-directed learning would be maintained.

In this task, once again, the Animateur required three areas of skills: some cognitive knowledge of the subject matter under discussion, knowledge of group dynamics, and the knowledge of individual dynamics.

My task was further complicated by the presenter's announcement that the percipitating crisis bringing the patient to therapy was similar to a crisis in the therapist's own life, which still had emotional repercussions. Nevertheless, the presenter had felt capable of treating the patient. The parallel process present in the learning of clinical practice was apparent to us all. However, it did not seem appropriate to me, nor to any other group member, to explore this aspect in the case discussion at this point. This was a conflictual decision for me as I realized full well that this was the central issue in the case and consideration of it on any other level was at best, limited. My decision was based on two things: 1) the purpose of the presentation was to explore our differences in theoretical orientation and I felt it appropriate to stay with that focus; 2) I thought that dealing with counter-transference issues without manifest interest expressed by the group, would be too threatening at this early time in the group life.

The third and last meeting of the weekend gave some evidence that the previous meetings had brought the group to a point where they were able to face the task of utilizing the Colloquium by planning the next session, a month hence. Although the original anxieties continued to operate, the original sense of paralysis in the face of an overwhelming and diffuse task seemed diminished. My

function as procedural guide led me to ask the group to consider together the core curriculum and whether they wished to use the Colloquium to help students master "the grid." This question related to the assumption that the self-directed learner was responsible for identifying and implementing learning objectives.

Some members of the group turned to me for suggestions about how they should proceed, but I held to the view that these were matters for them to decide. As the discussion progressed, I made some summaries of the ideas suggested and noted the general areas of interest.

When it became apparent that we were all lacking knowledge in one specific area of the core curriculum, namely, brain functioning, we decided by consensus to plan the next meeting on that subject. In the role of procedural guide, I suggested that the group members take inventory of themselves as resources to one another in studying this area. Several students expressed their specific interests and offered to make reports. One agreed to present a case of a patient having minimal brain damage. Others offered books they had read on the subject and arrangements were made for loans of books. Those students who were not making presentations planned to do some background reading to prepare themselves to participate in the discussion.

I concurred with several of the students who commented that the selection of a topic such as brain functioning was

significant in relation to the current position of the group. It was a somewhat "safe" topic in that we all admitted ignorance of it and therefore we were starting at the same place, eliminating "experts and ignorants." In itself, the topic was not emotionally charged for most of us. The subject had further advantages for the group at its particular stage of development because it was based on a body of well developed literature, which would give the students some direction and structure. The choice affirmed Yalom's observation that "exchange of information" identified as a "curative agent" in therapeutic groups provided some external certainty in situations of pervasive anxiety. For our educational purposes it was right in line with our task. For the group process it was indeed a "binding force for anxiety until other dynamic factors could take over." (Yalom, 1970).

In reflecting upon my activities as Animateur in the first three sessions of the Colloquium, I recognized a pattern of behavior. Through my professional experiences as teacher and clinician, I had some clear ideas of the learning task at hand and the appropriate implementation. However, within the context of self-directed learning, I had to find new ways of utilizing my knowledge and skills. My aim was to involve a learner in the process of "how to learn" which meant that I needed to become a guide for the process of learning rather than a transmitter of the content of learning.

My ability to function as a guide depended on some complex, interacting forces. Of primary importance were my own internal processes, i.e. 1) my own security in such a role and my faith that students could involve themselves in effective learning with guidance from a leader and mutual feedback from their peers, 2) the students own view of such learning. Some students agreed that they could use their own experiences to learn and their own creativity to find other resources to supplement their own experiences. At times, however, the students showed uneasiness with the philosophy of a leader operating solely as a guide and wished for some involvement from the leader as traditional expert.

Much of my work was influenced by my clinical experience in helping people move away from dependent attitudes toward independence and autonomy. I was also influenced by the reaction of the group itself to this kind of leadership. Some of the more advanced clinicians readily accepted being self-directed learners because it was appropriate to their life experience and self image. I realized with some misgiving how much creativity and sensitivity it would demand from me to function effectively as a guide for this kind of student. At times, during the continuing life of the Colloquium they appeared slightly apprehensive that the process might return to teacher-directed learning. At these moments, they would reinforce the peer/guide/facilitating

role of the Animateur. Other students who found the shift to self-directed learning strange and anxiety provoking, voiced disquiet that I might abandon them to chaos if I would not take the traditional teaching role.

My knowledge of individual dynamics and group dynamics was helpful in recognizing these conflicts, but my inexperience in the role of Animateur as such, different from both teacher and clinician, made me uncertain when or whether I should interpret these dynamics to the group. In some instances, I tried to utilize my observation of dynamics in my interactions with the group and individual members, without direct interpretation of them.

An example of this was the problem of competition with the leader in the group. Competitiveness with leadership is a phenomenon present in all groups. In therapeutic groups or those formed for developing self awareness, the dynamics of competition are often interpreted as relevant to the task of the group. In a Colloquium concerned with the development of skilled learners who are self-directed, competitiveness with the leader can be an appropriate step toward assuming initiative and responsibility for one's own learning. Therefore, whenever one of the group members challenged my direction or a unilateral administrative decision, I focused on the substance of the comment and consider its relevance to the educational task at hand. I would then throw it open for group discussion to reach

consensus. Usually, this method of handling facilitated the work of the group.

After the first Convocation and for the next six sessions, we functioned mainly as a task oriented group. We identified subject matter for learning. We discovered resources within the group itself. Students volunteered to make case presentations illustrative of the subject matter selected. Some students would share their clinical experiences and their knowledge of the relevant literature. Students assessed their particular knowledge of specific subject matter and identified areas for further exploration. These early meetings dealt primarily with cognitive learning. The group members moved gradually toward the role of self directed learners.

A steady accompaniment to our involvement in the curriculum content was the hum of pervasive anxiety. Students found the lack of administrative structures disquieting. However, as structures slowly evolved their resentment of them was also present. The lack of direct teaching in the Institute came up for frequent discussion. The theoretical concepts in clinical practice are so complex that in some areas they lend themselves appropriately to exploration through traditional teaching. The dilemma over this issue was discussed at length as we struggled with the place of traditional teaching within a program of self-directed learning.

In the planning phases, the founders had recognized the value of didactic teaching and had considered it as available to the student in educational resources in the community. The faculty resources within the Institute were to be reserved solely for implementing self-directed learning. The students wanted the theoretical courses to be offered within the Institute itself.

The problem, though not conclusively resolved, was addressed in some creative ways. Several students who wanted to study a special area in depth formed special interest groups with other Institute students from other Colloquia. Doctoral students enrolled in theoretical courses offered by the Institute to the professional community as continuing education. Nevertheless, the persistent request from the students was for course work to be an integral part of the Institute's offerings in the doctoral program.

This led us into the issue of direct teaching from the Animateur in the Colloquium itself. Teaching from the students who served as resources to one another fit into the concept of self-directed learning. Traditional teaching by Animateur (transmission of content by an expert) could confuse the basic role of guide by activating and reinforcing the unconscious expectations of nurturance from the leader. In one session the subject matter was one with which I was very familiar. I succumbed to the temptations of

direct teaching, much to the joy of the students, but to my own chagrin. The central problem for me during these sessions was to find an appropriate place for myself as procedural guide which would be acceptable to the group.

Another source of anxiety was the students' uncertainty about their ability to complete the untested requirements of a doctoral program. They were especially anxious about the task of writing a Project Demonstrating Excellence. I felt that the students were experiencing some natural concern about the role of pioneer. Part of the anxiety, however, especially as related to me and the Institute seemed to be an expression of projective identification. This was true particularly in the area of conflicts about internal evaluation of their own self worth.

In the early months, the evaluation process for the self-directed learner was most difficult to approach and to implement. The task of gathering evidence of ones own accomplishment and presenting it to peers for assessment met with many problems in these first nine meetings. A formal evaluation form for assessing presentations in the Colloquium had been developed in Phase III of the planning years. This form had a gradation system on which the presenter could be rated from 0 to 4, the highest figure representing outstanding success in integrating theory and practice. The initial use of this evaluation scale brought forth such resistance

in the group that after discussion we considered it to be disruptive to the development and maintenance of a climate safe for learning. We agreed to implement the evaluation on the direct request of the presenter but implied that our spontaneous responses to the presentation itself reflected evaluation, should the presenter wish to use it in that way. I reinforced the assumption that students were responsible for the ultimate assessment of their learning needs and accomplishments as they participated in the Colloquium. However, this particular concept represented a wide departure from the assumptions about evaluation in traditional education. It also demanded from the student enough personal security to feel comfortable with the process. These complications contributed to the difficulty of bridging the space between the students' past educational experiences of being examined and graded by external forces and the current process of gathering evidence of accomplishment to present to peers for assessment.

As we struggled in the Colloquium with these problems, the assessment process seemed to be handled in a benign way which offered only approval of certain aspects of the work students had done. We addressed the problems and difficulties in the students' work through gentle questioning. Confrontation or challenge were not the usual procedures. Few presenters raised questions with the group about the quality of their clinical work. Some discussion of trans-

ference and counter-transference took place which brought the discussion to the presenting student's interventions as related to personal dynamics. The main focus of dealing with the presentations was the demonstration of utilization of theoretical concepts selected by the group for study.

Middle Phase

The tenth meeting of the group, parts of which are recorded in process and are included in the Addendum, marked a definite change in the climate of the group. This was reflected in the content, level, and emotional tone of the group discussion. The meeting led us into an overt consideration of the relationships within the group. The work in this particular session served as preliminary to the work of the Colloquium in the April Convocation where the group relationships were discussed in greater depth.

Two group members had spoken to me outside of the Colloquium expressing their concern about the benign nature of the assessment process. They felt this prevented a challenging and stimulating approach. One student had written these observations in the routine trimester report, while the other had discussed it with me by phone after the last meeting. I had also been concerned about the matter and encouraged the latter student to bring it up in the group. Unfortunately, a medical emergency took

the student away from the morning session of the Colloquium. I decided to introduce the issue myself in an effort to begin to identify covert group processes which interfered with a more spontaneous, challenging, and direct assessment of the presentations.

My clinical knowledge of group process made me aware that the group's feelings toward me and one another might be operating and affecting the situation. I had some real concern whether my participation in the group was excessive. Therefore, I began the session, as usual, with a comment about the group experience, checking out my perception of my activities. My question, which served as a model, was a genuine request for feedback, opening the avenue for group discussion of their feelings about leadership. The group disclosed some slight feelings of ambivalence about an actively participating leader. On the whole, they seemed to like guiding procedures to keep the group on target. There was expression of reluctance to discuss the issue openly as if conscious attention to my functioning would spoil the spontaneity. One person observed that since I was a peer, and not a traditional leader, my participation was appropriate as much as that of the others.

The group continued a spirited discussion with many cogent observations. They talked of reluctance to criticize others negatively for fear of retaliation when they

themselves presented cases. They felt unable to make significant or challenging assessments when students with different theoretical background presented cases. Some experienced the group as too task oriented and wanted more emphasis on interpersonal experiences, while others lauded the task orientation as most appropriate to the educational objectives. The consensus was that the group had developed in accordance with its needs and capabilities. Perhaps it was becoming secure enough now to expand its functions to encourage members to discuss their feelings about the total school experience and their own place in the program, and to ask directly for feedback on presentations and group participation. I acknowledged their observations and encouraged them to find ways to incorporate these ideas into their work with one another.

I perceived this discussion as helpful to the beginning process of observing our own interactions. It might have been expressive of the students' desires to relate to one another on a more secure level so that they could tolerate expressions of criticism or even hostility. The remaining work in the day corroborated my impression of this discussion as an enabling one.

The case presentation which followed next was unusually thought provoking. The clinician who presented had formulated some specific questions for the group. The case

itself presented complex diagnostic and treatment issues, further complicated by an avalanche of material produced by a patient in a frantic state of anxiety. (See Addendum).

The presentation and the material stimulated discussion from the group, paralleling the same abundance of material which flowed from the patient in the original case, even the same chaos, as associations to the material came from the students. I now perceived my function to move toward one of helping the group organize the material productively. I worked simultaneously on three levels: One, as peer asking direct questions about the case to clarify my own thinking; two, as consultant asking questions of the group to help them clarify their thinking; and three, as procedural guide or facilitator by organizing random comments so that the discussion could be focused into a form useful for learning.

The presenter in the group expressed deep satisfaction with the presentation. The level of the ensuing discussion, when summarized, was representative of creative and perceptive use of knowledge and experience. It seemed to me to be an example of a mutual learning process in high gear and by far the best cognitive work of the group to date.

The remainder of the day showed continuing changes in the nature of group comments and group interaction. In the afternoon session, the group asked questions of a more

challenging nature of the presenter (one of the students who had expressed disappointment with the level of assessment to date). One group member observed that in the presentation there was a parallel process between the patient's relationship to the therapist and that of the therapist to our Colloquium. Some students described their experiences in relating to the presenter, feeling some obstacle to mutual understanding.

In summary, this meeting started the group working on a deeper level of openness with one another. The enabling affect on the learning task was exemplified in their utilization of their knowledge and experience.

A review of the work of the Colloquium through the eleventh session indicated that we were deeply involved in the learning of theoretical content and that we attempted to use our own clinical material for the illustration and the exploration of theory. One could say that our task of mutual learning was reasonably on course. The concerns expressed by the students in the eleventh meeting had highlighted our difficulties with the mutual assessment process. Some work on the problem in that session produced a beginning move toward more open and spontaneous assessment.

In the next seven sessions of the Colloquium up to the final one, the functions of the Animateur shifted. Increasingly, they moved toward the role of group leader

who helped to develop a climate more closely attuned to the inter-personal relationships in the group. During parts of these seven sessions, the group worked consistently on their feelings toward me, the Animateur, and about one another. At the same time they maintained work on the theoretical content and techniques of clinical practice. The push toward cognitive learning, evidenced in the earlier sessions of the Colloquium, receded temporarily, while the interest in group relationships advanced.

Some members of the group objected to what they considered "prolonged" concern with the interpersonal relationships of the group, stating that we were crossing the unmarked boundary between education and therapy. I felt it essential to continue working on concerns about interpersonal relationships as they arose. I was aware that the assessment aspect of self-directed learning in the group setting had bogged down and I attributed this to complex interpersonal feelings present in the group. I was convinced that the progress with our task depended on attention to group process.

The thirteenth, fourteenth, and fifteenth meetings of the Colloquium at the third Convocation were devoted to consideration of this aspect of group functioning. I took steps to initiate the discussion by reviewing with the group their original expectations of the Colloquium experience and of me, the Animateur. We then

proceeded to a review of the experience. After some positive comments on the experience, some of the disappointments were expressed. The group seemed unable to deal directly with their negative reactions to my leadership. I realized that I had been unable to guide them into a significant positive experience with both self and mutual assessment.

Further discussion revealed the existence of two sub-groups in the Colloquium, one consisting of the more advanced clinicians and the other of the less experienced. Many feelings were voiced about this, indicating some reluctance on the part of group members to express negative feelings directly toward the sub-group of advanced clinicians. Also, they had experienced me, the Animateur, as supportive of the advanced clinicians because of my years of personal and professional involvement with them. The ability of group members to express these feelings over the three sessions was seen later to be the "turning point" of the Colloquium. Several students felt freer and more comfortable to be open.

The reaction of group members to the clinical material presented in these sessions were more openly critical of the presenter's diagnostic and treatment techniques. Yet, the overall effect of group discussion was one of mutual interest and commitment to the process of learning with one another.

Ending Phase

In the remaining four sessions of the Colloquium, I continued to function primarily as a group leader involved in helping the group recognize and acknowledge the interpersonal relationships which interfered with the assessment of the learning task. The many feelings which continued to be voiced were acknowledged by me and handled by group members who either supported or differed in their response.

Two issues seemed to be of significance as they concerned the feelings of the students toward me. One was the reaction to my taping the sessions for my Project Demonstrating Excellence. Some students resented the intrusion of the tape recorder which they felt blocked the spontaneity. There was some concern about how well the students' privacy would be protected if I wrote about the Colloquium experience. The question reflected their ability to trust me and my discretion in using the material. The second issue concerned a controversy about one student's completion of the Project Demonstrating Excellence. The Mentor and I had recommended changes in the project which resulted in delaying the student's graduation. Several members of the group were upset and critical of my position.

Once again, I functioned as a group leader and dealt

with the realities of each of these situations as frankly and as openly as possible. The students seemed to weigh my comments and relate them to their own dynamics. This process appeared to be one more freeing experience, as the members of the group began to sort out their feelings and their projections began to emerge.

Thus, after several meetings in which our attention was closely directed to group process we were able, in the last meeting, to return once again to the educational task at hand with renewed vigor and commitment.

Throughout all of the nineteen sessions of the Colloquium, I had the administrative function of helping the group make decisions about the utilization of time so as to free them to attend to the learning process. There was relatively little difficulty in choosing topics for study and in finding students willing to make didactic, clinical, or even experiential presentations. There was, however, some difficulty in planning and implementing an agenda so that each presenter had sufficient time for both the presentation and following discussion. As far as I could, I involved the group in decisions about how long each presenter should have, which could be postponed until the next meeting, etc. At times, however, I made the decision unilaterally in the interest of maintaining a flow of significant discussion in the Colloquium.

Sometimes, during a meeting, utilizing my own knowledge of clinical practice, I sensed that certain issues needed more time for meaningful exploration, realizing that this in turn would deduct from the available time for the next presenter. This involved an immediate decision about the relative importance of the two issues. My perceptions would then be shared with the group. The majority of the group would usually accept my decisions, although, some of the individuals involved did not agree. I realized that a leader could not hope to please all members equally and usually took the objections in stride.

In the matter of meeting dates, lengths of meeting times, places of meetings, once again after sufficient group discussion I took responsibility for making the ultimate decisions in the interest of conserving time for the learning task at hand. Such decisions were usually made on my idea of group consensus, gleaned through the discussion.

As Animateur, I also had some responsibility for coordinating the work of the Colloquium with the work of the school. In this way, all possible learning resources were available to the group, and all possible input about the Colloquium process was available to the faculty and the administration. In the first year of the program, reports on the Colloquium process were of utmost impor-

tance in understanding a relatively new and untested educational structure. All four of the Animateurs were, at times, puzzled by the unfamiliar roles. The opportunity to explore our experiences and innovations with one another helped us develop perspective on our own. After hearing reports of constructive experiences in another Colloquium, the Mentor of our group and I began to explore ways of working more cooperatively so that the students could benefit from our joint thinking regarding their needs, progress, and resources in relation to the learning objectives.

Outside of the Colloquium itself, the Animateur as faculty member had other duties in relation to the administration of the school. A study of these particular tasks is outside the scope of this project. Briefly stated, they included active participation in the planning of Convocations as well as making didactic or clinical presentations in plenary sessions or in special Colloquia. As a faculty member, the Animateur worked with the administration and other faculty in a continuing assessment of the program and on the problems of the program as they arose during the first year. Together with other faculty, the Animateur was active in recommending appropriate changes in program and policy to the Board of Trustees.

The impact on me of the role of Animateur was of some magnitude. It was a demanding task complicated by

the dual role of student and facilitator. This meant that as a peer in the group I had responsibility for guiding the group through a set of relatively unfamiliar educational procedures. Furthermore, I struggled to deal with my own considerable anxiety in a way which would not complicate the work of the group. My anxieties seemed to rise from my unfamiliarity with the role and from my personal investment in the success of the doctoral program, to which I had devoted several years. Despite my own anxiety, it was necessary for me to project enough security in my role to help create a climate safe for learning. I would often acknowledge my anxiety openly, but would also draw on my past experiences of success in other difficult teaching/learning assignments. All this became integrated into an attitude I sought to transmit to the group which said "Sometimes I don't know what we're doing, but we're all admittedly nervous as pioneers. We've been in uncertain places before and have made it, so we have the potential for coming through this one, too. Let's pool our resources and go to work."

What proved to be of enormous satisfaction and growth for me was the experience of utilizing much of what I had learned in thirty-five years of clinical experience towards helping the group members to get in touch with their own strengths and resources. Together we forged a unique learning experience of immeasurable value not only

to ourselves but possibly to the field of clinical education.

As I think about the many functions of the Animateur, it seems analogous to the writing of music. The melodic theme is comparable to the central task of the procedural guide, assisting the student to make the transition from traditional education to self-directed learning.

However, the melodic theme needs support. It must be set to harmonic chords that require a selection of special combinations of notes to enrich the melody and at the same time give variation to its overall effect. The harmonic structure as it relates to the role of Animateur requires the ability to select from his/her repertoire of clinical knowledge appropriate aspects of group and individual dynamics, relevant concepts for the teaching of clinical practice, and significant areas within clinical practice. Selections are made in relation to how the Animateur perceives the needs of the melodic line or the central task at any given time. To strengthen it, to interpret it on a more significant level, even to maintain its flow, evokes a selection of differing combinations of clinical knowledge at various times according to what seems essential to the task.

In summary, the task demands the skills of a good teacher, dedicated to the principles of self-directed learning. Such a teacher must have a thorough knowledge

of clinical theory and practice, knowledge of group and individual dynamics, and the ability to utilize this knowledge adaptively to facilitate a group's moving toward a particular set of learning objectives.

CHAPTER VII

CONCLUSIONS

The role of Animateur in a Colloquium developed for mutual learning, mutual assessment, and a structure to implement independent study is complex. The role itself, unique in the field of clinical social work education, is made up of many functions, each of which is multi-faceted.

There are some procedures for the Animateur to utilize in furthering the students' acceptance of the new set of assumptions on which self-directed learning is based. Each of these procedures rests not only on the understanding of the subject to be taught (in this case, the theories and techniques of clinical practice) but on an understanding of the dynamics of the people who are learning.

One who undertakes the role of Animateur must be prepared for the inevitable anxieties and stresses which accompany a new role. The process of adapting clinical knowledge to implement an educational objective is fraught with uncertainties.

Clearly, each of us who attempts such a role brings to it a distinctive personality, life experiences, and values which affect the way in which the task is perceived

and implemented. As in clinical practice, where the personality of the therapist and the patient combine to forge a unique working relationship in the educational setting, the same dynamics operate. The way in which each Animateur perceives and fulfills the role depends on the way his/her personality combines with the composition of the group. It is a highly creative role. We can assume that each Animateur functions in a unique manner in each Colloquium, even though there are some basic similarities to others functioning in the same role.

The role of Animateur in the Colloquium is also challenging and rewarding. The opportunity to use innovatively the knowledge and experience of years devoted to clinical practice and teaching is rare and precious. The process of finding resources within one's self and in one's peers to meet the problems in this new kind of clinical learning is exciting and rewarding. Students and Animateur become aware of how much is learned and integrated during the years of professional practice and how much more needs to be learned.

In the first year of the doctoral program the Colloquium was a vital educational structure for the learning of clinical practice. Many students considered it the most useful and enjoyable educational structure within the school and recommended that there be more frequent meetings in the coming years. The place of the Colloquium within

the school will be changing as the students' needs and the composition of the group shift from year to year. Since the role of the Animateur is closely related to the function of the Colloquium, that, too, will change and evolve in response to the demands of a group of students at a particular time.

In this project, work with an advanced group of clinicians has been described. As the doctoral program continues, no doubt there will be changes in the level of students. Some adaptation of the role may be necessary as students with less clinical experience enter the program.

Regardless of the level of students, the Animateur will continue to utilize knowledge of group and individual dynamics in helping students move toward their learning objectives. The basic principle of enabling people to become self-directed learners will hold.

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ADDENDUM

Summary of Colloquium Reports

September 1977 through June 1978

This report is organized as a running chronicle of the colloquium starting with the first Convocation in Oakland on September 30, 1977.

Meeting I - September 30, 1977

I approached my first Colloquium meeting at the first Convocation in a state of high anxiety. This tension was related to my awareness of the high stakes riding on the success of our venture, and my sense of uncertainty about identifying and then adequately fulfilling my role in the learning and assessment process. In spite of many effective group experiences I had led in the past, I approached this one with a sense of responsibility and commitment far beyond anything I had previously experienced.

The early part of the meeting was devoted to discovering where we had come from in the program, how we felt about leaving that "safe" place, and who we were professionally. Separation from our previous group was appropriately mourned

by sharing with one another what the experience had been, how much it had meant to us, and how uncertain we were that the current group could ever become as meaningful to us. We went on to talk about our professional experiences, and soon came to the realization that we were quite different in relation to age, length and type of professional experience, our professional frames of reference, etc. Group members expressed their underlying apprehensions about how differences in theoretical orientation would be tolerated by the leadership of the doctoral program.

A large portion of the meeting was spent exploring the issue of utilization of the colloquium. This question tapped the anxieties of the group regarding "the grid," and their real bewilderment about the assessment process. Members wanted to use the Colloquium as a place to fill the gaps in their theoretical knowledge, to make presentation for assessments, and to work out their problems about the Project Demonstrating Excellence. Finally, we acknowledged the existence of different needs and strengths within the group. We committed ourselves to experimenting with different ways of utilizing the Colloquium meetings until we came up with a format which would serve the needs of the greatest number.

This was a particularly difficult meeting, as we were all experiencing the pain of separation from the security of our former groups, the loss of previous roles, and the

uncertainty of what lay ahead. It seemed that we were all anxious about being able to control our destinies within the colloquium to meet our individual needs.

Meeting II - October 1, 1977

The second session of the Colloquium dealt with the anxieties of the group about setting the first appointment with the Mentor. I agreed to try to arrange a meeting with our Mentor during the Convocation.

We then went on to a case presentation, volunteered by one of the students. This presentation had a unifying effect on the group. We listened and then participated in the discussion of the case. The atmosphere of the discussion seemed to be a start toward allaying the fears expressed earlier regarding differences in theoretical orientation.

Meeting III - October 2, 1977

The third and last session of the Colloquium at Mills started with the Mentor meeting with the group. The arrangement of early individual appointments with each member allayed some of the group anxieties.

After she left, the group discussed attending a Colloquium the previous day in which a presentation had been made by one of the students from another Colloquium. The presentation had been a difficult one, as it had

covered a great deal of unfamiliar theoretical material in addition to the presenter's speech difficulty. The group felt that the presenter, who had a theoretical frame of reference different from the rest of the group, had been strongly criticized. The fears centered on the tolerance of differences in theoretical orientation by the administration in the doctoral program.

These comments evoked group discussion about developing respectful working relationships within the group. People grappled with philosophical issues such as efforts to deal with difference by finding an "equivalent" concept in one's own frame of reference. Some group members suggested that one had to deal with difference as a separate entity, to be viewed without reference to former knowledge and experience. There was much lively discussion regarding the issue of coping with difference. At the end of the session the group seemed ready to face the future learning tasks.

By the end of the third Colloquium meeting, concrete plans were made for the first Interim Session, to be held on October 14, 1977, at my home. An area of common interest was that of brain functioning. The plan for the first meeting consisted of reports on various facets of this topic to be presented to the total group. Volunteers were to bring in reports on brain function that were of special interest to them. One student agreed to present a case describing practice with a patient with minimal brain

damage. Those not having definite assignments agreed to gain some basic knowledge of brain functioning so that they could participate more intelligently.

It seemed to me that during this first Convocation the Colloquium group was beginning to relate to the tasks at hand. By the end of the third day, they showed enthusiasm and eagerness for the following meeting.

Meeting IV - October 14, 1977

The first Interim Meeting was held at my home about three weeks after the first meeting. We preceded the meeting with lunch in the garden. Participants became reacquainted. Lunch was relaxing and created a mood for the work of the Colloquium.

I opened the meeting with a discussion of the assessment procedures, which was a follow-up of the last plenary session at the Convocation at Oakland. At that time, the whole assessment procedure and the assessment forms were discussed by the total group. The members of the group, who had originally developed the forms, elaborated their plan to utilize these forms. They had felt that these forms were for the use of the student alone to be incorporated by the student as part of his assessment of his total performance. There followed at the plenary session a group discussion of the use of the forms, with the final consensus that the forms should be used as a guide alone,

as originally intended.

In the Colloquium we went through the forms, item by item, so that all could be acquainted with the categories developed for assessment. It was agreed that anyone who wanted a formal assessment of his/her presentation could so inform the group before the presentation. Several members felt that informal assessment was an ongoing process, built into most discussions of presentations. I stressed again the need for personal responsibility of each candiate for the continuing assessment of his own learning, and for the integration of each evaluation experience into a total perspective on his development in the program.

The presentations which followed were 30 to 40 minutes in length. They were delivered and received with much enthusiasm, followed by brisk discussion. Four students presented material from areas of their special interest in the field of brain functioning. One student presented a most interesting therapeutic case involving an adolescent girl who had been diagnosed as suffering from organic brain pathology. Since time ran short at the end, I briefly summarized the actual assessment of the presentations. This procedure produced considerable negative reaction in two of the presenters. They felt that they did not have time enough for full development of their subject matter. Between the second and third Convocation, I received letters

from each of them requesting that the assessment procedures be reviewed at the next meeting.

Plans for the next Colloquium developed out of the interest of two students in the Third International Conference on Brief Psychotherapy, which was to be held in Los Angeles in the interval between Colloquia meetings. They offered to present a report of the Conference meeting to our group. We, in turn, agreed to prepare ourselves to receive their report by reading Malan, Mann, and Balint, and any other appropriate writing on the subject of dynamic brief psychotherapy.

I supported the suggestion about exploring dynamic brief psychotherapy in the Colloquium because I felt that the topic represented a synthesis of theoretical and practical aspects of clinical social work, and as such, could serve as a significant focus for work in the group. It would tap resources of the group members in relation to both practice experience and theory, help us to identify areas for further exploration, and to develop increasing competence in practice.

At the end of the meeting, the group expressed satisfaction about the level of the presentations, and seemed to consider the session a true learning experience. It was agreed that the work done on brain function was only an introduction to the field. Each of us would need further

study. At a later colloquium meeting the topic would be rediscussed after additional reading by each of us.

Meeting V - November 16, 1977

The second Interim Meeting was again at my home. We began on a note of complaint from one member who felt that the Institute needed to provide expert leadership for groups of students who were interested in common areas. The interest of eleven students in Kernberg's material was cited as an example. The actual issue was about the initiative and responsibility of the Institute administration for providing such leadership. There was lengthy discussion with some concomitant uneasiness expressed at the lack of formal teaching structure in the program. Once again the basic philosophy of the program for independent learning was reintroduced. Further debate continued on how much structure was necessary for effective independent study. The conclusion was that if a special interest group within the Institute wanted expert leadership, they could band together and find a consultant for this purpose.

The question of the assessment process within the Colloquium was reopened. It was clear that in the last meeting the group had been enthusiastic about the learning from the presentation and the discussion. They objected to my brief assessment at the end of the meeting. Most members believed that formal assessment procedures within

the Colloquium could have a negative impact on the learning potential for the group experience. We began to review the assessment process, realizing that assessment was a reality which each student needed to face as the program progressed. Ultimately, each would be assessed in the granting of the degree. The Colloquium would be only a limited part of the total assessment.

One student objected to an assessment by peers who had a different theoretical frame of reference, or who might be intimidated by "the status" of other Colloquium members. The group managed to work through some of their feelings and decided that there could be informal assessment of presentations within the Colloquium and still keep an atmosphere which would be open for learning.

Discussions followed which reflected the anxiety of the group about the ultimate demands of the program and how they could meet them. Several of the more experienced group members pointed out the over-idealization and the perfectionism underlying the anxiety, and were reassured temporarily about the profile of a graduate of the Institute as being "realistic."

After relieving some anxiety the group seemed ready to turn to the learning task. This part of the session was led jointly by the two students who had attended the Third International Conference on Brief Psychotherapy. The outstanding speakers of the Conference had been Judd Marmor of

Los Angeles, David Malan from Tavistock, Sisneos from Beth Israel Hospital in Boston, and Davanloo from Montreal. Each of these speakers had presented his individual theories of brief psychotherapy.

Some members of the group who had read Mann's Time Limited Psychotherapy, responded with interest to the material relating to the use of time limitation, its implications for intervention, and interpretation of the transference. Selection of patients suitable for brief psychotherapy indicated that there were variables for each presenter at the Conference. Group discussion indicated the need for sharp diagnostic skills in the initial evaluation period.

The group was especially interested in utilizing a focus in dynamic brief psychotherapy, a theory explored in David Malan's book, Frontiers of Brief Psychotherapy, where he quoted the work of Michael Balint in his Focal Therapy. In this Colloquium, we explored the idea of choosing a dynamic focus for a case from the patient's material in the early interviews and then making most interpretations in relation to the selected focus. For most participants it was an interesting, but as yet, unexplored idea. Many questions were raised about its use in practice. One of the group members agreed to review Balint's Focal Therapy for our next meeting to illustrate the effective use of focus. Several others offered to present cases of their own

illustrating the use of brief psychotherapy. Four students agreed to come prepared to make case presentations at the next meeting.

My impression of the fifth Colloquium meeting was that the group members were increasingly relaxed with one another. The anxieties about assessments seemed somewhat dissipated, and discussion was freer and deeper than in the former meetings. I felt that the clinical nature of the presentations may have contributed to the enthusiastic discussions. Two group members were not actively participating. I decided not to bring up the matter at this point. After some of the anxieties of the group in the beginning of the meeting were discussed, the majority of the group were freer to proceed with the learning tasks.

Meeting VI - December 8, 1977

The sixth meeting of the Colloquium was again held in my home. It started at 9:30 a.m., providing a longer period than usual for our meeting. I opened the meeting by asking the group to think about a clinical social worker in the community who was not in academia and not connected with the Institute to whom they might consider awarding an honorary degree as a doctor of clinical social work. I had anticipated that this kind of thinking would be helpful to the group. In some of their discussion in the last meeting they had seemed to deal with their anxieties about reaching

their goals in the program by over-idealizing the image of a person entitled to a doctorate degree. I also felt that such a discussion would help them build the various fragments of the degree requirements into a picture of a living, breathing, total human being, an ego ideal with whom they might realistically identify.

My question provoked spirited discussion, and some interesting results. The group reached consensus on the idea that social work identification and effective representation of the profession was the one indispensable qualification of their candidate for the honorary degree. However, this qualification must be combined with outstanding clinical competence, sound theoretical background, readiness to learn and grow, and willingness to share knowledge with others. There followed some discussion of social work values as distinct from those of other mental health professionals, and also some consideration of social work history.

I thought it appropriate to read Jean Sanville's report of the last faculty meeting in which she confirmed that the primary task of the Colloquium was to create an atmosphere for learning, and that its role in the assessment process was limited.

The new documents required of the students were also presented to the group. Their response, on the whole, was another expression of the anxiety they felt in a pioneer

program for individual study. One member expressed distress about the continued changes which were an inevitable part of such a program. One member, who had previously bemoaned the lack of structure in the program, declared that just as he had decided to learn to work with minimum structure, it was now being increased. There were opinions pro and opinions con, with much lively discussion. Several group members discussed their high level of motivation in the program, and the rewards they were reaping in growing clinical competency. Some people talked again of their anxiety and confusion. They told of advising patients that tolerance of such feelings was growth producing; but the personal experience of them was painful. During this interval Colloquium members had an opportunity to ventilate and share some of their anxiety and confusion. Many had put themselves under pressure to complete the program as soon as possible, but now were willing to consider a slower pace. This perspective revealed greater possibilities for enjoying the learning opportunities in the program, instead of racing toward completion.

The group seemed ready to consider the learning tasks of the session. One student gave an excellent review of Balint's Focal Therapy, which describes the treatment of a very disturbed forty year old man on the brink of a psychotic breakdown, whom Balint treated successfully in a total of twenty-seven interviews. The central feature of

the treatment was Balint's selection of a dynamic focus early in the case. He went on to discuss his utilization of the focus following each interview. The case stimulated great interest in the clinical potential of selecting and utilizing a focus.

At this point the teacher in me was aroused, and I began to work with the group around this concept with case material spontaneously produced by a group member. The group seemed responsive to this shift in my role, as they were stimulated by the clinical concepts and eager to explore them. After lunch, another student presented a most fascinating case of a young woman who had been suicidal at the point of referral. Through group discussion the presenter became deeply aware of some of the transference aspects of the case. He reconsidered some of his previous decisions about termination, significant areas for intervention, handling of transference, etc. We postponed the remaining two cases to the Convocation in Oakland in January, as we did not have enough time to work with them significantly.

In response to the request of members of the group living outside of Los Angeles County, it was decided that the next interim Colloquium would be held at the home of a student in Orange County.

Meeting VII, VIII & IX - January 13, 14, 15, 1978

I will summarize in one report the three Colloquium meetings held during the second Convocation in Oakland.

Two case presentations were scheduled for this meeting, each was an example of brief psychotherapy. The first case was that of a couple treated through the technique of sex therapy. The group had been asked to prepare for the presentation by reading selected parts of Masters & Johnson, and Helen Singer Kaplan. Since only a few group members had completed the assigned reading the presenter spoke at length about basic concepts and techniques of sex therapy as practiced by Masters & Johnson. The group was unusually quiet throughout the presentation, which seemed to drag on, going over to the second meeting. I was troubled by the groups' reaction, and had planned to speak privately with the presenter about his languid style, and with the total group about their unusual diffidence.

At the beginning of the second meeting, the presenter commented that the group seemed anxious and wondered if the anxiety had been aroused by the material. This broke open the group resistance to the content of the presentation. Individuals discussed with humor their reactions to the sexual material. From then on, the presentation became more lively. However, the case presentation was more desultory than usual. People began to press for the validity

of behavior modification without attention to psychodynamics. The presenter had followed the precepts of sex therapy competently, with resulting symptomatic relief for the couple. The group seemed unresponsive to the technique of sex therapy, despite the "successful" outcome of the case. The staunch behavior therapist of our group was the first one to raise questions about the psychodynamics of the case.

The second presentation was a demonstration of an idiosyncratic approach to treatment, in which the therapist used the therapeutic role to direct the patient, a woman, in crisis over her marital difficulties, to resume and repair relationships with her family of origin. The presenter had worked for several years with the conviction that helping a patient literally connect to his family of origin in a more effective way was the essential thrust of effective psychotherapy. He presented no dynamic assessment of the patient or formulation of significant precipitating factors. The group seemed reluctant to challenge the presenter directly about his authoritative and directive position with the patient. They couched their questions in gentle terms, exploring many of the areas omitted in this presentation, such as the precipitating factors for seeking therapy, the marital situation, the psychodynamics of the patient, and transference issues. I felt the need to make a clear and direct but non-threatening assessment of the presentation. I finally made an evaluation, but questioned

the degree of its impact on the presenter. In response to the group discussion he referred to an earlier presentation during the last year in which his Colloquium had expressed surprise that he was authoritarian and directive in his work.

After the Convocation, I discussed the matter with the Mentor and the Dean, both of whom agreed that we ought to recommend regular clinical social work supervision to the student. When the Mentor suggested this, the student accepted the idea readily, and is now involved in regular supervision with an outstanding clinical social worker.

It was after this presentation that the group faced its first real crisis. Two group members had received approval of their proposal for the PDE that day. They announced that they felt unable to continue their level of involvement with the work of the Colloquium, as they expected to be committed to reading and writing for the PDE. They would not have sufficient time for the reading preparation for the Colloquium. They suggested that the Colloquium consider focusing on the content of their particular projects, so that they could continue their level of involvement. The group was shocked at this announcement. Everyone seemed profoundly affected. I suggested that we canvas the group regarding their reaction to the announcement, and to the suggestions for change in the Colloquium focus and format.

The shadow of eventual separation saddened the group, but the idea of premature voluntary libidinal separation angered them, producing a sense of abandonment. Further discussion revealed that several members considered the current format of case presentation appropriate to their needs, but felt coerced to cooperate with the suggestion of the two members in order to keep them involved with the group. The depth of the reaction to the possible emotional withdrawal of these two members from the work of the group was astonishing to everyone involved.

The outcome of the discussion was that one of the two began to realize that it was her own anxiety about the PDE which had made her feel that she could not continue her depth of involvement with the Colloquium. After acknowledging this fact, she began to consider ways in which she could maintain her current commitment. The other member said nothing.

When we discussed the plans for the next meeting these two members agreed to make case presentations, as the topic chosen was of interest to them. The case presentations were to be illustrative of work with borderline personalities and pathological narcissism.

Meeting X - February 3, 1978

I began the discussion by presenting a review of the last Colloquium meeting, when two of our members had

suggested that the colloquium focus its work around the subject matter of the PDEs they would be undertaking so that they could continue at their current level of involvement. The issue which had been so provocative at the Convocation in Oakland seemed to be settled for the group at this point.

I went on to review for them the comments relating to the Colloquium experience as it appeared in the self-assessments I had read. Most of the group considered the colloquium the major learning experience to date in the program. They had developed a growing feeling of ease with one another. Some criticized the pacing as too slow. Another criticized the lack of overt confrontive criticism. Most members commented on the willingness of everyone to share knowledge and experience with one another. Members had taken the trouble to photocopy printed material for all to have, whether they were presenting that session or not. In response to my review, one member commented that the importance of the Colloquium as a focus, an inspiration, and a direction in the learning process had been underestimated in the planning stages last year. It had developed a far more significant role than was originally assigned it.

The three presentations were excellent and stimulated the group into still a deeper level of discussion than had occurred previously. One presenter had photocopied her case

for the group to follow as she read her significant data, a most helpful procedure. One presenter had worked out a chart of Kernberg's developmental stages of the borderline patient, and had correlated this chart with the case she was presenting. One presenter, a gifted practitioner, went into the complex dynamics of a case in relation to Kernberg's work on pathological narcissism.

The person who presented last called me later in the week to say she was somewhat dissatisfied because the time had run short and she had been unable to get significant discussion from the group regarding her case. She was also dissatisfied that the group did not offer criticisms of the presentations more directly, and felt that this detracted from the work of the group. I supported her right to her view and urged her to raise this issue at the next meeting.

On the whole I felt that the work accomplished by the Colloquium in relation to the learning program was progressing well. Members were more comfortable with one another, and felt much more related to the Institute. The level of presentations had been most thought-provoking, stimulating the group to review their integrated knowledge and practice along with their current readings. We had been working on the assumption that the discussion itself, the questions raised, the individual differences expressed regarding important issues in the case, and the recommendations to the presenter of areas for future or for deeper exploration,

had all been an assessment process.

I had some concern whether some of the group members considered this assessment process too benign and not effective enough to make an impact on the presenter. It was also true that, as a rule, presenters had not asked for direct feedback about their handling of a case. Cases were not presented primarily as a demonstration of the quality of the student's work, but as a piece of actual practice which could facilitate the study of a particular area of theory or a related therapeutic technique.

I felt that the time had come to review this matter with the group to determine if they saw the need to move into a more direct assessment role.

Meeting XI - March 10, 1978

This meeting was selected for a more detailed report because it illustrated the many facets of the role of the Animateur in the group. The meeting covered a period of about six hours, with a short break for lunch. Because of a medical emergency, the student who had talked with me after the last meeting about her discontent in the Colloquium was absent most of the morning. In our earlier telephone discussion, I had suggested that she clarify her feelings with the group in the current meeting and that she give some theoretical background for her work.

This is a partial transcript of the meeting.

ANIMATEUR: "I have discovered while listening to the tapes that someone in this room does an inordinate amount of talking, and it's me. Somehow my theoretical and abstract ideas of how an Animateur or facilitator functions does not at all match what I hear on the tapes!"

MEMBER 'A': "Which means that you'll have to redefine how an Animateur functions."

(Group laughs)

MEMBER 'B': "Let's define inordinate - a little bit too much or a lot?"

ANIMATEUR: "A lot too much."

GROUP MEMBERS: "I don't feel that." "Neither do I."

MEMBER 'D': "Don't you think you're more sensitive to your own voice?"

ANIMATEUR: "That could be. However, I did feel that I would try to correct the situation."

MEMBER 'C': "Is this open for discussion? I don't feel that way. I thought many times to myself that I'd like to hear more of your own cases and more of your clinical work."

MEMBER 'D': "I don't think your participation is excessive."

MEMBER 'B': "The worst that could happen to a group like this is going off into different directions and getting bogged down. You've done a great job of keeping us on the beam; keeping us moving along. You gather us together and you tell us what the next task is. I like that."

MEMBER 'A': "Regardless of how you do define your role, you're also a peer. I personally do welcome your clinical comments and observations. It isn't on a level of someone who is a distant facilitator or a non-participant. I think that is maybe the dimension you're not taking into consideration."

MEMBER 'D': "The most important dimension is that she was listening to herself in order to understand her role, therefore, she maximizes

her participation and was overwhelmed. Your perspective was cock-eyed, baby."

(Group laughs)

MEMBER 'E': "Please don't start refining this to the point that you lose your spontaneity, or we do. It's just fine. Nobody feels you're talking too much, obviously."

ANIMATEUR: "Well, I did respond to the tape. I am interested in your feedback. OK then, I guess I had a different perspective from you all."

"One of the things I have been thinking about is an observation that Member 'G', who isn't here, made about the group. I think we need to discuss it now and can open it up later when she gets back. She and Member 'F' have observed that in this group at this point we are dealing with presentations in a polite, benign way. There is some question about whether we need to remain on that level or whether we can begin to be more stimulating to people about what they're doing and what they need to be thinking about."

"As I told some of you on the drive down here, I've just been through a group process in which the members were not polite but very critical and confronting. When the smoke cleared, it was very helpful to me and my co-leader."

"What do you think about your freedom to express yourselves openly about what's going on? It's an issue in some of the other Colloquia too. How to get to the assessment phase of our work - in terms of what would help a person to grow and to learn? What's your own feeling about assessment in this group?"

MEMBER 'F': "I think we can do it politely. Constructive criticism in areas where there may be gaps that aren't addressed. I realize that for myself, for me to begin to do that is a bit threatening...so part of it is self protective. I would prefer something, though, that was a true evaluation from people in the group about what I say and what I do. I love the support and all that, but maybe I am at a point where I feel like

there isn't anybody out to get me and I could accept what you all would say and grow. But there is discomfort in it, all the same."

MEMBER 'D': "What you are saying is that you'd like more direction and you wouldn't necessarily see it as an attack, but something you could look at and integrate or discard for yourself. Really, this is the way I'd like to see it go, too."

MEMBER 'A': "It is a very complicated issue. One of the things is that people come from very different frames of reference. We don't start with the same initial orientation. That sets up the situation in which we have to listen with respect to what someone else is saying even though it may be something we don't agree with. That is assuming there is a theoretical base for the difference. I think that is why I am reserved about making comments. For example, when Member 'G' presented her case, her style of work was very different from mine. I am a novice about her approach so I'd be hesitant in making a critical comment about it. When

she talked about diagnosis, there wasn't the same barrier. I think we should know one another better before we can talk in the same language."

MEMBER 'E': "Your point is well taken in terms of diagnosis vs. treatment techniques. Some people have a different approach. In terms of the mandate of the Institute we can find some common ground for dynamic diagnosis."

MEMBER 'D': "We all feel safe enough with one another and knew we aren't going to be attacked in a destructive way. We can hear a presentation at variance with our own and pick up on some points and say 'Hey, that's not the way I would work with that! Have you thought of working another way?'"

MEMBER 'F': "We need to talk about it and find out what happens as we do it."

MEMBER 'D': "I feel like Member 'A' that we've been listening to one another and learning the style and not saying 'Hey, I wouldn't do it that way!' I think that was necessary I must say. I think you have to have that time to build your group."

MEMBER 'A': "Presenting cases is always hard. It is exposure. We are talking as if discussing a case is going to mean that we are supervising the case. I don't think that's what anybody means. But we are really trying to find a way about how to view the material."

MEMBER 'D': "To explore the differences and say what I see in my view and ask what you see in yours."

MEMBER 'A': "This isn't a peer supervision group. We don't pay attention to the case in that kind of way. It ought to be much freer, it seems to me. It's not the person who is on the line but we are interested in the material being presented."

MEMBER 'C': "My feeling is that we spend a great deal of time working with the material in an intellectual way, which is great for some of the needs. But last year in the Institute it was so process oriented that the contrast is a sharp one to me. We spend minimal time in here discussing the process like this or our feelings with one another."

MEMBER 'B': "Last year there was so much process that people were eager to get on to the meaty material we are talking about this year. It is kind of a welcome relief not to have all of that soul searching."

MEMBER 'H': "Member 'C', it looks like you had a very cohesive group last year."

MEMBER 'C': "Yeah. It isn't the cohesion I'm speaking of so much. But more that part on a feeling level of how we interacted in the group and how that interfaced with our own practice."

ANIMATEUR: "You feel that this is not a part of the experience this year? How do you see it? It is an interesting point."

MEMBER 'C': "Well, when we have coffee and lunch breaks, I'll mosey up and chat and do what we did in the group last year to find out more about people."

ANIMATEUR: "Are you feeling as we are discussing cases that we discuss them in a way that you don't know as much about us as you might have last year?"

MEMBER 'C': "Yes."

ANIMATEUR: "I wonder what that comes from? Do you think it has to do with orientation to the task?"

MEMBER 'C': "Well, we sure are task orientated which is fine in one way."

MEMBER 'B': "I think it has to do with constantly having to define what the role of the Colloquium is. Originally we said that this wasn't really peer supervision, but that seems to be what we are wanting more of. We keep coming back to say the Colloquium is a place where we should learn the materials we want to learn. You, Animateur, come in this morning and say we ought to do something more about assessment. Are we here to assess each other or are we supposed to be here to learn? It is so difficult to get a handle on it. The Colloquium is supposed to be so many different things. It's supposed to be peer consultation or supervision; an assessment tool for the Institute, yet a free place to learn. I think it's hard coming to terms with that meeting only once a month."

(The group says ok and agrees)

ANIMATEUR: "Actually it's a conglomeration of functions, evolving functions. We gave up using the Colloquium as a formal source for assessment unless especially requested by a student. Nonetheless, there is some feeling that assessment is part of the Colloquium process. Perhaps not so much for the Institute, but for our own use in growth. It is for our own sense of stimulation from another. It is a hard task to create a safe learning atmosphere which has also room for stimulating and dynamic assessment which is helpful to one another. The capacity to assess freely and benignly comes from acquaintance with one another. The other thing is that the way we have dealt with the task to date has somehow limited our knowledge of one another. How should we deal with it?"

MEMBER 'C': "In my sense, the task orientation provides a grand base for what comes next. I'm getting a good grasp on where each of you is coming from on a theoretical basis. Now, some of these other parts can develop."

MEMBER 'J': "For me, the Colloquium took on a prominent role at first. Everything was for here. Now, I'm getting involved in other things and the Colloquium is to touch base. I'm back to a lot of projects. I'm interested in right and left brain functioning. I want to keep them in balance. The analytic function of the left brain of how things are different as contrasted to the right brain and how things are the same."

ANIMATEUR: "What would help us move with our task? What process is necessary for this group at this point to move in terms of knowing one another better?"

MEMBER 'A': "No one has responded to the issue of feeling timid with one another. I don't know if it's true that Member 'G' didn't receive enough feedback. But if someone presents and doesn't feel satisfied, they should take the responsibility of saying, 'Hey, you're not answering or what do you think about it?'"

MEMBER 'H': "I feel we should share more of what we are experiencing in common. I'm really here to learn. I'm really enjoying the task."

MEMBER 'D': (Interrupts) "You were helpful, Member 'H', when I presented my case last week, but then I'm interrupting, go ahead."

MEMBER 'H': "I start feeling comfortable through the sharing and learning process."

MEMBER 'D': "I was thinking of the way in which Member 'H' made her observation that I had overlooked something in my case last time. She did it very gently with a question. I think it's all in the way one makes critical comments."

MEMBER 'B': "There may be some tools we are not using. Our written self assessment that we submit to our mentor every quarter. Maybe we ought to share it with the group. That's a way of learning where everyone is and what they are thinking. My Mentor is the only other human being with whom I can talk about my own place in the program."

ANIMATEUR: "Would you like that from us? That's one way we could do it. How would the group feel about that?"

MEMBER 'B': "I'm talking about reviewing ten self assessments."

ANIMATEUR: "How would the group feel about participating in helping another person know where he is?"

MEMBER 'J': "I did it with Member 'A' last time because I wanted to share my self assessment."

MEMBER 'A': "We could do a piece of it if someone asked for it."

MEMBER 'C': "Last year where we had so much attention to interaction it was structured. We were working on those forms."

MEMBER 'J': "Then it was a built-in task."

MEMBER 'H': "It is certainly important for me to share with other students in the Institute. I have talked to some other students, not necessarily in my Colloquium. It has helped me because I've gone through periods of anxiety, depressions, and ambivalence.

From that point of view I really feel it is necessary. I need to check out if what I feel is 'normal and appropriate.'"

ANIMATEUR: "Do you know what made you feel that you wanted to go outside the Colloquium for these discussions?"

MEMBER 'H': "Well, I'm thinking about Member 'B's' comment right now. I think his suggestion that we use the Colloquium to request help with our self assessment is a good idea."

ANIMATEUR: "I'm wondering if some message was unleashed in the Colloquium that personal feelings would not be part of the task or part of our interest."

MEMBER 'E': "The message I received in regard to the Colloquium was that it was task oriented, skill oriented and not especially interpersonally oriented. I too, check out and discuss my situation with other colleagues. Either they are in courses I take or professional colleagues in the community."

ANIMATEUR: "I guess something has made the Colloquium not useful for dealing with our own

anxieties about the school."

MEMBER 'E': "I don't see it as particularly relevant because we had so much to do. Now that we've had this discussion however, we can be more assertive about what we want in this area."

ANIMATEUR: "It's a combination. This is not a therapy group. But I think things that make one anxious in regard to the program could be brought up here at any time. I guess we haven't thought of this as that kind of resource. But we really can use it in that way as well as discussing case material."

MEMBER 'E': "I'd like to have the group used to exchange our professional experiences outside the Institute."

ANIMATEUR: "How do we want to do this?"

MEMBER 'D': "Let's see how. Having had this period of open discussion, let's see the way in which each of us can integrate it and move today."

MEMBER 'J': "We could process it and come back to it at the end of the day."

MEMBER 'D': "That would be very good."

(The group assents.)

As the discussion seemed to level off, I commented on the time left for our work this morning and the presentations which were scheduled. Obviously, we could not cover them all, particularly as there seemed to be some unfinished business from her presentation at the last meeting for Member 'G', who was temporarily absent. Since I had telephoned all the presenters earlier to advise them of a tight schedule, they were prepared for postponement of their presentations. Some seemed to be relieved; others resentful. One of the group volunteered to start.

The presenter, an outstanding and experienced clinician, had selected a case in its initial phase which she found unusually challenging. The patient was in such a frantic anxiety state that everything about the case seemed chaotic and confusing as an avalanche of material tumbled out at each session. From her presentation to the Colloquium, the therapist wanted to develop perspective on some specific areas: The complex diagnostic issues, the nature of the transference with its resultant implications for the treatment process, the impact on the therapist, and how these and other issues could affect the treatment planning and goals.

In brief, the patient, a thirty-two year old married housewife, with two daughters aged eleven and thirteen, brought somatic complaints of hyperventilation, palpitations, frequent diarrhea and vomiting, which had started six months previously. Her physician who could find no organic basis for the symptoms prescribed Stelazine, 2 mg. daily and recommended psycho-therapy. The medication brought immediate relief, but because of her fear of addiction, rising from an adolescent experience with diet pills, she discontinued it after a few weeks. To her dismay, the symptoms returned and she then decided to seek psychotherapy. However, it had taken her several weeks to make the initial contact.

The patient's material was overwhelming in the sheer weight of facts and chaotic manner of presentation which clearly reflected her high anxiety state.

The patient's parents divorced when she was two. The father, who was an alcoholic, moved to Kansas City and the patient and her brother, fourteen months older, were raised by the mother. She was an unhappy complaining woman who had remained close to the patient throughout her life. Contacts with her father were limited to vacation visits which were forced on her. His death of cancer six years previously aroused considerable guilt in the patient about her antagonistic attitude toward him.

At the age of seventeen she met her present husband and married him two years later. They have been married for thirteen years. She described him as a "doll" and her marriage as "perfectly happy" although the family had been limited economically by his unstable work history. About a year previous to her seeking therapy she had had an abortion. The relationship to her mother she described as more complex than to her father because of the conflicting feelings of guilt and resentment existing simultaneously with her dependence on her. In the previous Spring, the mother made a much desired second marriage and moved to another city, thereby relieving the patient of a heavy burden. Unfortunately, the marriage did not work out and the mother was back on the scene, more heavily involved than ever with the patient.

The patient's initial relationship to the therapist was characterized by a little girl charm, seductive of support and direction. She demonstrated immediate intimacy, emotionality which was essentially shallow in nature, and an invitation to an omnipotent counter transference reaction. She was highly suggestible and used the defense of repression of competitive rage and erotic feelings, emotionality as a defense against deep feeling, somatization and denial of painful emotions as a defense against depression.

The presenter's initial question centered on the diagnostic issues of whether the patient was displaying neurotic symptoms representing decompensation from a fairly well developed state of ego functioning or whether her personality organization was on a borderline level, representing a very infantile level of functioning. The group got into the discussion of this question in an intense chaotic way, paralleling the description of the patient's production in the case material. Free associations flowed, each student relating the case material to his/her core theoretical knowledge as well as to the relationship issues with the therapist. Much of the symptomology fit into the classical neurotic picture of hysteria with its concomitant fixation level of maturation to the phallic phase. However, the chaotic qualities of the patient's current functioning coupled with some of her history counteracted this diagnostic thinking.

With the arguments flying around the room, I felt myself making interventions on three levels. One level was as a peer asking direct questions about the case to clarify my own thinking. Secondly, I functioned as a consultant helping others clarify the basis for their comments and questions. My third level of functioning was as a leader trying to get some organization out of the random comments so that the discussion could be summarized in a useful form for learning. Once more there was a parallel between my

experience with the group and the therapist's experience with the patient. As I struggled to help the group gain some coherence out of the discussion, we were able to connect some of our clarified thinking with some of our recent reading of Kernberg and Masterson as well as our past reading of Fenichel.

By addressing the presenter's dilemma about a focus for the case, I tried to help the group connect the current material with our recent study of dynamic brief psychotherapy and to assess the presenting symptoms and behavior in relation to criteria for working in that method. Through my intervention I wanted to help the group organize their own spontaneous comments. They finally concluded that the patient seemed to be organized on a borderline level which would lend itself to intensive long term therapy.

There was considerable debate over the treatment issues of working for insight around early childhood experiences as they affected the patient's current situation vs. an effort to lower the current anxiety level of the patient through support and focus on reality problems. Again, I encouraged a thorough examination of the case material which pointed toward an acute crisis in a woman who had never developed beyond the infantile oral stages. The therapist herself had come to these same conclusions in her organization of the material for presentation. She felt that the patient through childlike helplessness and bewilderment, demanded a

degree of support and reassurance from the therapist which at this point did not promote understanding of her basic problems. Yet, the therapist felt she should give the patient enough support to help her stabilize in order to get into the treatment process. An attempt by the therapist to provide the missing maternal supplies originally lacking for patient seemed impossible and basically non-therapeutic. She considered her most effective role to be a protective shield and an auxiliary ego for the patient to utilize as she began to tackle the maturational steps ahead of her. This stance would produce the "psychic distance" which enables the therapist to register, perceive, and report what is happening.

The total discussion leading toward resolution of some of the original dilemmas was a most exhilarating experience as it drew from each of us our best clinical thinking and capacity to grasp a complex situation. It also drew from us our empathy for both patient and therapist, and our ability to organize phenomenon and thoughts into a significant construct for work with the patient. The members of the Colloquium and the presenter expressed satisfaction with the morning discussion. I felt exhausted but pleased that out of the chaos of the patient's material and the group discussion we had been able to arrive at a level of clearer clinical understanding. Again, I felt that my process was similar to the one that the therapist

had gone through in dealing with the patient.

Member 'G' had returned toward the end of the morning discussion. I offered her both the morning tape and a personal recapitulation to help her find her place with the group.

After lunch, the afternoon session began with our sharing materials. One member had made copies for the group of Michael Balint's book. I had made copies of an article by Heinz Kohut on narcissistic rage. The group expressed appreciation that the members shared materials with one another and discussed their interest in continuing this.

As soon as the group quieted down from the transactions around materials, I introduced the issues of Member 'G's' need for more time to round out her presentation of the last meeting, to discuss her ideas about the level of group assessments, and to present her theoretical frame of reference to the group as a basis for understanding her work.

Member 'G' reported her impression that the feedback presenters in the Colloquium had no depth or richness. Everyone was complimentary and no one assessed presentations as good or bad therapy. She herself had been holding back but she really wanted to know how the group saw her work. She spoke of her frustration with the Institute which she felt limited the educational opportunities by being basically psycho-analytic in orientation. She was given

a report of the morning discussion on the subject of assessment and advised that we were going to deal with this again later in the day.

Member 'G' then returned to her case presentation of the previous meeting. The case involved a woman similar in some demographic data to the presenter herself regarding age, social, economic and professional status, marriage, number of children, neighborhood, etc. The case had been terminated unsatisfactorily for the presenter and in her former presentation she had expressed considerable regret and concern about that. In the current presentation she described the patient's reaction of resentment to the therapeutic group because she got nothing from it; denying and devaluing the positive responses of the group members and the therapist. The patient engaged with the therapeutic group in a most intellectual manner.

The presenter had developed a chart of her case which followed an outline of some of Kernberg's descriptions of the borderline personality. She asked the group to think of their goals for the case from their own theoretical frames of reference while she presented her particular theories. Basic to her theory was the primary focus on the experiental aspects of the therapeutic encounter for both the patient and the therapist.

The group reported that her presentation was fragmented and intellectual, asking her to make it more specific and emotionally significant. This opened her ideas about helping patients experience feelings intensely in the therapeutic interview as a way of helping them work through barriers to self awareness. The group struggled with the differences between this therapeutic technique and abreaction. The presenter felt that it was more than abreaction because a kind of synthesis of feeling, thinking and acting which occurred through this process. It was a very difficult discussion with ideas expressed abstractly.

I continually tried to clarify the material by asking for specific examples from the presenter of her ideas as they applied to cases. This approach was non-productive. The presenter valued highly the process of emotional awareness and discharge in the therapeutic interview. She also felt that the cognitive process in therapy was not of essential significance. This view was hotly contested by some group members, but it was still very difficult to grasp the essence of the presenter's theoretical frame of reference.

Finally, one group member protested that the presentation was overwhelming and too cognitive. Another suggested a parallel process between the manner of the presenter and the patient she was presenting, in that both were dealing in abstract ideas and seemed intellectual. I, as Animateur,

supported both viewpoints expressed and once more suggested that she go to case content for examples which might help us.

From the material that followed, discussion about transference problems arose. Transference was not utilized in her theoretical frame but the total reality relationship was. The group brought up the concept of the working alliance most significant in psychoanalytic therapy. The group valued the issue of causality as a therapeutic aid while the presenter considered the historical or even current cause of emotional problems as intellectual and somewhat counter productive to the therapeutic process. The place of cognitive interpretation and integration as significant in therapeutic work was also debated.

Throughout this whole discussion I took a facilitating role in asking what I hoped would be clarifying questions. I struggled along with the group to understand the theories that were being explored. It seemed obvious that we couldn't move further with the material today, so I ended the theoretical discussion by acknowledging this and then asking the presenter about her reaction to the level of feedback today.

Member 'G' acknowledged that it had been good and lively and nearer to her expectations than former discussions. She asked about the group's reaction to her handling of the case. One member commented that she had found the therapist's

thinking hard to follow. Another member commented that her theoretical base seemed appropriate for patients with stronger egos. Other than this there was no feedback offered the presenter.

One member opened up discussion of some of the research on the relationship of the therapist's theoretical frame of reference to their effectiveness in therapy. The research had concluded that effectiveness had to do primarily with the humans who did the therapy. There were many different ways to work. Another suggested that the therapeutic fit between patient and therapist was of basic importance. I added that what the therapist said literally to a patient in interventions and interpretations was a small part of the total communication but many covert factors operated forcefully in the therapeutic contact.

I then returned to her reaction to the group discussion today. She repeated her observations that it was better today, but that she was disappointed with the school itself and with the level of earlier discussions. One member remarked that after the morning discussion he felt that he wanted to make a more determined effort to ask for more direct feedback. However, he did feel that when he told the presenter how he understood her material, she always said that she didn't understand him. The presenter acknowledged that this was so and asked if others felt the same way. Another group member agreed that she often observed that

what she said was different from what the presenter heard her say. Another remarked that the presenter had not perceived what the group had actually given her. The presenter countered that it was not absence of feedback, but that the quality of the feedback was poor.

I commented that I thought the group was bewildered about her perception of their response and that as we went on in our work, we could continue to deal with these differences as they came up. I thought that the presenter suggested that we could work harder and deeper in our discussion of case material and that seemed appropriate, too.

As time was drawing to an end, I opened the discussion of plans for the next meeting. I functioned somewhat as the chairman of the committee as the group negotiated for a date and a starting time. On the basis of consensus and reality needs, I made the final decision.

I then opened up administrative matters regarding the time available for presentations at the next meeting, with the observation that we might have to postpone one case until the Convocation in April. This led to questions about what was planned by faculty for that meeting and how much time would be available for Colloquium meetings.

The group asked about appropriate readings for the next meeting. I threw the question back to the group. Several readings were suggested and I added some selections of my own.

I also observed that a useful perspective for reading might be to think about differential diagnosis and its implication for therapy as we continued to explore the borderline patient in relation to the neurotic patient.

Meeting XII - April 7, 1978

This meeting was shorter than usual because of some commitments members had made prior to the setting of the meeting date. After handling some administrative matters briefly, I turned the meeting over to the case presentations. Following the events of the last Colloquium, the first presenter had prepared some specific questions she wanted the group to address. She was interested in their ideas about the quality of her therapy, her focus, and the case dynamics. She had done an outstanding therapeutic job of helping her patient understand and cope with the rage she felt about not getting enough or the right things from important people in her life such as parents, husband, and therapist. The therapeutic work had been done in relation to the transference which was overtly negative and had provoked countertransference reactions. The therapist had struggled heroically with her anger at the patient, managed to sort out reality from projection, and had been effective with the patient who had undergone a parallel process, simultaneously. Through treatment the demanding hostile aspects of the patient which appeared to be ego syntonic

at the start of treatment became ego dystonic as the patient gradually and painfully developed an observing ego.

There followed a most active group discussion which focused on the clinical issues such as the diagnostic aspects and the handling of overt anger in the patient. On this point, I directly asked some of the group members with different theoretical bases to share ideas of the therapeutic handling of the overt anger in this case. In the following discussion many differences among Colloquium members were aired and acknowledged regarding the handling of anger in patients. The issues of identifying the borderline patient were again raised and many references were made to the reading in Kohut and Kernberg as well as to readings on drive theory. There was no question that in this particular case, the direct work with the anger demonstrated in the transference and experienced in the counter-transference had resulted in an effective therapeutic alliance.

The second case was also a most stimulating one for examining many clinical issues. The presenter was in the beginning phases of his work with a twenty-six year old single Caucasian male who lived alone but still maintained unusually close ties with his parents in the same town. The case material pointed up issues of resistance to the treatment and some diagnostic problems. The group, working intently with the history of the patient as well as his current life situation and relationship to the therapist,

thought that the patient was struggling with separation and individuation problems with concurrent problems of sexual identity. There was also spirited discussion on the issue of the patient's resistance to therapy and techniques for handling this. The group helped the presenter examine some of his ideas on working with the resistance of this particular patient, opening up some alternatives of addressing the issue directly in a supportive way.

The therapist customarily utilized a system of family therapy which would encourage the patient to connect directly with his family of origin, to work through the developmental aspects of current problems. Had the patient not objected to family interviews, the therapist would have utilized his special approach. Group members explored in detail with the presenter the basis for his family approach. It became clear that the therapist hoped to help the patient and his father experience a current relationship which would make reparation for an earlier deprivation. When I asked for the group's experiences and ideas about therapeutic work with early deprivation, a flood of material ensued. The discussion concluded that helping a patient develop awareness of his feelings about early deprivation and providing some insight into his coping mechanisms could bring some change in feeling for the patient. The place of direct family therapy with this particular case was also considered. The consensus on this issue was that

the treatment of choice would be dynamic individual therapy with family interviews as a potential supplement.

The spirit of the clinical discussion was inquiry into the case material, the therapist's rationale, and some consideration of this in relation to each student's core knowledge. The presenter said that it had been a stimulating experience which opened up some alternatives for therapy and helped him identify some of his own clinical thinking.

Toward the end of the session I initiated planning for the next meeting which would be at the Third Convocation at Mills College, the following weekend. The remaining case presentation was postponed until that time.

At this time, I was becoming aware that some of my own needs in the Animateur/student role were emerging. I openly stated this to the group and asked if they felt they wanted to devote some time to consider this at the next meeting. When the group agreed, I asked them specifically to review the letters they had sent to me before the Colloquium met for the first time in the beginning of the year, stating their expectations of the group and of the Animateur. I also requested that an evaluation of my functioning in the role of Animateur be made at the next meeting.

Meeting XIII, XIV, XV - April 13, 14, 15, 1978

The discussion started on the issue of the utilization of one another in the Colloquium as resources for learning.

Several group members commented that hearing and seeing the more experienced students work in the group through case presentations and discussions had been an extraordinary experience for them and were pleased with the opportunity for this kind of role model. The "potential role models," in turn, had also been astonished and pleased to be able to learn so much from the fresh perspectives of others in the group.

The process of assimilating learning was considered. Much discussion took place around how assimilation was related to one's available life space and opportunity for reflection, as well as one's particular state of maturation. One member talked about how learning a new theory can sometimes paralyze one's use of all that was learned previously and how in time, the new learning is combined with the previous knowledge. Another spoke of re-reading theoretical material in the current context of being a student and how differently she understood it this time around, after a decade of intervening clinical practice.

The question of standards came up again with the expressed need for some identified standards which were realistic and challenging. The fact that a student progresses from one point to the other, demonstrating the potential for growth, was considered basic to the assessment process.

As the group moved back and forth with these topics, I asked about their readiness to apply some of this discussion to my particular request for an evaluation of my function as Animateur. Some of the ideas expressed in the 11th session were repeated. The same student reiterated that the function of the Colloquium was confused by its being both a learning opportunity and an assessment tool for the Institute. The experience of feeling "on the spot" when presenting a case was described and from there the personal anxiety about being able to complete the work within an allotted time period because of financial pressures. These feelings were acknowledged by me. There followed discussion about assessment being an integral part of learning and not mutually exclusive. Another student talked of the evolving function and utilization of the Colloquium time being a most positive quality because of the appropriately changing needs in the group as the process unfolded. She hoped that the evolving quality with its capacity for flexibility would be an integral concept in the Colloquium system. It should always be maintained as a system for studying and sharing.

I asked about the kind of leadership they felt the Colloquium needed to both examine and implement its function. Their replies identified the need for leadership to be knowledgeable in covert and overt group process and clinical practice to be aware and tolerant of differences, to be able to model openness, and to be able to pull together discussion.

Leadership had to balance attention to the content with attention to the group process in the Colloquium. Their appraisal was that as an Animateur I had been aware of group process even though some thought the heavier emphasis was on the learning content. They would have liked more attention to group process. I thought this was a shared responsibility for us all as the content for discussion was primarily the decision of the group, with my facilitating their progress with their work in the best way I could.

In the following session, the group reviewed their work so far in this Convocation, returning to the assessment of my leadership. They expressed awareness of my primary investment and involvement in the group.

I opened the issue of group cohesion depending on the leadership and the group composition. So far we had not acknowledged that the nature of the group composition was unique in the program because we had both a faculty member and another student with primary leadership responsibility in the Institute. I observed that the group might be further burdened by the fact of a life long personal and professional relationship between me, the Animateur, and the student leader. In addition, there was a close working relationship involving the faculty member, the student leader and myself during the planning days of the Institute. All of this could well have an impact on the group process.

This opened up an issue covertly operating to date to which the group responded actively. There was acknowledgement of the existence of two sub-groups since the original meeting in September. Some thought each of these sub-groups seemed to be more cohesive than the total group. This surprised the "sub-group of leaders" who reported that they had felt themselves to be an integral part of the total group. The group discussed the matter at length concentrating on their feelings about the presence of the student/leader. Some had found her presence inhibiting because of her status while others expressed pleasure with the opportunity for knowing her better in the Colloquium process. Some expressed regret that she would soon be returning to the leadership role alone because of her approaching graduation.

I gave support to the idea of our moving toward becoming one group and asked how they felt this could come about. Several people talked about their feelings of being a peer in the group despite the observations described. One person regretted not feeling closer to the group because of her special place in her work during this year. The group began to think of the separation which would take place in a few months and the reality of new members being added to the group. As separation loomed group continuity was suddenly valued. The group now seemed cohesive to one member who had expressed earlier discomfort with the Colloquium. One member remarked on being able to appreciate the problems of

my role as Animateur in this unique Colloquium and the task of writing a Project Demonstrating Excellence on the experience. All in all there seemed to be an air of relief as the discussion closed and we turned to the case presentation.

A new freedom pervaded the discussion of the case presentation as people dealt directly with the presenter's handling of the case. They thought that the therapist could provide more structure for the patient whose life situation appeared to be chaotic. The patient seemed more disturbed to the group than to the presenter and a rousing discussion of these differences took place. Several group members expressed satisfaction that our attention to process had facilitated a more open, stimulating assessment of the clinical work.

The planning for the next meeting changed the direction of the Colloquium from case presentation to the study of the theoretical material of Jung which many wanted to work on to complete a "grid" requirement. One member offered to make a presentation and suggested readings were offered by all.

Meeting XVI - May 19, 1978

The presenter had chosen to deal with concepts of Jung in an experiential way and had prepared some booklets for everyone, including printed excerpts and photographs from

C. G. Jung's Man and His Symbols. He began his session by bringing in some of the theoretical ideas of the "shadow," "animus and anima," "self-actualization," and the unique utilization of dream material in Jungian work. He dealt with the dream material by an interesting analysis of one of his own dreams.

In a most creative way, he helped the group begin to understand the concepts of symbolism in Jungian theory by an experiential exercise.

As a result of this exercise, it was apparent to all that one student was personally touched on a deep emotional level but that he did not verbally share his distress with the group. The presenter hesitated and then began to continue with some of his theoretical material. After a few seconds, one member interrupted and asked to go back to the student who appeared to be struggling with deep emotion. In response to her inquiry about his feeling at the moment, the student shared with the group his anxiety about a personal crisis he was currently facing in his life. The group members were deeply moved and concerned for him. It was a unique moment in our group life, completely dominated by consolidated empathy for one of us who was carrying an overwhelming burden. He in turn was receptive to the group concern and expressed thanks for the opportunity to share the anxiety which burdened him and had been aroused through the experiential work.

After waiting for the proper moment, the presenter went on with his material a little longer, but the flow of the presentation had been interrupted beyond repair. I made a feeble attempt to begin to work with some of the theoretical aspects of the presentation by asking the group to compare some of the Jungian approach with their own core knowledge. However, the group resisted dealing with the material on this level. Somehow this experience affected the group mood to the point that cognitive work with the presentation seemed impossible at the moment as each of us was wrapped in our own thoughts.

After a few moments of silence I turned to the member who had asked at the last meeting to present to the group some of the data she had collected for her Project Demonstrating Excellence. She had recently become pregnant and wanted to study in depth the initial reactions of patients to her pregnancy for utilization in the therapeutic process. She had refrained from announcing her pregnancy directly to her patients, planning to observe when and how they spontaneously would express their awareness of it. She had selected a date beyond which she would inform all of her patients who had not commented directly on her pregnancy.

As expected, each patient dealt with the therapist's unannounced pregnancy in his/her own characteristic way. The more disturbed the patient, the earlier he/she seemed cognizant of the pregnancy. Their awareness reactivated

earlier conflicts in various stages of resolution and much of the associative material centered on early fears of abandonment, sibling rivalry, and sexual fears. Most fascinating was the way in which her patients dealt with the transference. In the therapeutic sessions when patients were aware but had not yet verbalized their knowledge of the pregnancy there was some acting out through lateness, the breaking of appointments, and silence in the therapeutic sessions. For other patients, the moment of articulation brought forth verbalized transference feelings of outrage, accusations of rejection and abandonment, jealousy of her husband and wish to replace him, and envy of her ability to bear children among some childless patients.

The presentation was interesting not only in relation to the content, but also in relation to the sensitivity and skill with which she dealt with her patients at this time of crisis in the therapeutic process. Most significant of all was the growth which this particular clinician demonstrated in connecting her patients' reactions to their individual dynamics. This represented a new way of working for her. The changes in her therapeutic techniques were based on an integration of theory and practice which she felt had occurred during her time in the doctoral program. The group, who could attest to her growth during this period of cooperative work, found this a particularly confirming experience. In addition, the group responded to her

creativity in utilizing her daily experience to organize a clinically oriented research project.

The presentation, coming as it did after the earlier events of the meeting, introduced an inspiring and hopeful note to the proceedings, reaffirming the life cycle of birth and death.

In the last few moments of the meeting I asked the group to plan for the last Convocation in Oakland. Many ideas were exchanged, making it clear that people had different needs and concepts of how to meet them. I summarized the discussion and declared that the consensus was to begin a study of an overview of narcissism. There would be a deeper study of Kohut and a consideration of some ideas of the different developmental lines explored in object relations theory and drive theory. Some members of the group wanted to meet in the Summer and begin working on this material. We agreed to discuss the Summer meetings further at the Convocation. They also wanted to set some time aside during the Convocation to discuss the group functioning and how our group composition would change in the coming year. One group member offered to present some material she was developing for her Project Demonstrating Excellence, considering her patient alternatively from the concept of drive theory and objects relations theory. My final comment was my observation that in this meeting the group seemed to have become responsible for the flow of

the meeting itself and the planning for the next one.

During the closing moments of the meeting group members talked of their feelings of appreciation for the Dean who had invested so much in the program during some of the very difficult times of the initial year. Her special kind of spiritual leadership was highly valued. From this, some of the members widened their expression of appreciation to the faculty and also to each other for the high level of commitment and performance they had maintained during this year.

Meeting XVII, XVIII, XIX - June 16, 17, 18, 1978

This Convocation differed from the other three in that the program was planned to allow for the five students who were graduating to present their Projects Demonstrating Excellence to the entire student body. The periods of time allotted to the Colloquium were shorter than usual.

I opened up the first meeting by asking about their wishes regarding the utilization of time. The summer meeting came up first, drawing a variety of responses from the group. Some wanted to rest, others would be involved in writing their Projects Demonstrating Excellence, and still others wanted to continue with the momentum of the Colloquium to pursue their studies. I perceived the group members to be at different places in their experience of the moment and felt that a review of our common experience

might pull us together to consider the issue at hand. I gave a brief review of the Colloquium meetings, touching on the central features of each meeting since September, including both the clinical content and the group process. It was apparent to us all that we had experienced together some very significant moments.

The summary seemed to orient the group to the task of planning for the future as they began to talk of the need to consider some clinical areas in more depth. To date the Colloquium had considered a variety of subjects and could now consider one particular issue at length. Most members wanted to dig into the Kohut material over a period of time. As several group members wanted to try a summer meeting, they arranged a meeting time and suggested reading preparation for a beginning session on Kohut. One member volunteered to copy the tapes that some of the students had brought with them from a special seminar at Asilomar in which there had been a week long presentation on Kohut. One member wanted to present written material he had prepared on the subject. The group agreed that I could be a student exclusively during the summer meetings. The discussion seemed settled and plans confirmed.

I asked the group to consider with me the subject of my taping the meetings of the Colloquium. Since our last meeting I had read an evaluation from a student who experienced the taping as distracting. Nor did I remember

clearly discussing my taping of the sessions with them or asking their permission. It seemed to me that several students had also brought tape recorders to the first session and that we had used them without comment. I now felt that I should open up some questions about the impact of my taping and writing a project about the Colloquium. The student who had written about her reaction to taping reported her annoyance and wondered if it was one of the factors that had impeded the spontaneity of the group. Other students reported that it hadn't bothered them. Some questioned how the tapes were going to be used and stated preference that discussions of personal matters be off the tape. This led to the issue of trust in me and my judicious use of the tapes. I replied that the tapes were for my review of the process and content of the work in the Colloquium in order to identify my special handling of the role of the Animateur. I went on to the question of protecting the participants and the members agreed that it could be a very sticky job. I described the kinds of data I was examining in the project. The work of Otto Kernberg had described it well. First, one defines the task of the group, then specifies how the leader could facilitate the work of the group. The demands of leadership in our Colloquium differed in many ways from leadership in a therapeutic group, yet the same group processes operated in each. It seemed to be a question of how one utilizes group

process for facilitating a group involved in mutual learning and assessment.

Some group members responded supportively to my comments, two or three members expressing their comfort with the taping. One member actually remembered that I had asked permission for the taping and for the project at an early meeting during the Convocation before the tape had been started for the session. Several others agreed that even though they hadn't been troubled by the taping, it was timely to examine it again as some members were aware of annoyance.

I felt that my project would be a report on my own perceptions and an examination of how I had used them in my role. A major problem had been how to use group process to help us become spontaneous and truly helpful to one another. I did feel that it was not only part of my function but also theirs as they were all experienced clinicians and we functioned as peers in most of our tasks.

Once again group members turned to look at the special role of the Animateur as a facilitator and not a traditional teacher. They reviewed their work with group process and a sense of having made a major breakthrough in group relations during the third Convocation. One member thought that one segment of our dealing with group process during that Convocation was more therapeutic than appropriate to the Colloquium process. Some disagreement greeted her

comment and again I described my dilemma. Another group member observed that the discussion of group process in the third Convocation made it possible for us to experience in the following interim Colloquium our deep empathy with our troubled fellow student.

There followed a most interesting discussion about the previous meeting in which one of our members had been experiencing an overt emotional reaction to which only one student had articulated concern. The whole issue of task orientation versus group relationship was reactivated. Several members described their feelings at the time and reported their worries about being intrusive toward their troubled fellow student. Some felt that the presenter introduced experiential material which aroused deep feeling and then did not fulfill the obligation of dealing with it. It was clear that the experiential presentation had touched us all on an emotional level. Some reported significant learning from it while others were critical. (Later, one written evaluation came in, which was critical of this kind of experience taking place in the Colloquium meeting.)

In this particular segment of our discussion many of us were willing to reveal our thinking and feeling process in that particular crisis, in a spontaneous open way unique to our group.

In the second session during the Convocation the group dealt with its feelings about separation from the student/

leader who would be graduating at this Convocation. Some members expressed sadness at the loss but joy that our school had actual graduates who could demonstrate to the professional community that we had a working educational process.

Again the group offered their positive feelings about the school and the effect of the student role on their professional functioning on their jobs. I acknowledged the positive feedback and suggested that it was also time to air some of the negative feelings. One of our members who had been unable to complete her Project Demonstrating Excellence satisfactorily for graduation, spoke of her disappointment and struggle with the pain of it. Several group members were sympathetic. The student expressed positive feelings about the Colloquium but reported her troubled feelings that her project had not been accepted. One group member spoke of the unique position of students in this school who were advanced clinicians and who were thus particularly vulnerable regarding approval of their work from faculty, who were also their professional peers. She felt it called for delicate balance and handling from the faculty so that the student did not feel put down and diminished. I agreed that these comments were valid, and that as a faculty member it was a reciprocally joyful and reciprocally painful experience. But painful as it was for this particular student and for me, it was part of the

total assessment responsibility. The student spoke of the relationship between us as being the saving factor which was helping her develop hope for the situation, despite her anger and discouragement. The group continued its discussion, identifying with the students pain and disappointment and commending her courage and optimism to continue work on her project despite this bad experience. This whole discussion was potentially an abreactive and supportive experience for the student.

After several moments, some group members recognized the difficulties for me as Animateur and for other faculty involved in such decisions especially as we were students also and equally vulnerable. This discussion seemed to serve a positive function in airing some of the anxiety, uncertainty, and pain involved in being in the student role at this time in our professional careers.

The third meeting of the Colloquium opened with a visit from our Mentor who appeared in our Colloquium for the first time since the September Convocation. She wanted to clarify some rumors that the faculty had dealt capriciously with the student whose Project Demonstrating Excellence had not been accepted in its current form. Some students understood that a month previous to graduation, the student had been told she was to graduate, and that the decision had been reversed a week prior to graduation. The Mentor and the student discussed this in the presence of the group. It became clear

that there had been some misunderstanding between them. Both the Mentor and I wanted to clarify this with the Colloquium because a misunderstanding of this sort would certainly affect the total group and their working relationship with us. The group expressed gratitude that the Mentor had come to them and commented that it would be helpful if she could attend future meetings as occasions arose.

After she left, the group was quiet for a few moments. I asked them to decide what they would like to do for the remaining few moments of our last Colloquium meeting. The discussion turned to the presentation of the Project Demonstrating Excellence of the one student in our group who was graduating. She had deftly utilized a presentation of one of the other graduates to illustrate her points. Several group members expressed surprise and admiration that she had so quickly synthesized and utilized what she had heard one day previously.

This led us into a consideration of the creative work by one of the other presenters on the concepts of Jung. We thought about its application to some of the cases which had been presented in the Colloquium. There followed a most active discussion centered on the theoretical material presented, an attempt to understand it, and some attempt at application.

There were also some reports regarding the current status of patients who had been presented to the Colloquium.

Clinicians commented about the effectiveness of the discussion of these cases in the Colloquium, some finding it most helpful indeed, while in one instance the presenter felt that the group had not truly understood the case.

The time flew by quickly as once more the Colloquium members had begun to work on the task of clinical learning after some agonizing yet fruitful hours spent on considering our relationships to one another.